# \*\* PUBLIC DISCLOSURE COPY \*\*

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

	rtment of the	he Treasury e Service	► The organization may ha	ve to use a copy of this return to	satisf	fy state re	porting require	ements.		Open to Pu	
-			ar, or tax year beginning		and er	nding			11100		271447 4746
_	heck if	C Na	me of organization					D Employ	yer identifica	ation numbe	er
a	pplicable:	use IRS AME	RICAN KENNEL CLU	B CANINE							
	Address change		LTH FOUNDATION,					13-	-38138	313	
	Name change	type. Nu	mber and street (or P.O. box if mail is				Room/suite	E Teleph	one number	1	
	Initial return	Specific 558	O CENTERVIÉW DRI						8-682-		
	Final return	Inetruc-	y or town, state or country, and ZIP +						ng method:	Cash X	Accruat
	Amended return	KAL	EIGH, NC 27606-					Oth (spe	er ecify)		
	Applicati pending	ion • Section	501(c)(3) organizations and 4947(a	(1) nonexempt charitable trus	ts	H and	l are not appi	licable to	section 52	7 organiza	ions.
		must at	tach a completed Schedule A (Form	990 or 990-EZ).		H(a) is	this a group r	eturn for a	ıffiliates?	Yes	X No
			CCHF.ORG			H(b) If	"Yes," enter nu	ımber of a	ffiliates▶_		
J C	Organizat	tion type (check or	ly one) $\triangleright$ $\boxed{\mathbf{X}}$ 501(c) (3) $\triangleleft$ (in:	sert no.) 4947(a)(1) or	527		re all affiliates i		N/A	Yes	No
			e organization's gross receipts are no			H(d) is	f "No," attach a this a separat	e return fil	ed by an or-		
			a return with the IRS; but if the organ			` ´ g	anization cover	red by a gi	roup ruling?	Yes Yes	X No
· i	n the mai	il, it should file a	return without financial data. Some s	tates require a complete returi	١.		roup Exemption			<del></del> -	
					_		heck 🕨 🗀	•		•	to attach
2012 45 22			6b, 8b, 9b, and 10b to line 12	6,406,52	<u>3.</u>		ch. B (Form 99	30, 990-EZ	., or 990-PF)	).	
Pa			xpenses, and Changes i		Bala	inces			4440.2		
	ı		gifts, grants, and similar amounts rec		Ι.			2			
	1		ipport		1a	3	3,730,7	35.			
			support			-					
	C	Government co	ntributions (grants)		1c						<b>505</b>
			s 1a through 1c) (cash \$3 ,							3,730,	735.
	1	•	e revenue including government fees	·					2		
			ues and assessments						3		
			ings and temporary cash investments						4	157	007
			interest from securities		ı				5	15/,	<u>987.</u>
	6 a	Gross rents			ba						
	D	Less: rental exp	penses	- C-)	6D						
			me or (loss) (subtract line 6b from lin	e oa)					6c		
E	7		nt income (describe  from sales of assets other	(A) Securities	<u> </u>	1	(B) Other		<del></del>		
Revenue	8 a			0 406 504	8a		( <b>b</b> ) Other				
æ		than inventory	ther basis and sales expenses		8b						
	1		attach schedule)		8c						
			s) (combine line 8c, columns (A) and	(B)) STIMT 1	1 00			*2323	8d	24	511.
	1	• ,	and activities (attach schedule). If any		here l						<u> </u>
			(not including \$ 85,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
			e 1a)		9a	1	25,9	71.			
			penses other than fundraising expens		9b						
			(loss) from special events (subtract li		EE	STAT	EMENT	2	9c	25,	971.
	1		inventory, less returns and allowance		10a						
	b	Less: cost of g	oods sold		10b						
			(loss) from sales of inventory (attach		m line	10a)			10c		
	11	Other revenue	(from Part VII, line 103)						11	5,	239.
	12		(add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c,						12 3	3,944,	<u>443.</u>
	13	Program service	ces (from line 44, column (B))						13 2	2,145,	<u>279.</u>
Şe	14	Management a	nd general (from line 44, column (C))						14		<u>867.</u>
Expenses			om line 44, column (D))						15	169,	<u>461.</u>
Ж			filiates (attach schedule)						16		
	17	Total expense	s (add lines 16 and 44, column (A))							2,671,	
(n	18	Excess or (defi	cit) for the year (subtract line 17 from	line 12)						272,	
Net ssets	19		and balances at beginning of year (fro							<u>2,621,</u>	
Z Š	1		in net assets or fund balances (attach						20		<u>623.</u>
4230	21		und balances at end of year (combine						21   4	1,242,	
01-1	101 3-05 l	LHA For Priv	acy Act and Paperwork Reduction A	at Notice, see the separate inst	ruction	ns.				Form <b>99</b>	<b>0</b> (2004)

# AMERICAN KENNEL CLUB CANINE

HEALTH FOUNDATION. 13-3813813 Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) Page 2 Part II **Functional Expenses** and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Do not include amounts reported on line (B) Program (C) Management (D) Fundraising (A) Total 6b, 8b, 9b, 10b, or 16 of Part I. and general 22 Grants and allocations (attach schedule) (cash \$1844872 • noncash \$ 22 1,844,872 1,844,872 23 Specific assistance to individuals (attach schedule) 23 Benefits paid to or for members (attach schedule) 24 Compensation of officers, directors, etc. 25 89,692. 40,362 40,361 8,969. 25 Other salaries and wages 42,592. 26 218,413. 119,137 56,684 26 Pension plan contributions 27 3,954. 3,407 547. 27 6,948 Other employee benefits 28 14,628 4,910 2,770. 28 29 26,215 12.854 8.819 29 Payroll taxes 4.542. Professional fundraising fees 30 30 31 Accounting fees Legal fees 32 32 24,507. 6,084. 33 Supplies \_\_\_\_\_ 10,336. 8.087 34 4,438. 1,534 1,906 998. Telephone 34 35 17,859. 8,662 4,055 5,142. 35 Postage and shipping 36 Occupancy Equipment rental and maintenance 37 9.230 3.437. 3.578 2,215. 37 Printing and publications 23,634 19.424 1,759 2,451. 38 39 34,717 12,121 7,333 15,263. 39 Travel Conferences, conventions, and meetings 57,679 24.409. 9.044 24,226. 41 41 Depreciation, depletion, etc. (attach schedule) ... 21.522 21,522 Other expenses not covered above (itemize): 43a a 43b 43c 43d SEE STATEMENT 4 280,247 37,776 188,809 43e 53,662 tal functional expenses (add lines 22 through 43), panizations completing columns (B)-(D), carry these totals to lines 13-15. 2.671,607 356.867. 169.461 Joint Costs. Check Life if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes X No If "Yes," enter (i) the aggregate amount of these joint costs \$ ; (ii) the amount allocated to Program services \$ (iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$ Part III Statement of Program Service Accomplishments What is the organization's primary exempt purpose? ► SEE STATEMENT Program Service Expenses All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) SEE STATEMENT 6 1,844,872.) 2,145,279. (Grants and allocations \$ (Grants and allocations \$ (Grants and allocations \$ (Grants and allocations \$ Other program services (attach schedule) (Grants and allocations \$ Total of Program Service Expenses (should equal line 44, column (B), Program services) 2,145,279. 423011 01-13-05 Form 990 (2004)

# Form 990 (2004)

lote:		re required, attached schedules and amou ld be for end-of-year amounts only.	unts within	the desc	ription column	(A) Beginning of year	ŢŢ	(B) End of year
	SHOUL	d be for end-or-year amounts only.				Dogiming of year		Elia di you
	4-	One has interest bearing		202 175	45	126 997		
1	45					282,175 797,162		426,887 333,664
	46	Savings and temporary cash investments				131,104	• 40	333,004
	47 a	Accounts receivable	14	7a				
		Less: allowance for doubtful accounts		7b			47c	
		Essa, anovanos for asabita, associato						
	48 a	Pledges receivable	4	8a	216,043.			
	b	Less: allowance for doubtful accounts	4	8b		357,653	. 48c	216,043
	49	Grants receivable					49	
	50	Receivables from officers, directors, trustees,						
		and key employees					50	
Assets	51 a		<u>5</u>	1a				
As	b	Less: allowance for doubtful accounts					51c	
Ì	52	Inventories for sale or use					52	
	53	Prepaid expenses and deferred charges				8,502		8,298
	54	Investments - securities STMT 7 S	STMT 8	▶ ∟	J Cost LX_J FMV  _	3,128,407	• 54	5,801,395
	55 a	Investments - land, buildings, and	۱ ـ	_ 1				
		equipment basis	5	5a				
		t and a committee of demonstration					EE	
		Less: accumulated depreciation Investments - other	<u></u> ⊐⊐9	5b	PEMENTO O	424,472	55c 56	238,928
	56 57 a				123,051.	424,474	• 30	230,320
		Less: accumulated depreciation		7b	36,903.	76,790		86,148
	58	Other assets (describe				88,711		88,066
					,			
	59	Total assets (add lines 45 through 58) (must	t equal line 7	4)		5,163,872	. 59	7,199,429
	60	Accounts payable and accrued expenses				95,321		97,073
	61	Grants payable				2,446,818	. 61	2,782,833
<b>/</b> 0	62	Deferred revenue					62	77,331
Liabilities	63	Loans from officers, directors, trustees, and l					63	
ig		Tax-exempt bond liabilities					64a	
Ë		Mortgages and other notes payable		•••••			64b	···
	65	Other liabilities (describe			)  -		65	
		Table Battleton (add lines CO through CE)				2,542,139	. 66	2,957,237
	66	Total liabilities (add lines 60 through 65)  nizations that follow SFAS 117, check here ▶	▼ an	d complet	ta lines 67 through	2,342,133	• 00	4,901,431
	Ulgai	69 and lines 73 and 74.	A an	u comple	te intes of unough			
es	67	Unrestricted				<695,841	>67	65,257
auc	68	Temporarily restricted			l .	2,266,133		2,243,782
Bai	69	Permanently restricted				1,051,441		1,933,153
2		nizations that do not follow SFAS 117, check	here ▶ 🗌	and	omplete lines			
Net Assets or Fund Balances		70 through 74.	-				ĥ	
S	70	Capital stock, trust principal, or current funds	s				70	- 170
set	71	Paid-in or capital surplus, or land, building, a					71	
As	72	Retained earnings, endowment, accumulated	l income, or o	other fund	ls		72	
Set	73	Total net assets or fund balances (add lines						
		column (A) must equal line 19; column (B) m				2,621,733		4,242,192
	74	Total liabilities and net assets / fund balance	ces (add line	s 66 and	73)	5,163,872	. 74	7,199,429

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	990 (2004) HEALTH FOUNDATION						<u> 38138</u>		Page
Pa	Reconciliation of Revenue per Audited Financial Statements with Revenue per	i er	Part	IV-B Recond	iliation of Exp al Statements	ense with	s per <i>A</i> Expen	Audited Ises pe	j er
	Return	-	1	Return	ai Glatoinionio		-Apo.	.000 p	
<u>а</u>	Total revenue, gains, and other support			Total expenses and lo	sses per				
	per audited financial statements <b>a</b> 4,623,	<u>252.</u>		audited financial state	ments	🕨	a  3,	,002,	793
b	Amounts included on line a but not on		b	Amounts included on line 17, Form 990:	line a but not on				
•	line 12, Form 990:		(1)	Donated services					
(1)	Net unrealized gains		`''	and use of facilities	\$ 331,1	86.			
( - ,	on investments \$ 347,623.		(2)	Prior year adjustment					
(2)	Donated services		\-/	reported on line 20,	-				
(2)	and use of facilities\$ 331,186.	1400 (0) 5 4 5 1 0 1400 (0) 5 4 5 1 0 1400 (0) 5 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1		Form 990	e				
(0)	10 No. 20 (10 Per 10 Pe		(9)	Losses reported on	.Ψ				
(3)	Recoveries of prior		(0)	•				42	
	year grants			line 20, Form 990	. \$				
(4)	Other (specify):	177	(4)	Other (specify):					
	\$\$		<u> </u>		\$				
	Add amounts on lines (1) through (4) <b>b</b> 678,	<u>809.</u>		Add amounts on lines	(1) through (4)	🕨	Ь	331,	<u> 186</u>
C	Line a minus line b c 3,944,	443.	C	Line a minus line b		▶	c 2	671,	607
d	Amounts included on line 12, Form		d	Amounts included on					
-	990 but not on line a:	7 d os	98	990 but not on line a:					
/41	Investment eveness		/4\	Investment evpenses				200	
(1)	Investment expenses		(1)	Investment expenses					
	not included on			not included on					
	line 6b, Form 990\$			line 6b, Form 990	.\$				
(2)	Other (specify):		(2)	Other (specify):				1	
	\$ ************************************		*		\$				
	Add amounts on lines (1) and (2)	0.		Add amounts on lines	(1) and (2)		d		0
	Total revenue per line 12, Form 990		e	Total expenses per lin			-		
6	(line c plus line d)	112	1 -	(line c plus line d)				671	607
Da	rt V List of Officers, Directors, Trustees, and	Key I	Emple	WAGE (Liet each on	e even if not comper	cated \	6 4	,0/1,	007
	List of Officers, Directors, Trustees, and	IXCY I		tle and average hours			tributions to	/E) F	xpense
	(A) Name and address		Pe	r week devoted to	(C) Compensation (If not paid, enter -0)	emplo	yee benefit	acco	unt and
			-	position	-0)	com	ensation	otner a	llowance
<u>SE</u>	E STATEMENT 11				89,692.	17	<u>,227</u> ,		0
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			_						
								-	
						<u> </u>			
75	Did any officer, director, trustee, or key employee receive aggregate cor	mpensat	ion of n	ore than \$100.000 fro	m your organization	and all	related		
	organizations, of which more than \$10,000 was provided by the related					X No			
	31 01-13-05	J					_	Form 00	90 (2004
ィムリレ	11 VI- W-W								

# AMERICAN KENNEL CLUB CANINE

	990 (2004) HEALTH FOUNDATION, INC. 13-3813	<u> 813</u>		Page 5
Par	Other Information		Yes	<del></del>
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	<u> </u>	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	_77	X	10000cc. N
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		X
	If "Yes," attach a statement			
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,			
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	Share all 1	X
Ь	If "Yes," enter the name of the organization			
•	and check whether it is exempt or nonexempt.			
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.			
	Did the organization file Form 1120-POL for this year?	81b	15.1325.99999	X
OO -	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than	0.10	<del>                                     </del>	- 25
oz a		82a	х	
	fair rental value?	02a		132593
D	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an			
_	expense in Part II. (See instructions in Part III.)	************		era e
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
þ	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	_
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	2901003x93	98580X5288
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible?	84b	Ь—	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	Ь—	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	A 100 100 100 100 100 100 100 100 100 10	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax			
	owed for the prior year.			
C	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures 85d N/A			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f  N/A			
a	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?  N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues			
	allocable to nondeductible lobbying and political expenditures for the following tax year?  N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A			
h	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A	1		
ь	Gross income from other sources. (Do not net amounts due or paid to other sources	1		
•	against amounts due or received from them.)  87b  N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,	27.7.5.8.87.52.5888	. DARRESS CO.	Baccatheras
00	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			
	If "Yes," complete Part IX	88		х
80 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
us a	section 4911 \( \begin{align*} & \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	Locinion	0000000000	
IJ	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction	89ь		x
_	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	COD		_ 21
C				0.
	sections 4912, 4955, and 4958  Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
D -	List the states with which a copy of this return is filed  SEE STATEMENT 12			<u> </u>
				5
	Number of employees employeed in the pay period that includes March 12, 2004 90b	2 0	600	
91	The books are in care of ► AKC CANINE HEALTH FOUNDATION, INC. Telephone no. ► 888-68	14-9	090	
		1760		200
	Located at ► 5580 CENTERVIEW DRIVE, RALEIGH, NC ZIP+4 ► 2	<u> 700</u>	0-3	<u> </u>
			⊾ [	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here			
40004	and enter the amount of tax-exempt interest received or accrued during the tax year 92	N/		(0004)
42304	05	ror	m <b>990</b>	(2004)

Page 6

(E) Related or exempt function income
Related or exempt function income
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<b>(E)</b> End-of-year
assets
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Yes X No
Yes X No
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# Form **8868**

(Rev. December 2004)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If yo	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box	<b>▶</b> X
• If yo	ou are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this f	form).
Do no	t complete Part II unless you have already been granted an automatic 3-month extension on a previously fil	ed Form 8868.
Parl	Automatic 3-Month Extension of Time - Only submit original (no copies needed)	
Form	<b>990-T corporation</b> s requesting an automatic 6-month extension - check this box and complete Part I only $_{\dots}$	▶ □
	er corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file incon s. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 10	
below extens	ronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional sion, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the www.irs.gov/efile.	l (not automatic) 3-month
Туре	or Name of Exempt Organization	Employer identification number
print	AMERICAN KENNEL CLUB CANINE	
<b>P</b>	HEALTH FOUNDATION, INC.	13-3813813
File by t due date filing you	Number, street, and room or suite no. If a P.O. box, see instructions.	
return. S	See	
instructi	RALEIGH, NC 27606-3390	
Checl	k type of return to be filed (file a separate application for each return):	
X	Form 990 Form 990-T (corporation) Form 47	20 .
	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52	27
_	Form 990-EZ Form 990-T (trust other than above) Form 60	69
_	Form 990-PF Form 1041-A Form 88	
	Tomicoori Language Communication Communicati	· · · · · · · · · · · · · · · · · · ·
Tel ● If th	e books are in the care of AKC CANINE HEALTH FOUNDATION, INC.  ephone No. 888-682-9696  FAX No. 919-334-4011  he organization does <b>not</b> have an office or place of business in the United States, check this box his is for a <b>Group Return,</b> enter the organization's four digit Group Exemption Number (GEN) . If the lit is for part of the group, check this box and attach a list with the names and EINs of all	s is for the <b>whole</b> group, check this
	I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until  AUGU  to file the exempt organization return for the organization named above. The extension is for the organization  X calendar year 2004 or	
	tax year beginning , and ending	
2	If this tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<u>\$</u>
	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>\$</b>
	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	
Cauti	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-EO for payment instructions.
LHA	For Privacy Act and Paperwork Reduction Act Notice, see instructions.	Form <b>8868</b> (Rev. 12-2004)

## **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

**Organization Exempt Under Section 501(c)(3)** 

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

Internal Revenue Service	► MUST be complet	ted by the above organ	izations a	nd attached to their	r Form 990 or 990-E	Z	
Name of the organization	AMERICAN KENNEI	CLUB CANI	NE			<b>Employer identif</b>	ication number
footor consecution and I	HEALTH FOUNDATI					13 38138	
	sation of the Five Higher of the instructions. List each one. I			ther Than Off	icers, Directo	rs, and Trus	tees
<del></del>	nd address of each employee paid more than \$50,000		(b) Title	and average hours veek devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ERIKA WERNE			DIR.	GRANTS			
P.O. BOX 379	41, RALEIGH, NO	27627	40		58,198.	4,232.	
DIANE_VASEY_			DIR.	DEVELOP.			
P.O. BOX 379	41, RALEIGH, NO	27627	40		77,781.	4,437.	,
			-				
							1
			-				
Total number of other emp	loyees paid	<b>&gt;</b>		0			The state of the s
Part II Compen	sation of the Five High	-		Contractors f		al Services	200 1 100 100 100 100 100 100 100 100 10
	and address of each independent o				(b) Type of s	service	(c) Compensation
RUTH REID &	co.						
	ET, 3RD FLOOR,	CHARDON, C	н 44	1	NNUAL REP	- 1	67,019.
		<del>-</del>					
***************************************							
× <del>-</del>							
		-					
Total number of others rec	eiving over						
\$50,000 for professional se		<b>&gt;</b>		0			

## AMERICAN KENNEL CLUB CANINE

Schedule A (Form 990 of 990-Ez) 2004 HEALTH FOUNDATION, INC.	<u> 1381</u>	3 1	age 2
Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities  \$ \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		х
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.  During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes,"			
attach a detailed statement explaining the transactions.) SEE STATEMENT 13  a Sale, exchange, or leasing of property?	2a		Х
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c	x	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	х	
e Transfer of any part of its income or assets?	2e		Х
3 a Do you make grants for scholarships fellowships student loans etc 2 (If "Ves" attach an explanation of how			
you determine that recipients qualify to receive payments.)  b Do you have a section 403(b) annuity plan for your employees?	3a 3b		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice	30		
on the use or distribution of funds?	4a_	_X_	
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The organization is not a private foundation because it is: (Please check only ONE applicable box.)			
5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city,			
and state			
An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv)	-		
(Also complete the <b>Support Schedule</b> in Part IV-A.)  11a			
Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross			
receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of			
its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired			
by the organization after June 30, 1975. See section 509(a)(2). (Also complete the <b>Support Schedule</b> in Part IV-A.)			
13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described by the controlled by any disqualified persons (other than foundation managers) and supports organizations described by the controlled by the c	ribed in:		
(1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)			
Provide the following information about the supported organizations. (See page 5 of the instructions.)	(E) 1.7		<b>.</b>
(a) Name(s) of supported organization(s)	(b) Lin	e numl om abo	ber ove
14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)			
423111 12-03-04 Schedule A (Form	990 or !	990-EZ	) 2004
			-

Schedule A (Form 990 or 990-EZ) 2004 HEALTH FOUNDATION, INC.

	dule A (Form 990 or 990-EZ) 2004 H	EALTH FOUND	ATION, INC.		13-	3813813 Page 3
2.67 (0.000)		complete only if you che e worksheet in the inst	ecked a box on line 10 ructions for converting	), 11, or 12.) <b>Use cash</b> <i>from the accrual to th</i>	method of accounting cash method of according	n <b>g.</b> ounting.
Calen	ndar year (or fiscal year ning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,671,461.		,	2,360,534.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	71,446.	58,433.	77,729.	146,236.	353,844.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	119,325.	123,939.	137,620.	425,474.	806,358.
19	Net income from unrelated business	;				
20	activities not included in line 18  Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	2,862,232.	2,710,353.	2,520,134.	2,932,244.	11,024,963.
24	Line 23 minus line 17	2,790,786.	2,651,920.	2,442,405.	2,786,008.	10,671,119.
25	Enter 1% of line 23	28,622.				
26	Organizations described on lines 10 Prepare a list for your records to sho					213,422.
D	unit or publicly supported organization			, -	30053035038k	*
	Do not file this list with your return.		•		9 900000 VIIV VA.	4,703,449.
C	Total support for section 509(a)(1) to					10,671,119.
d	Add: Amounts from column (e) for li	ines: 18 <u>8</u>	<b>06,358.</b> 19			
		22	26b	4,703,44	9. ► 26d	5,509,807.
е	Public support (line 26c minus line 2					5,161,312.
f	Public support percentage (line 26					48.3671%
27	Organizations described on line 12:					•
	records to show the name of, and to such amounts for each year:	N/A	acii year iroin, eacii disq	uainieu person. <b>Do not i</b> l	ie this list with your retu	rn. Enter the sum of
	(2003)		(2)	001)	(2000)	
b	For any amount included in line 17 th					
	and amount received for each year, t	that was more than the la	rger of (1) the amount o	n line 25 for the year or (2	2) \$5,000. (Include in the	list organizations
	described in lines 5 through 11, as w	vell as individuals.) <b>Do no</b> t	t file this list with your re	turn. After computing the	e difference between the a	amount received and
	the larger amount described in (1) or		•	, .		
	(2003)	(2002)	(2	001)	(2000)	
С	Add: Amounts from column (e) for li	nes: 15		16		37/3
А	Add: Amounts from column (e) for li  17  Add: Line 27a total	ZU	d line 27h total		> 27c	N/A N/A
e	Public support (line 27c total minus	line 27d total)	a mio 275 total		27d	N/A N/A
f	Total support for section 509(a)(2) to	est Enter amount on line	23, column (e)	271	N/A	14/12
g	Public support percentage (line	e 27e (numerator) div	ided by line 27f (dend	ominator))	<b>▶</b> 27g	N/A %
h	Investment income percentage					N/A %
28 L	<b>Inusual Grants:</b> For an organization o show, for each year, the name of the our return. Do not include these grant	ts in line 15.		nusual grants during 200 I a brief description of the	0 through 2003, prepare nature of the grant. <b>Do</b> n	a list for your records not file this list with
	1 12-03-04	N	ONE		Schedi	ule A (Form 990 or 990-EZ) 2004

Part V Private School Questionnaire (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

<b>29</b> [	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	nstrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	o all parts of the general community it serves?		MILA XII KWALII.	*; 22X2XA22
	f "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		<u> </u>
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
ď	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
-	if you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	33a		
	Admissions policies?			
	Employment of faculty or administrative staff?			
d :	Scholarships or other financial assistance?			
e	Educational policies?	33е		
	Use of facilities?		<u> </u>	
	Athletic programs?			
	Other extracurricular activities?	33h	3882.1S	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	Has the organization's right to such aid ever been revoked or suspended?			
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			2.00
	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2004

(To be comple  Check ▶ a ☐ if the organic	Expenditures by Ele						<u> </u>		Page (
	ted <b>ONLY</b> by an eligible organ	nization that filed Form 5768)						N/A	
1	zation belongs to an affiliated	group. Check	<b>▶ b</b> if you	checl	ked <b>"a"</b> and "lim	nited co	ontroj"	provisions apply.	
	imits on Lobbying E	_			( <b>a)</b> Affiliated g totals			(b) To be completed for electing organization	
(The te	rm "expenditures" means amo	ounts paid or incurred.)		-	<del></del>	<u> </u>		electing organization	115
O Tatal labbada a com ou ditous	to influence authlic entries (c				N/A				
, , ,		rassroots lobbying) v (direct lobbying)							
		(uncorrobbying)							
		) <u></u>		0					
41 Lobbying nontaxable amour	t. Enter the amount from the	following table -							
If the amount on line 40 is	· The lobbying	ng nontaxable amount is -							
		nount on line 40	1,0000						
		s 15% of the excess over \$500,000					- EBBECK!		2000 F
		s 10% of the excess over \$1,000,00	5288	1					
		s 5% of the excess over \$1,500,000	9738						X
				2					744-74888
		han line 36		3					
		han line 38		4					
Caution: If there is an am	ount on either line 43 or lii	ne 44, you must file Form	4720.						
		Lobbying Exper	nditures During 4	-Year	r Averaging Pe	riod		N/A	,
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	( <b>c</b> ) 2002			(d) 001		(e) Total	
45 Lobbying nontaxable									
amount		3236 0541	1.73			5×11/08/88	<b>S 1 1 1 1 1 1 1 1 1 1</b>		0.
46 Lobbying ceiling amount (150% of line 45(e))		All and the second							0.
47 Total lobbying									^
expenditures				<del></del>					0.
48 Grassroots nontaxable									0.
49 Grassroots ceiling amount						7.4	T		<u> </u>
(150% of line 48(e))									0.
50 Grassroots lobbying									
expenditures									0.
Part VI-B Lobbying (For reporting		cting Public Charitie d not complete Part VI-A) (See		nstruc	ctions.)			N/A	,
	•		including any atto	empt 1	to	Yes	No	Amount	
		-			-			*	
influence public opinion on a leg								1	
influence public opinion on a leg  a Volunteers			1(1(1 <b>n</b> )		·····				AHIDE
influence public opinion on a leg  a Volunteers  b Paid staff or management (I	nclude compensation in expe				1	I		1	
influence public opinion on a leg  a Volunteers  b Paid staff or management (I  c Media advertisements	nclude compensation in expe								
influence public opinion on a leg a Volunteers b Paid staff or management (I c Media advertisements d Mailings to members, legisla	nclude compensation in expe								
influence public opinion on a leg a Volunteers b Paid staff or management (I c Media advertisements d Mailings to members, legisle Publications, or published of	nclude compensation in expe ators, or the public r broadcast statements								
influence public opinion on a leg a Volunteers b Paid staff or management (I c Media advertisements d Mailings to members, legisle e Publications, or published of f Grants to other organization	nclude compensation in expe ators, or the public r broadcast statements s for lobbying purposes								
<ul> <li>b Paid staff or management (I</li> <li>c Media advertisements</li> <li>d Mailings to members, legislate</li> <li>e Publications, or published of</li> <li>f Grants to other organization</li> </ul>	nclude compensation in expensations, or the public or broadcast statements or lobbying purposes or, their staffs, government of minars, conventions, speeches	fficials, or a legislative body s, lectures, or any other mean	is						0.

13-3813813

Part		-		d Relationships With Noncharita	ble			
		zations (See page 11 of the instr		or organization described in section				
		lirectly or indirectly engage in any of						
		section 501(c)(3) organizations) or in ganization to a noncharitable exempt		onlical organizations?		Yes	No	
		•	_		51a(i)		Х	
	.,				a(ii)		X	
	Other transactions:							
		ets with a noncharitable exempt orga	nization		b(i)		x	
	• •				b(ii)		X	
					b(iii)		X	
					b(iv)	Х		
	(v) Loans or loan guarantees				b(v)		Х	
(	vi) Performance of services or				b(vi)	Х		
-	•	, mailing lists, other assets, or paid e			C	Х		
d l	f the answer to any of the abov	e is "Yes," complete the following scl	hedule. Column (b) should	l always show the fair market value of the				
		s given by the reporting organization						
t	ransaction or sharing arrangen	nent, show in column (d) the value o	f the goods, other assets,	or services received:				
(a) Line no	(b) Amount involved	(c) Name of noncharitable ex	empt organization	(d) Description of transfers, transactions, and sh	aring ar	rangen	nents	
Line iie	Amount involved	Harris of Horistianasis ox	ompt organization	REIMBURSEMENTS FOR OU				
				POCKET EXPENDITURES			T.F	
B-I	27	AMERICAN KENNEL	CT.IID	OF FOUNDATION.	DIA D	EILA	ПЕ	
<u>D-T</u>	VI	AMERICAN RENNEL	СПОВ	OF FOUNDATION:				
			· · · · · · · · · · · · · · · · · · ·	ADMINISTER PENSION AN	M CIV	TCE	CAT	
B-V	T	AMERICAN KENNEL	CLUB	PLAN FOR FOUNDATION.	11 01	<u></u>	CILL	
<u>u v.</u>		THIDRICAL REPUBLIC	CLOD	THE TOLL TOURSELLEDING				
C		AMERICAN KENNEL	CLUB	SHARE MAILING LIST.				
<u> </u>								
-				DONATED SPACE AND SER	RVIC	ES		
				(PAYROLL, HUMAN RESOU	JRCE	,		
C	131,186.	AMERICAN KENNEL	CLUB	ADMIN. SERVICES)				
		V-31- 4						
			***					
	_			rganizations described in section 501(c) of the	l vaa	_	□No	
	f "Yes," complete the following			▶ LX	162	_	_ 140	
	(a		(b)	(c)				
	Name of or	ganization	Type of organization	(c) Description of relationship	p			
				SHARE FACILITIES AND				
				EQUIPMENT, PERSONNEL	SER	VIC	ES	
AME	RICAN KENNEL C	LUB	501(C)(4)	DONATED (SEE ABOVE)				
	7							
423151				Schodulo A /Form	000 00	000 57	\ 2004	

# Schedule A

# Identification of Excess Contributions Included on Part IV-A, Line 26b

2004

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
AMERICAN KENNEL CLUB	4,398,764.	4,185,342
NESTLE PURINA PETCARE COMPANY	708,951.	495,529
ESTATE OF DONALD MCMANUS	236,000.	22,578
		· ·
		10
	-	N - 74 ·
		· · · · · · · · · · · · · · · · · · ·
		·
		,
**************************************		

		-				_
FORM 990 GAIN (LOSS	S) FROM PUBL	CLY TRADE	SECURITI	ES S'	PATEMENT	1
	GROS			EXPENSE	NET GAIN	
DESCRIPTION	SALES I	PRICE OTH	ER BASIS	OF SALE	OR (LOSS	)
ENDOWMENT FUND - SEE				_		
SCHEDULE ATTACHED	1,472	,639. 1,4	460,021.	0.	12,61	8.
ABN AMRO 6.08%		,215.	25,215.	0.	<2,00	0.>
ALA PR 5.625% PFD		,961.	74,850.	0.	<5,88	
CD US TR 1.8% 2/26/04	-	,000.	90,000.	0.		0.
CONVERGYS CORP	-	,990.	18,636.	0.	<9,64	
DJ US FINCL SECT INDX FD	-	,584.	34,604.	0.	<2,02	
EXXON MOBIL CORP		,459. ,000.	52,397. 25,000.	0. 0.	7,06	0.
FHLB 5% 7/9/09 GATEWAY FUND	_	,086.	89,154.	0.	6,93	
GENERAL ELECTRIC	-	,694.	31,402.	0.	<6,70	
GREENPOINT FINANCIAL	21	876.	869.	Ö.	10770	7.
GULF PR 5.875% PFD	44	,649.	50,000.	0.	<5,35	
MORGAN STANLEY 4.75% 4/1/1	-	,594.	24,835.	0.	<2,24	
OLSTEIN FINANCIAL ALERT	61	,000.	52,118.	0.	8,88	2.
RUSSELL 2000 VALUE INDEX I	D 55	,180.	44,707.	0.	10,47	
SPDR TRUST UNIT SR 1	-	,309.	50,155.	0.	7,15	
ST PAULS TRAVELERS		,824.	41,012.	. 0.	<18	
VANGUARD CONV SECS		,828.	50,702.	0.		6.
WESTPORT SELECT CAP	6 ,	,320.	5,000.	0.	1,32	
MISCELLANEOUS (ROUNDING)	10	0. ,243.	<12.> 19,128.	0. 0.	<88	2.
DJ US FINCL SECT INDX FD FHLB 4.5% 11/15/12	-	,243. ,832.	64,794.	0.	<2,96	
FHLB 5.95% 6/28/12		,000.	50,000.	0.	•	0.
SPDR TRUST UNIT SR 1		,835.	40,074.	0.	5,76	
S&P SMCAP600 INDEX FUND		,386.	14,655.	0.	1,73	
S&P MIDCAP BARRA GROWTH		,378.	13,599.	0.	1,77	
SATURNS GS 6% PFD		,775.	25,000.	0.	<3,22	5.>
SECTOR SPDR CONSUMER	15	,934.	14,165.	0.	1,76	9.
TO FORM 990, PART I, LINE	8 2,486	,591. 2,	462,080.	0.	24,51	1.
FORM 990	SPECIAL EVENT	IS AND ACT	IVITIES	S'	PATEMENT	2
DESCRIPTION OF EVENT	GROSS (	CONTRIBUT.	GROSS REVENUE	DIRECT EXPENSE:		ł
GALA - TAMPA FLA (DINNER, AUCTION, RAFFLE) BREEDERS SYMPOSIUNS, NC	54,570.	29,274.	25,296		25,29	6.
STATE UNIV. AND U OF PENN.	35,057.	35,057.				0.
DINNER, PHILADELPHIA PENNSYLVANIA	12,925.	12,925.				0.

Realized Gains and Losses Fiscal Year Ending 12/31/2004

AKC CANINE HEALTH FOUNDATION #1 ENDOWMENT FUND

# Realized Gains and Losses in Non-Taxable or Tax Deferred Accounts

Description	Date Acquired	Date Sold	Ouantity	Cost	Net Proceeds	Short Term Gains	Qualified 5 Year Gains	Long Term Gains	Total Gains
ABN AMRO 6.08% TR PFD ABN AMRO 6.08% TR PFD	03/19/2004 03/19/2004	06/07/2004 06/07/2004	100.000	2,532 32,910	2,328	-203 -2,653			-203 -2,653
			1,400.000	35,441	32,585	-2,856			-2,856
ALA PR 5.625% PFD ALA PR 5.625% PFD ALA PD 5.625% PED	04/16/2004	06/07/2004 06/07/2004	200.000	4,970	4,627	-343			-343
ALA FK 3.02370 FFD	04/10/2004	06/0 //2004	2,000.000	49,700	30,062	-3,424			-3,424
AMGEN INC	03/30/2004	06/07/2004	425.000	25,043	23,277	-1,766			-1,766
BANKAMER 5.875% PFD BANKAMER 5.875% PFD BANKAMER 5.875% PFD	12/15/2003 12/15/2003 12/15/2003	06/07/2004 06/07/2004 06/07/2004	200.000 500.000 800.000	5,000 12,500 20,000	4,777 11,937 19,100	-223 -563 -900			-223 -563 -900
			1,500.000	37,500	35,814	-1,686			-1,686
CALAMOS INVT TR CONV A		12/09/2004	2,511.582	44,405	52,392	-34		8,020	7,986
CALAMOS MARKET NEUTRA		06/07/2004	5,728.616	81,268	80,487	-91		069-	-781
CAMPBELL SOUP CO	06/04/2003	06/07/2004	750.000	19,267	19,460			193	193
CD SCHWAB VAR RATE 2/27/	08/19/2003	01/28/2004	55,000.000	55,000	55,000	0			0
CD SCHWAB VAR RATE 4/8/0	09/30/2003	04/08/2004	50,000.000	50,000	50,000	0			0
COHEN & STRS RLTY MAJ IN	05/06/2002	01/12/2004	275.000	25,148	29,118			3,969	3,969
DIEBOLD INC	12/10/2004	12/17/2004	38.000	2,048	2,103	55			55
EXXON MOBIL CORP EXXON MOBIL CORP	06/13/2001 12/21/2004	06/07/2004 12/23/2004	550.000	24,684	24,136 10,308	96		-548	-548 96
			750.000	34,896	34,444	96		-548	452

Realized Gains and Losses Fiscal Year Ending 12/31/2004

AKC CANINE HEALTH FOUNDATION #1 ENDOWMENT FUND

Realized Gains and Losses in Non-Taxable or Tax Deferred Accounts

Description	Date Acquired	Date Sold	Quantity	Cost	Net Proceeds	Short Term Gains	Qualified 5 Year Gains	Long Term Gains	Total Gains
FHLB 4.375% 3/3/10	02/13/2003	03/25/2004	25,000.000	12,500	12,500			0	0
FHLB 5.00% 4/16/13	01/28/2004	06/09/2004	50,000.000	49,675	47,508	-2,168			-2,168
FHLB 5.00% 7/9/09	06/10/2004	08/09/2004	75,000.000	75,000	75,000	0			0
FHLB 5.04% 2/11/13	01/28/2004	06/09/2004	50,000.000	49,725	47,701	-2,025			-2,025
FHLB 6.05% 3/12/12	02/27/2002	03/12/2004	95,000.000	95,000	95,000			0	0
FHLB 6.05% 5/17/12	05/09/2002	05/17/2004	75,000.000	74,906	75,000			94	94
FHLB 6.34% 1/2/08	12/29/2000	01/02/2004	60,000.000	000,09	000,09			0	0
FIDELITY NATL FINCL	03/12/2004	06/07/2004	200.000	19,145	18,935	-210			-210
FNIMA 5.25% 8/1/12	10/16/2003	06/09/2004	20,000.000	20,172	19,612	-560			-560
GE C0. 5.00% 2/1/13	01/24/2003	06/09/2004	20,000.000	20,235	19,310			-924	-924
GE CAP 6.90% 9/15/15	06/25/2002	06/09/2004	21,000.000	22,409	22,923			514	514
GENERAL ELECTRIC	07/21/2004	09/02/2004	78.000	2,590	2,551	4			4
GS NATRL RESRCE IDX FD	04/12/2004	10/13/2004	300.000	33,829	37,165	3,336			3,336
INTL BUS MACHINE CORP	06/13/2001	06/07/2004	200.000	23,454	17,623			-5,831	-5,831
JOHNSON & JOHNSON	06/04/2003	06/07/2004	400.000	21,578	22,475		•	897	897
PROFDS RISING RTS OPP INV	05/14/2004	06/07/2004	1,009.693	25,000	24,662	-338			-338
RUSSELL 2000 INDEX FUND		08/17/2004	375.000	38,240	39,518	1,278			1,278
RUSSELL 2000 VAL INDX FD	12/06/2001	08/12/2004	400.000	50,794	63,064			12,270	12,270

# Realized Gains and Losses Fiscal Year Ending 12/31/2004

# AKC CANINE HEALTH FOUNDATION #1 ENDOWMENT FUND

# Realized Gains and Losses in Non-Taxable or Tax Deferred Accounts

Qualified 5 Long Term Total Year Gains Gains	-243	-120	108	-6,451		0 0 0	5,304	6,730 6,730	-243			24,694	24,694 12,618						;		
Short Term Gains	-243	-120	108	-6,451	000	0 0 0	5,304		-243	-12,076			-12,076			٠.	م ا	م ا	~ l !s	~   lo	~ l   lo
Net Proceeds	24,757	44,728	68,855	43,549	20,000 20,000 65,000	95,004 235,000 435,004	59,012	32,487	25,251	1,278,826		616,317	1,895,143	1	435,0047 < 435,004/	1.460 139	1,460,139 1,460,139 000,51	1,460,994, 1,460,139 12,500	1,460,139 1,460,139 12,500	1,460,139 12,500 12,500	1.400,139
Cost	25,000	44,848	68,747	50,000	20,000 20,000 65,000	95,004 235,000 435,004	53,708	25,756	25,494	1,290,902		591,623	1,882,525 1,895,143	V A 7 6 7 7	1400,004	105/10/	100,000, 100,000, 100,000,	125,000,1 12,500,1 35,500	125 WY 150 1	125,044,1 125,044,1	100'00h'
Ouantity	1,147.315	525.000	525.000	2,000.000	20,000.000 20,000.000 65,000.000	95,003,630 235,000.000 435,003.630	1,850.000	450.000	1,854.572				0					1	<b>*</b> }	1	1
Date Sold	06/07/2004	08/13/2004	08/12/2004	06/07/2004	03/26/2004 03/30/2004 04/01/2004	04/14/2004 08/30/2004	01/27/2004	06/07/2004	12/09/2004				961 120 LG		<sub>v</sub> )	<sub>)</sub>	g (k	g (¢	g (k	g (k	g (k
Date Acquired	05/14/2004			04/12/2004	03/12/2004 03/12/2004 03/12/2004	08/20/2004		06/13/2001					Value	70	2000	0000	1/8/8	18/8	118/8	118/8	1/8/8
Description	RYDEX JUNO SER TR	S&P SMCAP600 GRWTH INDX	S&P SMCAP600 INDEX FD	SATURNS GS 6.00% PFD	SCHWAB VALUE ADVNTG M SCHWAB VALUE ADVNTG M SCHWAB VALUE ADVNTG M	SCHWAB VALUE ADVNIG M SCHWAB VALUE ADVNIG M	SECTOR SPDR CONSUMER	UNITED PARCEL SERVICE B	VANGUARD CONV SEC	Short Term Gains	Qualified 5 Year Gains	Long Term Gains	Total (Sales) Schweb Value Alling Lass: Schweb Value Alling Lass	miner michel	The state of the s	543 total	543+046 ENUS 4:375%	543 total	543+046 EML8 4.375%	543+046 ENUS 4.375%	543+0462 ENUS 4.375% 3/3/10

AMERICAN KENNEL CLUB	CANINE HEALTH	FOUND		13-3813813
SPECIAL EVENTS - OTHER	8,576.	7,901.	675.	675.
TO FM 990, PART I, LINE	9 111,128.	85,157.	25,971.	25,971.
FORM 990 OTHER C	HANGES IN NET	ASSETS OR FUN	ID BALANCES	STATEMENT 3
DESCRIPTION				AMOUNT
UNREALIZED APPRECIATION	ON PORTFOLIO		-	347,623.
TOTAL TO FORM 990, PART	I, LINE 20		-	347,623.
FORM 990	ОТНЕ	R EXPENSES		STATEMENT 4
FORM 990 DESCRIPTION	OTHE (A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	STATEMENT 4  (D)  FUNDRAISING
DESCRIPTION PROFESSIONAL FEES MARKETING,	(A)	(B) PROGRAM	MANAGEMENT AND GENERAL	(D)
DESCRIPTION  PROFESSIONAL FEES MARKETING, ADVERTISING, ANNUAL REPORT MEMBERSHIP EXPENSES	(A) TOTAL	(B) PROGRAM SERVICES	MANAGEMENT AND GENERAL 112,705.	(D) FUNDRAISING
DESCRIPTION  PROFESSIONAL FEES MARKETING, ADVERTISING, ANNUAL REPORT MEMBERSHIP EXPENSES WEBSITE DESIGN AND EXPENSES	(A) TOTAL 149,537. 40,730.	(B) PROGRAM SERVICES 28,303.	MANAGEMENT AND GENERAL 112,705. 23,607. 4,200.	(D) FUNDRAISING 8,529.
DESCRIPTION  PROFESSIONAL FEES MARKETING, ADVERTISING, ANNUAL REPORT MEMBERSHIP EXPENSES WEBSITE DESIGN AND	(A) TOTAL  149,537.  40,730. 8,401.	(B) PROGRAM SERVICES 28,303.	MANAGEMENT AND GENERAL 112,705. 23,607. 4,200. 2,055.	(D) FUNDRAISING 8,529. 12,461. 4,201.

FORM 990	STATEMENT OF O	ORGANIZATION'S	PRIMARY	EXEMPT	PURPOSE	STATEMENT	5
		PART II	[]				

### **EXPLANATION**

THE ORGANIZATIONAL EXEMPT PURPOSE IS TO SUPPORT BASIC AND APPLIED HEALTH PROGRAMS WITH EMPHASIS ON CANINE GENETICS TO IMPROVE THE QUALITY OF LIFE FOR DOGS AND THEIR OWNERS.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

### DESCRIPTION OF PROGRAM SERVICE ONE

THE FOUNDATION FUNDS RESEARCH AND SUPPORTS CANINE HEALTH SCIENTISTS AND PROFESSIONALS IN THEIR EFFORTS TO STUDY THE CAUSES AND ORIGINS OF CANINE DISEASES AND AFFLICTIONS AND TO FORMULATE EFFECTIVE TREATMENTS. SEE ATTACHMENTS ENTITLED "GRANTS FOR RESEARCH ON SPECIFIC CANINE DISEASES AND FOR RESEARCH IN SPECIFIC BREEDS OF DOG".

		(	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		-	1,844,872.	2,145,279.
FORM 990 NON-	GOVERNMENT S	SECURITIES		STATEMENT 7
SECURITY DESCRIPTION COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS FMV COMMERCIAL PAPER FMV		499,509	4,766,882	4,766,882. 499,509.
TO FORM 990, LINE 54, COL B		499,509	4,766,882	5,266,391.
FORM 990 GOV	ERNMENT SECU	JRITIES	· · · · · · · · · · · · · · · · · · ·	STATEMENT 8
DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
U.S. GOVERNMENT OBLIGATIONS	FMV	535,004.		535,004.
TOTAL TO FORM 990, LINE 54, C	OL B	535,004.		535,004.
	_	· · · · · · · · · · · · · · · · · · ·		

FORM 990 OTHE	R INVESTMENTS		STAT	EMENT	9
DESCRIPTION		VALUATION METHOD	i	AMOUNT	
CERTIFICATES OF DEPOSIT		COST		238,9	28.
TOTAL TO FORM 990, PART IV, LINE 5	6, COLUMN B			238,9	28.
FORM 990 O	THER ASSETS		STAT	EMENT	10
DESCRIPTION			Al	TRUOM	
CHARITABLE REMANDER ANNUITY TRUST DIVIDEND & INTEREST RECEIVABLE	RECEIVABLE			81,7 6,3	
TOTAL TO FORM 990, PART IV, LINE 5	8, COLUMN B			88,0	66.
FORM 990 PART V - LIST OF TRUSTEES AND	OFFICERS, DIR		STAT	EMENT	11
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB		
DR. SHELDON B. ADLER C/O AKC CANINE HEALTH FOUNDATION, INC. P.O. BOX 37941 RALEIGH, NC 27627	0	0.	0.		0.
LEE ARNOLD C/O AKC CANINE HEALTH FOUNDATION, INC. P.O. BOX 37941 RALEIGH, NC 27627	SECRETARY 0	0.	0.		0.
ANDREW G. MILLS C/O AKC CANINE HEALTH FOUNDATION, INC. P.O. BOX 37941 RALEIGH, NC 27627	0	0.	0.		0.
ELYZABETH HIGGINS C/O AKC CANINE HEALTH FOUNDATION, INC. P.O. BOX 37941 RALEIGH, NC 27627	EMERITUS DIRE	CTOR 0.	0.		0.

AMERICAN	KENNEL	CLUB	CANINE	HEALTH	FOUND

## 13-3813813

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ROBERT L. KELLY C/O AKC CANINE HEALTH I INC. P.O. BOX 37941 RALEIGH, NC 27627	FOUNDATION,	TREASURER 0	0.	0.	0.
CATHERINE BELL C/O AKC CANINE HEALTH I INC. P.O. BOX 37941 RALEIGH, NC 27627		SECOND VICE PRESIDENT 0	0.	0.	0.
NINA SCHAEFER C/O AKC CANINE HEALTH I INC. P.O. BOX 37941 RALEIGH, NC 27627	FOUNDATION,		0.	0.	0.
DR. ASA MAYS C/O AKC CANINE HEALTH FINC. P.O. BOX 37941 RALEIGH, NC 27627	FOUNDATION,	0	0.	0.	0.
JOHN A. STUDEBAKER C/O AKC CANINE HEALTH I INC. P.O. BOX 37941 RALEIGH, NC 27627			0.	0.	0.
TOM CROWE C/O AKC CANINE HEALTH FINC. P.O. BOX 37941 RALEIGH, NC 27627		DIRECTOR EMERITUS 0	0.	0.	0.
C/O AKC CANINE HEALTH		DIRECTOR EMERITUS 0	0.	0.	0.
DR. C. CRESTON FARROW C/O AKC CANINE HEALTH FINC. P.O. BOX 37941 RALEIGH, NC 27627	FOUNDATION,	DIRECTOR EMERITUS 0	0.	0.	0.
WAYNE FERGUSON C/O AKC CANINE HEALTH I INC. P.O. BOX 37941 RALEIGH, NC 27627	FOUNDATION,	IST V. PRES.	0.	0.	0.
MYRLE HALE C/O AKC CANINE HEALTH E INC. P.O. BOX 37941 RALEIGH, NC 27627	FOUNDATION,	0	0.	0.	0.

AMERICAN KENNEL CLUB CANINE HEAL	TH FOUND		13-38	313813
SUSAN LACROIX HAMIL C/O AKC CANINE HEALTH FOUNDATION, INC. P.O. BOX 37941 RALEIGH, NC 27627	0	0.	0.	0.
CINDY VOGELS C/O AKC CANINE HEALTH FOUNDATION, INC. P.O. BOX 37941 RALEIGH, NC 27627	0	0.	0.	0.
PROF. IRIS C. LOVE C/O AKC CANINE HEALTH FOUNDATION, INC. P.O. BOX 37941 RALEIGH, NC 27627	0	0.	0.	0.
DR. WILLIAM R. NEWMAN C/O AKC CANINE HEALTH FOUNDATION, INC. P.O. BOX 37941 RALEIGH, NC 27627	0	0.	0.	0.
DR. ROBERT HRITZO C/O AKC CANINE HEALTH FOUNDATION, INC. P.O. BOX 37941 RALEIGH, NC 27627	DIRECTOR EMERITUS 0	0.	0.	0.
PAMELA STEPHENS BUCKLES C/O AKC CANINE HEALTH FOUNDATION, INC. P.O. BOX 37941 RALEIGH, NC 27627	0	0.	0.	0.
DR. DUANE BUTHERUS C/O AKC CANINE HEALTH FOUNDATION, INC. P.O. BOX 37941 RALEIGH, NC 27627	0	0.	0.	0.
PAUL A. CAILLAUD C/O AKC CANINE HEALTH FOUNDATION, INC. P.O. BOX 37941 RALEIGH, NC 27627	0	0.	0.	0.
THOMAS L. MILLNER C/O AKC CANINE HEALTH FOUNDATION, INC. P.O. BOX 37941 RALEIGH, NC 27627	0	0.	0.	0.
DR. WILLIAM TRUESDALE C/O AKC CANINE HEALTH FOUNDATION, INC. P.O. BOX 37941 RALEIGH, NC 27627	0	0.	0.	0.

AMERICAN KENNEL CLUB CANINE HEALTH	H FOUND		13-3813	3813	
MARY EDWARDS HAYES C/O AKC CANINE HEALTH FOUNDATION, INC. P.O. BOX 37941 RALEIGH, NC 27627	0	0.	0.	0.	
KAREN T. LEFRAK C/O AKC CANINE HEALTH FOUNDATION, INC. P.O. BOX 37941 RALEIGH, NC 27627	0	0.	0.	0.	
<b>5</b> = <b>5</b> - <b>4</b> - <b>5</b> -	EXECUTIVE DIR 40	ECTOR 89,692.	17,227.	0.	
STEVE REMSPECHER C/O AKC CANINE HEALTH FOUNDATION, INC. P.O. BOX 37941 RALEIGH, NC 27627	0	0.	0.	0.	
TOTALS INCLUDED ON FORM 990, PART V		89,692.	17,227.	0.	
FORM 990 LIST OF STATES RECEIVING COPY OF RETURN STATEMENT 12 PART VI, LINE 90					
STATES					
NY,CA,CT,IL,MI,NJ,NC,PA,OH,MN,KS,MS,VA,SC,OK,AR,AL,WA,AZ,GA,MA,MO,NH,RI,WV,OR,WI,ME,UT,DC,NM,TN, ND,MD,AK,KY,FL,IN					
SCHEDULE A STATEMENT REGA	ARDING ACTIVI	TIES WITH	STATEMENT	13	

THE FOUNDATION REIMBURSES IT'S OFFICERS AND DIRECTORS FOR OUT OF POCKET EXPENDITURES MADE ON BEHALF OF THE FOUNDATION UPON RECEIPT OF AN ITEMIZATION OF SUCH EXPENDITURES.

FURNINSHING OF GOODS, SERVICES AND FACILITIES FROM THE AMERICAN KENNEL CLUB. SEE FORM 990 SCHEDULE A PART VII.

SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC,.
PART III, LINE 2

AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION, INC. FEDERAL FORM 990, PAGE 3, LINES 57(A) and 57(B) STATEMENT.

### NOTE 3 - FURNITURE, FIXTURES AND EQUIPMENT

Furniture, fixtures and equipment consisted of the following:

Less accumulated depreciation (36,903) (15,381)	
(27,003)	
Furniture, fixtures and equipment \$123,051 \$92,171	
2004 2003	

Pursuant to the Foundation's relocation to the American Kennel Club's North Carolina operations center in June 2003, the Foundation retired fixtures and equipment totaling \$115,080 with an accumulated depreciation of \$94,243. In 2003, the American Kennel Club also donated \$64,564 worth of furniture, fixtures and facility improvements to the Foundation.