## Form 990

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)

20**08** 

Open to Public

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A F	or the	2008 calendar year, or tax year beginning , 2008, and ending			, 20	
	eck if appl	AMERICAN RENNEL CLUB CANINE HEALTH FOUNDATION, INC.	D Employer ide	∍ntification	number	
	Address	use IRS Doing Business As	13-3813			
	Name c	note that Number and etreet /or P.O. hox if mail is not delivered to street address) Room/su	ite E Telephone n	amber		
$\vdash$	Initial re	type.	(919)3	34-401	0	
-	Termina	Specific City or town, state or country, and ZIP + 4				
	Amende	instruc-	G Gross receip	ts \$	12,655,	,228.
$\vdash$	return Applica	1 - FE	H(a) is this a gro	up return for	Yes	X No
L	pending	Thaile and add out of the control of	affiliates? H(b) Are all affilia	tes included?	Yes	No
-		ropt status:   Y   501(c) ( 3 )   4 (insert no.)   4947(a)(1) or   527		ch a list. (see		
		A contox of	H(c) Group exem	ption number	· le N	/A
		e: ► WWW.AKCCHF.ORG  Cornegization: Y Cornegation Trust Association Other ► L Year of for	rmation: 1995 M			NC
1678 NOW AND	NOTIFICATION AND ASSESSMENT	organization. A corporation	_1000[			
	ni (l	Summary				
	1 1	Briefly describe the organization's mission or most significant activities;	תפדוסמא כ			
ø	-	THE ORGANIZATION'S EXEMPT PURPOSE IS TO SUPPORT BASIC AND	7.00 man 			<del></del>
Governance		HEALTH PROGRAMS WITH EMPHASIS ON CANINE GENETICS TO IMPRO	3AR THE			
rerr	-	QUALITY OF LIFE FOR DOGS AND THEIR OWNERS.	DEW of its penate	·		
6	2 (	Check this box  if the organization discontinued its operations or disposed of more than	ZO 76 Of its dascis.	3		17
0명	3 1	Number of voting members of the governing body (Part VI, line 1a)				<del>17</del>
Activities		Number of independent voting members of the governing body (Part VI, line 1b)		·		
Ξ		Total number of employees (Part V, line 2a)				11
AC		Total number of volunteers (estimate if necessary)		6		50
	7 a	Total gross unrelated business revenue from Part VIII, line 12, column (C)		7a		NONE
	b	Net unrelated business taxable income from Form 990-T, line 34		. 7b	0	NONE
			Prior Year		Current Yo	
ø	8	Contribution and grants (Part VIII, line 1h)	3,870,5		3,988	
Revenue		Program service revenue (Part VIII, line 2g)		ONE		NONE
e Ve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,870,8			,724.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	241,3			,663.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,982,6		3,904	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,678,2		3,354	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		ONE		NONE
ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	561,6	-	732	786.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>r</u>	IONE		NONE
e G	b	Total fundraising expenses, Part IX, column (D), line 25) ▶303, 524.				
ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,150,9			174,
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,390,7	53		,125.
	19	Revenue less expenses. Subtract line 18 from line 12	1,591,9	43.		<u>,087.</u>
5 6	3		Beginning of Y	'ear	End of Ye	ear
Assets or	20	Total assets (Part X, line 16)	10,608,2	01.	8,457	,824.
Ass	21	Total liabilities (Part X, line 26)	3,879,8	169.	4,149	,101.
let.	22	Net assets or fund balances. Subtract line 21 from line 20.	6,728,3	332.	4,308	723.
		Signature Block				
			es and statements, a	nd to the b	est of my k	nowledge
		Under penalties of perjury, I declare that I have examined this return, including accompanying scriedule and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all	l information of whi	- D		iowieage.
<	Sign	1 Les Mans		1916	2007	
	lere	Signature of officer  Te pay T. WARREN CEO	Date			
•		TERRY T. WARREN CEO				
		Type or print name and title				
		Date Chec		eparer's id∈ ∋e instructio	entifying numb	per
Pai	d	Preparer's signature Ollison H. Franklin 4/29/09 self-emp	loyed 🔊 📗 (se	P00	448640	
Pre	parer's	, , , , , , , , , , , , , , , , , , ,	EIN 🔊		5565207	
Use	e Only	if self-employed, address, and ZIP + 4 300 NORTH GREENE STREET, SUITE 400 GREENSBORO, NC 27401	Phone no.		-275-33	
1.4	ov tha I	RS discuss this return with the preparer shown above? (See instructions)			X Yes	No
IVIE	r Drive	acy Act and Paperwork Reduction Act Notice, see the separate instructions.			Form 99	0 (2008)
Fυ	LITTE	to the min i abotto in town and the second s	•			

orm 990 (2			13-3813813	Page <b>2</b>
art III		ccomplishments (see instructions)		
	y describe the organization's missior	:		
SEE	STATEMENT 1			
<del></del>				
2 Did th	ne organization undertake any sign	ificant program services during the y	ear which were not listed on	
the pr	rior Form 990 or 990-EZ?			Yes X No
If "Yes	s" describe these new services on S	chedule O.		
		r make significant changes in how it		
servic	es?	,		Yes X No
If "Yes	s," describe these changes on Sche	itile 0. hts for each of the organization's three l	argest program services by expen	ses.
4 Desci	on 501(c)(3) and 501(c)(4) organiza	tions and section 4947(a)(1) trusts are	required to report the amount of g	rants and
alloca	ations to others, the total expenses,	and revenue, if any, for each program so	ervice reported.	
			: <u>.</u>	
4a (Code	e: ) (Expenses \$ 3,	959,335. including grants of \$3,	354,165. ) (Revenue \$	NONE )
THE	FOUNDATION FUNDS CANINI	HEALTH RESEARCH AND SUPP	ORTS CANINE	
HEA	LTH SCIENTISTS AND PROFI	ESSIONALS IN THEIR EFFORTS	TO STUDY THE	
		WE DISEASES AND AFFLICTION	S AND TO	
FOR	RMULATE EFFECTIVE TREATM	ents.		
<b>4 b</b> (Code	e: ) (Expenses \$	including grants of \$	) (Revenue \$	)
		·		
4c (Cod	e:) (Expenses \$	including grants of \$	) (Revenue \$	) .
		·		
4d Othe	er program services. (Describe in Sch			
	enses \$ including g	rants of \$ ) (Revenue	) (in a 05 - a keeps (B) )	
	Il program service expenses ➤ \$	3, 959, 335. (Must equal Part IX,	Line 25, column (B).)	Earm 000 /2004
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Part	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	_ X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			35
	Schedule C, Part II	4		<u> </u>
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_	N/	/ <b>A</b>
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			3.5
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		,	ν,
	complete Schedule D, Part IV  Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	9 10	Х	Х
10	Did the organization hold assets in term, permanent, or quasi-endownierts? If Test, complete Schedule D, Fait V	10		
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	11	Х	
	Parts VI, VIII, IX, or X as applicable  Did the organization receive an audited financial statement for the year for which it is completing this return			-
12	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
13	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	174		
b	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K. If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	N	/A
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			ļ
	to defease any tax-exempt bonds?	24c		/A
d		24d	N	/A
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			į
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	X
b				
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	-		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	ļ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
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Checklist of Required Schedules (continued) Part IV Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee: a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, 28a Х b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," 28b Х Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . . . . 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 X Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 35 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part Form 990 (2008)

Par	Statements Regarding Other IRS Filings and Tax Compliance	****
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	Yes No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	
	gaming (gambling) winnings to prize winners?	1c X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 11	2b
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	70
	this return?	3a X 3b N/A
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b N/A
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a X
	account)?	74 /
b	If "Yes," enter the name of the foreign country:	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	7-4
<b>-</b>	and Financial Accounts.  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a X
_	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b X
b	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	
С	Prohibited Tax Shelter Transaction?	5c N/A
6a	Did the organization solicit any contributions that were not tax deductible?	6a X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	
-	gifts were not tax deductible?	6b N/A
7	Organizations that may receive deductible contributions under section 170(c).	
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7a <u>X</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b N/A
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c X
d	If "Yes," indicate the number of Forms 8282 filed during the year	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e X
	benefit contract?	7e X 7f X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	'9   A
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h X
0	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	
8	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	
	organization, have excess business holdings at any time during the year?	8 X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	
a	Did the organization make any taxable distributions under section 4966?	9a X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b X
10	Section 501(c)(7) organizations. Enter:	
а	Initiation fees and capital contributions included on Part VIII, line 12	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b] N/A	
11	Section 501(c)(12) organizations. Enter:	
а	Gross income from members or shareholders	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	
	amounts due of received nont mem.)	12a N/A
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b   N/A	IZA N/A
<u>d</u>	H 165, Chief the amount of tax-exempt interest received of accided during the year   140   N/A	Form <b>990</b> (2008)

Page 6 13-3813813 Form 990 (2008) Governance, Management, and Disclosure (Sections A, B, and C request information about policies not Part VI required by the Internal Revenue Code.) Section A. Governing Body and Management Yes Nο For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions. 1a Enter the number of voting members of the governing body Enter the number of voting members that are independent 1b 17 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? . . . Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . . 4 Did the organization become aware during the year of a material diversion of the organization's assets? . . . . . 5 5 Does the organization have members or stockholders? X 6 Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . Х Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? X Does the organization have local chapters, branches, or affiliates? 9a Х If "Yes," does the organization have written policies and procedures governing the activities of such chapters, N/Aaffiliates, and branches to ensure their operations are consistent with those of the organization? 9b Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations 10 must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 X Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . Section B. Policies Yes No Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes, describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? 14 X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? 15a Other officers or key employees of the organization? 15b Describe the process in Schedule O. (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ SEE STATEMENT 2 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply. X Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the

Form 990 (2008)

organization: ANITA HERRINGTON 8051 ARCO CORPORATE DRIVE, SUITE 300 RALEIGH, NC 27617

919-334-4010

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.										
(A)	(B)		-	(0	;)			(D)	(E)	(F)
Name and Title	Average	Positi	ion (	chec		hat app	ly)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
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SEE SCHEDULE J-2										
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Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es,	and F	ligi	hest Compensat	ed Employee	s (cor	
·	(A) Name and title	(B) Average				k all	that app		(D) Reportable compensation	(E)  Reportable compensation		(F) Estimated amount of
		hours per week	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-Mi	i s	other compensation from the organization and related organizations
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									-			
1 b	Total			1	L			<u>;</u> . ▶	153,532.	N	IONE	NO
2	Total number of individuals (including thos organization ► 1	se in 1a) v	who i	rece	eive	d m	ore t	har	n \$100,000 in re	portable com	pensa	tion from the
3	Did the organization list any former officemployee on line 1a? If "Yes," complete School	cer, direct	or or ich ind	tri divid	uste lual	е, 	key (	emp	oloyee, or highes	t compensate	∍d	3
4	For any individual listed on line 1a, is the organization and related organizations individual	greater t	han S	\$15¢	0,00	00?	If "Y	es,	" complete Sched	dule J for su	ch	4 X
5	Did any person listed on line 1a receive services rendered to the organization? If "Yes,	ve or acc	rue d	om	pen	sati	on fr	om	any unrelated	organization f	or	5
Se	ction B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization.	compensa					t con	itrad	ctors that receive	ed more than	\$100	
	(A) Name and business add	dress							(B) Description of se	ervices	Co	(C) ompensation
SI	EE STATEMENT 3						·	-			<del> </del>	<u> </u>
								1				
								+			<del></del>	
2	Total number of independent contractors (compensation from the organization ▶								ed more than \$10	1892		
										- Kara	- CONTRACTOR SECTION	Form <b>990</b> (20

JSA

Pari	VIII	Statement c evenu	ie			13-3813813		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d	Federated campaigns Membership dues Fundraising events	1b					
Contributio and other s	g	All other contributions, gifts, grant and similar amounts not included Noncash contributions included in <b>Total</b> . Add lines 1a-1f	above . 1f		3,988,099.			
	h 	Total. Add mies 1a-11		Business Code	Z.			
Program Service Revenue	c d e							
Prog	g 3	All other program service rev <u>Total.</u> Add lines 2a-2f Investment income (includin	g dividends, intere	, ▶ st, and	163,177.			163,177.
	4	other similar amounts) Income from investment of t	ax-exempt bond pr	oceeds	549.			549.
	C	Gross Rents						
	d 7a b	Net rental income or (loss).  Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities 8,254,461.	(ii) Other				
	c d	and sales expenses Gain or (loss)		10,297. -10,297.				-368,901.
Other Revenue		events (not including \$ of contributions reported on See Part IV, line 18 Less: direct expenses	a	237,998. 127,828.				
8	c 9a	Net income or (loss) from fu Gross income from gaming See Part IV, line 19.	ndraising events . activities.	STMT 5▶	110,170.			110,170.
	C	Less: direct expenses Net income or (loss) from g	aming activities					
		Gross sales of invent returns and allowances Less: cost of goods sold Net income or (loss) from sa	a					
	11a	Miscellaneous Rever	ncome	Business Code	10,944.			10,944.
	c d	All other revenue			10.044			
	e 12	Total. Add lines 11a-11d .  Total Revenue. Add lines 18 9c, 10c, and 11e	a, 2g, 3, 4, 5, 6d, 7	<sup>7</sup> d, 8c,	3,904,038.			-84,061.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	ot include amounts reported on lines 6b, bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 0	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	3,142,944.	3,142,944.		
2 0	Frants and other assistance to individuals in				
ţl	he U.S. See Part IV, line 22				
3 @	Grants and other assistance to governments,				
0	organizations, and individuals outside the				*.
L	J.S. See Part IV, lines 15 and 16	211,221.	211,221.		· · · · · · · · · · · · · · · · · · ·
<b>4</b> E	Benefits paid to or for members		<u> </u>		<u> </u>
5 (	Compensation of current officers, directors,				
tı	rustees, and key employees	153,532.	153,532.	NONE	NON]
6 (	Compensation not included above, to disqualified				
p	persons (as defined under section 4958(f)(1)) and				
p	persons described in section 4958(c)(3)(B)				
7 (	Other salaries and wages	579,254.	160,243.	255,929.	163,082
8 F	Pension plan contributions (include section 401				
	k) and section 403(b) employer contributions).				
,	Other employee benefits				
	Payroll taxes				
	Fees for services (non-employees):				
	Management	39,822.	13,938.	19,911.	5,973
	Legal	20,565.		20,565.	
	Accounting	236,310.	94,524.	94,524.	47,262
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	10,308.	1,031.	8,246.	1,031
	Other	38,136.	22,882.	7,627.	7,627
-	Advertising and promotion	15,192.	848.	3,439.	10,905
	- ·	95,487.	39,781.	18,552.	37,154
	Office expenses	11,173.	8,156.	1,020.	1,997
	Information technology	11,10,	- 0,1501	2,000	
	Royalties				
	Occupancy	75,757.	48,576.	16,689.	10,492
	Travel	13,131.	20,370.	10,000,	207132
	Payments of travel or entertainment expenses	ļ	1	•	
	for any federal, state, or local public officials	45 707	31,795.	3,531.	10,381
	Conferences, conventions, and meetings	45,707. 16,147.	31,133.	16,147.	10,301
	Interest	10,14/-		10,147.	
	Payments to affiliates	34 704	NONE	34,794.	NON
	Depreciation, depletion, and amortization	34,794.	6,321.	1,530.	3,224
	Insurance	11,075.	6,321.	1,030.	J, ZZ +
	Other expenses. Itemize expenses not		·		
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)			0.525	
	STATE REGISTRATION FEES	8,535.		8,535.	600
	DUES_AND_SUBSCRIPTIONS	1,741.	322.	797.	622
	TRAINING_AND_EDUCATION	10,531.	5,018.	2,346.	3,167
d.	MISCELLANEOUS EXPENSES	21,894.	18,203.	3,084.	607
e.					
	All other expenses				550 -61
	Total functional expenses. Add lines 1 through 24f	4,780,125.	3,959,335.	517,266.	303,524
	Joint Costs. Check here ▶ If following			ł	
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising				
	solicitation				Form <b>990</b> (2008

Pa	rt X	Balance Sheet			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	200.	1	200.
	2	Savings and temporary cash investments	1,036,273.	2	3,591,229.
	3	Pledges and grants receivable, net	613,179.	3	104,815.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II	Albertaile		
		of Schedule L		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sales or use		8	
Ą	9	Prepaid expenses and deferred charges	12,032.	9	12,133.
	10a	Land, buildings, and equipment: cost basis 10a 203,778.			
	b	Less: accumulated depreciation. Complete			
	1	Part VI of Schedule D	58,489.	10c	95,140.
	11	Investments - publicly traded securities STMT - 6	8,834,431.	11	4,651,882.
	12	Investments - other securities. See Part IV, line 11 - · · · · · · · · · · · · · · · · ·		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	53 <b>,</b> 597.	15	2,425
	16	Total assets. Add lines 1 through 15 (must equal line 34)	10,608,201.	16	8,457,824.
	17	Accounts payable and accrued expenses	233,351.	17	247,246.
	18	Grants payable	3,200,816.	18	3,901,855.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ģ	21	Escrow account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
abi		highest compensated employees, and disqualified persons. Complete Part II			
7		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	445,702.	25	NON
	26	Total liabilities. Add lines 17 through 25	3,879,869.	26	4,149,101
ses		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.		WA.	
anc	27	Unrestricted net assets	77,444.	27	-1,722,463
Bal	28	Temporarily restricted net assets	3,770,543.	28	3,130,778.
힏	29	Permanently restricted net assets	2,880,345.	29	2,900,408
Net Assets or Fund Balance		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
ž,	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<b>4</b>	32	Retained earnings, endowment, accumulated income, or other funds		32	
S	33	Total net assets or fund balances	6,728,332.	33	4,308,723
	34	Total liabilities and net assets/fund balances	10,608,201.	34	8,457,824
Pa	art XI	Financial Statements and Reporting			
					Yes No
1		ounting method used to prepare the Form 990: Cash X Accrual Oth			
2a		e the organization's financial statements compiled or reviewed by an independent accour			
b		e the organization's financial statements audited by an independent accountant?		• • •	· · ·   2b   X
C		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility			
		t, review, or compilation of its financial statements and selection of an independent according		• • •	· · ·   2c   X
3a		result of a federal award, was the organization required to undergo an audit or audits as			
L.		Single Audit Act and OMB Circular A-133?			3a X

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2008

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

AMERI	CAN KENNEI	L CLUB CANII	NE HEALTH FOUND	ATION					13-381	13813
Part	Reason fo	r Public Chari	ty Status (All organi	zations m	ust compl	ete this p	oart.) (se	e instruc	tions)	
			lation because it is: (Pl							
1			rches, or association c					1)(A)(i).		
2			n 170(b)(1)(A)(ii). (Att							
3	A hospital o	r a cooperative h	nospital service organi	zation desc	ribed in <b>se</b> d	tion 170	(b)(1)(A)(	iii). (Attad	ch Schedu	le H.)
4			zation operated in co							
	l	me, city, and sta		•						
5	An organiza	tion operated fo	or the benefit of a coll	ege or uni	versity ow	ned or o	perated b	y a gove	rnmental	unit described in
		(b)(1)(A)(iv). (Co		•						
6			ernment or governme	ntal unit de	scribed in s	ection 1	70(b)(1)( <i>A</i>	۸)(v).		
7 X			lly receives a substant						or from th	ne general public
- L <u>.s.</u>			(1)(A)(vi). (Complete P							
8			d in section 170(b)(1)(		mplete Part	: II.)				
9			lly receives: (1) more t				m contrib	utions, m	embershi	p fees, and gross
·	receipts fro	m activities rela	ted to its exempt fun-	ctions - sul	bject to ce	rtain exc	eptions,	and (2) n	o more th	nan 331/3% of its
			ment income and uni							
			after June 30, 1975.							
10	An organiza	tion organized a	ind operated exclusive	ly to test fo	r public saf	ety. See s	section 5	09(a)(4).	(see instru	uctions)
11	An organiza	ation organized	and operated exclusi	vely for th	e benefit	of, to pe	rform the	e function	ns of, or	to carry out the
1	purposes of	on or more pu	iblicly supported orga	nizations d	escribed ir	n section	509(a)(1	) or sect	ion 509(a	)(2). See section
	590(a)(3). C	Check the box th	at describes the type o							
	a 🔝 Typ			:Тур						pe III - Other
e			ertify that the organiz							
	persons oth	er than foundat	ion managers and oth	er than on	e or more	publicly s	supported	l organiza	ations des	scribed in section
		section 590(a)(								
f	•		d a written determina					Type II or	Type III	supporting
	organizatior	ı, check this box								
g	Since Augus	st 17, 2006, has	the organization acce	pted any g	ift or contri	bution fro	om any of	the		
	following pe									[v. ] ii
			or indirectly controls							Yes No
			erning body of the sup							11g(i) X
			person described in (i) a							11g(ii) X
			of a person described							11g(iii) X
<u> </u>		Т	ation about the organi							
	e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the c   in col. (i) lis	organization sted in vour	(v) Did y the orga	ou notify nization in	(vi) i: organizat	s the ion in col.	(vii) Amount of support
Oi	ganization		above or IRC section	governing		col. (i)	of your	(i) organiz	zed in the	, ,
			(see instructions))	Yes	No	Yes	No No	Yes	No No	
				162	NO	162	NO	162		<u> </u>
				<u></u>						
									-	
								-		
							<del> </del>			
Total				1 : :		1.3.4		1	1. 1. 1.	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,730,735.	3,563,114.	3,387,321.	3,870,510.	3,988,099.	18,539,779.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	3,730,735.	3,563,114.	3,387,321.	3,870,510.	3,988,099.	18,539,779.
5	The portion of total contributions by each						
	person (other than a governmental unit or						
	publicly supported organization) included	100					
	on line 1 that exceeds 2% of the amount						11,239,427.
_	shown on line 11, column (f)						7,300,352.
	Public support. Subtract line 5 from line 4.			<u> </u>			1,300,332.
	tion B. Total Support  Indar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
			3,563,114.	3,387,321.	3,870,510.	3,988,099.	18,539,779.
7 8	Amounts from line 4	3,730,735.	3,363,114.	3,301,321.	3,070,310.	3,900,093.	
	sources	157,987.	263,944.	350,040.	373,923.	163,177.	1,309,071.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	5,239.	19,804.	10,987,	14,858,	11,493.	62,381.
11	Total support. Add lines 7 through 10					40	19,911,231.
12	Gross receipts from related activities, etc. (					12	1,060,434.
13	First five years. If the Form 990 is for the organization, check this box and stop here						▶□
Sec	tion C. Computation of Public Sup	port Percenta	ge			<del></del>	
14	Public support percentage for 2008 (	ine 6, column (f	) divided by line	11, column (f))		14	36.66 %
15	Public support percentage from 2007	Schedule A, Pa	art IV-A, line 26f			15	41.07 %
16a	33 1/3% support test - 2008. If the	organization did	not check the b	ox on line 13, a	ind line 14 is 33	1/3% or more,	check this box
	and stop here. The organization quali	fies as a publicl	v supported ora	anization			▶ <u>X</u>
b	33 1/3% support test - 2007. If the	organization did	not check a box	k on line 13 or 1	l6a, and line 15	is 33 1/3% or m	ore, check this
	box and stop here. The organization	qualifies as a ρι	blicly supported	l organization .			<u>X</u>
17a	10%-facts-and-circumstances test -	2008. If the orga	anization did no	t check a box o	n line 13, 16a o	r 16b, and line 1	4
	is 10% or more, and if the organization	on meets the "fa	ct-and-circumst	ances" test, che	ck this box and s	top here. Explai	n 
	in Part IV how the organization meets organization	the "facts and	circumstances"	test. The organ	nization qualifies	as a publicly supp	oorted ▶ □
b	10%-facts-and-circumstances test -	2007. If the orga	anization did no	t check a box o	n line 13, 16a, <sup>.</sup>	16b, or 17a, and	line
	15 is 10% or more, and if the organiz	ation meets the	"facts and circu	ımstances" test,	check this box a	and stop here.	
	Explain in Part IV how the organzatio	n meets the "fac	cts-and-circums	tances''" test. Th	ne organization o	<sub>l</sub> ualifies as a pubi	icly,
	supported organization				<i></i>		▶ 🗀
18	Private foundation. If the organizatio						
	instructions						<u></u>

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sect	ion A. Public Support			·			
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Giffs, grants, contributions, and						
•	membership fees received. (Do not include						
	any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
-	sold or services performed, or facilities					1	
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an					·	
Ü	unrelated trade or business under section 513		•				
4	Tax revenues levied for the organization's						
7	benefit and either paid to or expended on		<u> </u>				ļ
	its behalf					ļ	İ
5	The value of services or facilities						
٥	furnished by a governmental unit to the						
	organization without charge		}				
6	Total. Add lines 1-5						
	Amounts included on lines 1, 2, and 3						
ra	received from disqualified persons			Į			
b	Amounts included on lines 2 and 3						,
	received from other than disqualified persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
_	Add lines 7a and 7b						
8							
500	tion B. Total Support	}		<u> </u>		<u></u>	d
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6	(4) = 1 = 1		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	Gross income from interest, dividends,						
,	payments received on securities loans,	ļ					
	rents, royalties and income from similar						
h	sources						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
• •	activities not included in line 10b,						
	whether or not the business is regularly				1		1
12	other income. Do not include gain or						
14	loss from the sale of capital assets	1					
	(Explain in Part IV.)	1			ļ		
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			1	1		
14	First five years. If the Form 990 is for	r the organization	on's first, second	, third, fourth o	r fifth tax year	as a section 501	1(c)(3)
17	organization, check this box and stop here						
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2008 (line 8			ımn (f))		15	%
16	Public support percentage from 2007 Sch						%_
	tion D. Computation of Investme						
17	Investment income percentage for 2008 (I			13, column (f))		17	%
18	Investment income percentage from 2007	Schedule A, Par	t IV-A, line 27h			18	%
19a	33 1/3% support tests - 2008. If the or	ganization did n	ot check the box	on line 14, and	line 15 is more	than 33 1/3%, ar	nd line
	17 is not more than 33 1/3 %, check this be						
h	33 1/3% support tests - 2007. If the org						
~	line 18 is not more than 33 1/3 %, check th						
20	and the state of the supplication of the						

41325W 1985

#### Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

**Schedule of Contributors** 

➤ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Employer identification number Name of the organization AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION 13-3813813 Organization type (check one): Section: Filers of: Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) General Rule For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** | x| For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 331/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). Schedule B (Form 990, 990-EZ, or 990-PF) (2008) For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990. These instructions will be issued separately.

of	of Part I

Schedule 8 (Form 990, 990-E	Z, or 990-P 8)						 Page	_ of	of Pa
Name of organization	AMERICAN	KENNEL	CLUB	CANINE	HEALTH	FOUNDATION	Employer identific	ation nur	nber
-							13-3	81381	3

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	AMERICAN KENNEL CLUB, INC. 260 MADISON AVENUE	\$ 1,259,884.	Person X Payroll Noncash (Complete Part II if there is
	NEW YORK, NY 10016		a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	NESTLE PURINA  1 CHECKERBOARD SQUARE  ST. LOUIS, MO 63164	\$\$.	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047									
2008									
Open to Public Inspection									
tification number									
313813 Complete if									
and other accounts									
Yes No									
Yes No									

	of the organization		Employer identification number
	RICAN KENNEL CLUB CANINE HEALTH F	OUNDATION	13-3813813
Par	Organizations Maintaining Donor Ad	vised Funds or Other Similar Funds of	
	the organization answered "Yes" to Fo	orm 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate contributions to (during year)		
2	Aggregate grants from (during year)		
	Aggregate value at end of year		
4 5	Did the organization inform all donors and donor	advisors in writing that the assets held in d	onor advised
Э.	funds are the organization's property, subject to	the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors,	and donor advisors in writing that grant fund	ds may be
	used only for charitable purposes and not for the	benefit of the donor or donor advisor or oth	er
	impermissible private benefit?		
Pa		if the organization answered "Yes" to F	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., red		of an historically importantly land area
	Protection of natural habitat	• • • • • • • • • • • • • • • • • • • •	of certified historic structure
	Preservation of open space	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2	Complete lines 2a-2d if the organization held a q	ualified conservation contribution in the for	m of a conservation easement
-	on the last day of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easeme	nts	2b
c	Number of conservation easements on a certifie		
d	Number of conservation easements included in		
3	Number of conservation easements modified, tra	ansferred, released, extinguished, or termin	nated by the organization during
	the taxable year ▶		
4	Number of states where property subject to con-	servation easement is located 🕨	
5	Does the organization have a written policy rega	rding the periodic monitoring, inspection, vi	olations, and
	enforcement of the conservation easements it ho	lds?	Yes No
6	Staff or volunteer hours devoted to monitoring, in	specting, and enforcing easements during	the year ▶
7	Amount of expenses incurred in monitoring, insp	ecting, and enforcing easements during the	year ▶ \$
8	Does each conservation easement reported on	ine 2(d) above satisfy the requirements of se	ection
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		Yes L No
9	In Part XIV, describe how the organization repor	ts conservation easements in its revenue ar	nd expense statement, and
	balance sheet, and include, if applicable, the tex		cial statements that describes
	the organization's accounting for conservation ea	asements.	0.00
Pa	rt III Organizations Maintaining Collectio Complete if the organization answer	ns of Art, Historical Treasures, or Other	er Similar Assets.
1a	If the organization elected, as permitted under S	FAS 116, not to report in its revenue stater	ment and balance sheet works of arch in furtherance of public service
	art, historical treasures, or other similar assets it provide, in Part XIV, the text of the footnote to it	s financial statements that describes these it	ems.
b	If the organization elected as permitted under S	FAS 116, to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held	for public exhibition, education, or research	n in furtherance of public service,
	provide the following amounts relating to these i	ems:	<b>.</b> A
	(i) Revenues included in Form 990, Part VIII, line	an	
	(ii) Assets included in Form 990, Part X		<b>→ → →</b>
2	If the organization received or held works of art,		tor financial gain, provide the
	following amounts required to be reported under	SFAS 116 relating to these items:	▶ ^
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<b>&gt;</b> \$
For	Privacy Act and Paperwork Reduction Act Notice, see the Inst	ructions for Form 990.	Schedule D (Form 990) 2008

Par	Organizations Maintainir	ng Collections o	of Art, Histor	ical Treasures,	or Other	Similar As	sets (co	ntinue	d)
		1 . ()	-6	f the fellowing th	ot ara a ai	anificant uso	of ite call	action	
3	Using the organization's accession	and other records	, спеск апу о	t the following the	at ale a si	giiiicant use	O IIS COM	CCHOIL	
	items (check all that apply):		. [	l ann ar avai	hanan nro	arama			
a	Public exhibition		<u> </u>	Loan or exc	nange pro	giailis			
b	Scholarly research		e	Other					
C	Preservation for future ger		and evelois h	any thay further t	ho organi	zation'e oven	ant nurna	ea in	
4	Provide a description of the organiz	ation's collections	and explain i	low they further t	ne organi	Zation's exem	itht baibo	3C III	
_	Part XIV.  During the year, did the organization	lieit ov roochu	- denetions of	Fart biotorical tro	SACUEAC O	other eimila	-		
5	assets to be sold to raise funds rath	n solicit or receive	ntained as na	rt of the organiza	tion'e colle	ction2		Yes	No
		dial Arrangeme	nta Comple	oto if organizati	on anewo	red "Vee" to	Form 9		1 110
Par	Part IV, line 9, or reporte	d an amount on	Form 990 F	Part X line 21.	UII allowe	icu ica k	o i Omii o	30,	
	Falt IV, line 9, 01 reporte	a all allicant on		Sitt X, III G Z II					
	Is the organization an agent, trustee	o exetadian or oth	oer intermedia	ery for contributio	ns or othe	r assets not			
та	included on Form 990, Part X?							Yes	No
_	If "Yes," explain the arrangement in	Part YIV and com	nlete the folio	awina tahle			· · · L	] . ••	
ь	If tes, explain the analigement in	1 art XIV and con	ipiete the folic	,		An	ount		
_	Beginning balance			<b></b>	1c				•
۲ C	Additions during the year				1d	<del>.</del>			
u	Distributions during the year				1e				
f	Ending balance				1f				<del></del>
2a	Did the organization include an am	ount on Form 990	). Part X. line 2	21?				Yes	No
	If "Yes," explain the arrangement in		-,,					J	II
Par		plete if organiz	ation answe	red "Yes" to Fo	rm 990, F	art IV, line	10.		
LU		(a) Current Year	(b) Prior yea		ırs back	(d) Three year		(e) Four	years back
1a	Beginning of year balance	4,843,147.							
b	Contributions	20,063.							
c	Investment earnings or losses	-1,050,766.							
đ	Grants or scholarships	1,323,129.							
e	Other expenditures for facilities .								
	and programs							- 1 turk	
f	Administrative expenses								<u> </u>
g	End of year balance	2,489,315,							
2	Provide the estimated percentage	of the year end ba	alance held as:						
а	Board designated or quasi-endown	nent 🕨 🐪	%						
b	Permanent endowment ▶ 100.0	<u>000</u> %							
C	Term endowment ▶	%							
3a	Are there endowment funds not in	the possession o	f the organiza	ition that are held	i and adm	inistered for t	he		
	organization by:								Yes No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations					* * * * * * *		3a(ii)	X
b	If "Yes" to 3a(ii), are the related org	janizations listed a	as required on	Schedule R?				3b	X
4	Describe in Part XIV the intended of	ises of the organiz	zation's endov	wment funds.	-t V 15 d				
Pai	t VI Investments - Land, Bui				1	<b>I</b>			
	Description of investment		t or other basis vestment)	(b) Cost or other basis (other)	(c) D	epreciation	(d)	Book val	ue
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment			169,48	1.	104,418.			4,667.
e	Other			34,29		3,824.			0,472.
Tota	il. Add lines 1a-1e. (Column (d) shot	uld equal Form 990	0, Part X, colu	ımn (B), line 10(c)	<i>)</i>	<u> ▶</u>		9	5,139.

Schedule D (Form 990) 2008

Part VII	Investments - Other Securities. See	Form 990, Part X, li	ne 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	ation: rket value
Financial deri	vatives and other financial products			
	equity interests	I		
		,		
	<del></del>			
Total (Calumn	(b) should equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>		
Part VIII	Investments - Program Related. See	·		<u> </u>
Part VIII		(b) Book value	(c) Method of valu	ation:
	(a) Description of investment type	(b) Book value	Cost or end-of-year ma	rket value
Total. (Column	(b) should equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>		
Part IX	Other Assets. See Form 990, Part	(, line 15.		
		(a) Description		(b) Book value
OTHER	RECEIVABLES	_		2,425
				2,425
	(b) should equal Form 990, Part X, col. (B) line 15.)		×	2,423
Part X	Other Liabilities. See Form 990, Pa	<del></del>		
	(a) Description of liability	(b) Amount		
Federal inco	me taxes			
Total. (Column	n (b) should equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>		

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

ched	dule D (Form 990) 2008		13-3813813	: 	Page 4
Pari	rt XI Reconciliation of Change in N	et Assets from Form 990 to Fina	ancial Statements		
1	Total revenue (Form 990, Part VIII, colum			1	3,904,038.
2	Total expenses (Form 990, Part IX, colum			2	4,780,125.
3	Excess or (deficit) for the year. Subtract I			3	-876,087.
4	Net unrealized gains (losses) on investme			4	-1,543,522.
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net). Add lines 4-8			9	-1,543,522.
-	Excess or (deficit) for the year per finance	ial statements. Combine lines 3 and 9	· · · · · · · · · · · · · · · · · · ·	10	-2,419,609.
10 Por	rt XII Reconciliation of Revenue pe	r Audited Financial Statements	With Revenue per Re		2/113/003.
1 (1	Total revenue, gains, and other support p				2,696,769.
2	Amounts included on line 1 but not on Fo			•	270307.03.
	**		2a -1,543,52	2	
_					
				-	
	c Recoveries of prior year grants			$\dashv$	
	d Other (Describe in Part XIV)		L. T	2e	1 245 204
	e Add lines 2a through 2d				-1,345,394.
3				. 3	4,042,163.
4	•				
a	a Investment expenses not included on Fo		I I	<del>_</del>	
	<b>b</b> Other (Describe in Part XIV)		4b -138,12		
C					<u>-138,125.</u>
5	Total revenue. Add lines 3 and 4c. (This s	hould equal Form 990, Part I, line 12	2.)	. 5	3,904,038.
Par	rt XIII Reconciliation of Expenses p	er Audited Financial Statements	With Expenses per F		
1		iancial statements		.   1	5,116,378.
2		rm 990, Part IX, line 25:	1 1		
E	a Donated services and use of facilities			8.	
ŀ	<b>b</b> Prior year adjustments		2b	_	
•	c Losses reported on Form 990, Part IX, lin	ne 25	2c	_	
•	d Other (Describe in Part XIV)		2d 138,12	5.	
•				2e	336,253.
3				. 3	4,780,125.
4	Amounts included on Form 990, Part IX,	line 25, but not on line 1:			
6	a Investment expenses not included on Fo	rm 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIV)		4b		
				4 c	
5		should equal Form 990, Part I, line	18.) <u></u>	. 5	4,780,125.
Par	rt XIV Supplemental Information				
and	mplete this part to provide the descriptions re i 2b; Part V, line 4; Part X; Part XI, line 8; Pa E_PAGE_5	equired for Part II, lines 3, 5, and 9; rt XII, lines 2d and 4b; and Part XIII, lin	Part III, lines 1a and 4; Panes 2d and 4b.	art IV, lines	: 1b
				<del>-</del>	
	•				
				Sche	dule D (Form 990) 2008

Schedule D (Fo	rm 990) 2008				13-3813813	· · · ·	Page <b>5</b>
	Supplemen	nformation (continu	ed)			<u>.</u>	
REVENUE	RECONCILIAT	ION					·
FORM 99	O, SCHEDULE	D, PART XII, LI	NE 4(B), OTH	ER			
LOSS ON	DISPOSAL OF	FIXED ASSETS	\$ <u>(</u>	10,297)			
SPECIAL	EVENT EXPEN	SE	(1	27,828)			
TOTAL O	THER		<u>\$(1</u>	38,125)			
·					<b></b>	<b></b>	
EXPENSE	RECONCILIAT	ION		<del>-</del>			
		D, PART XIII, I	LINE 2(D), OT	HER			
LOSS ON	DISPOSAL OF	FIXED ASSETS	\$	10,297			
	EVENT EXPEN			127,828			
TOTAL C	THER		\$	138,125			
		,					
<b>-</b>							

Schedule D (Form 990) 2008

#### Schedule F (Form 990)

## \_atement of Activities Outside the United State\_

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.

Employer identification number

ДΜΙ	ERICAN KENNEL CLUB	CANINE HEA	ALTH FOUND	ATION	13-3	3813813
	rt I General Inform "Yes" to Form 9	ation on Activ	vities Outside	the United States. Con		
1	For grantmakers. Does assistance, the grantees the grants or assistance?	the organizatio ' eligibility for th	n maintain red ne grants or a	cords to substantiate the ssistance, and the selecti	ion criteria used to awa	ard XYes No
2	For grantmakers. Descr United States.	ibe in Part IV the	e organization's	s procedures for monitorin	ng the use of grant fund	ls outside the
3	Activities per Region. (U	se Schedule F-1	(Form 990) if	additional space is needed.	)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
To	tale					

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2008

Schedule F (Form 990) 2008

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990 Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ...... Use Schedule F-1 (Form 990) if additional space is needed. Part II

(l) Method of valuation (book, FMV, appraisal, other)						desired (1)				,					
(h) Description of non-cash assistance											Š				!
(g) Amount of non-cash assistance							in grown								
(f) Manner of cash disbursement															
(e) Amount of cash grant		39,440.	8,640.	18,292.	10,648.	8,640.	11,668,	39,375.	17,220.	18,680.	37,280.		 	į	, , , , , , , , , , , , , , , , , , ,
(d) Purpose of grant		NESEARCH	RESEARCH	RESEARCH	RESEARCH	) RESEARCH	D RESEARCH	D RESEARCH	RESEARCH	D RESEARCH	D RESEARCH				
(c) Region	in region.	EUROPE/ICELAND/GREENLAND RESEARCH	SOUTH AMERICA	NORTH AMERICA	EUROPE/ICELAND/GREENLAND RESEARCH	EUROPE/ICELAND/GREENLAND RESEARCH	EUROPE/ICELAND/GREENLAND RESEARCH	EUROPE/ICELAND/GREENLAND RESEARCH	NORTH AMERICA	EUROPE/ICELAND/GREENLAND RESEARCH	EUROPE/ICELAND/GREENLAND RESEARCH		Personal	de d	THE TOTAL STATE OF THE TOTAL STA
(b) IRS code section and EIN (if applicable)															
(a) Name of organization															
-															

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has 3 Enter total number of other organizations or entities

Schedule F (Form 990) 2008

Page 3

Schedule F (Form 990) 2008

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. Part III

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance

Part IV Supplemental Information Complete this part to provide the information required in Part I, line 2, and any other additional information.	
MONITORING THE USE OF GRANT FUNDS OUTSIDE OF THE UNITED STATES	
FORM 990, SCHEDULE F, PART I, QUESTION 2	_
AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION ("AKCCHF") MONITORS THE USE	-
OF GRANT FUNDING FOR RESEARCH AND EDUCATION BY ASSIGNING A PRIMARY	_
RESEARCH INVESTIGATOR TO THE FUNDED PROJECTS. THE INVESTIGATOR PROVIDES	
A PROGRESS REPORT EVERY SIX MONTHS AND AGAIN AT THE CONCLUSION OF THE	_
GRANT. FINANCIAL STATEMENTS ARE INCLUDED IN THE REPORTS AND ARE COMPARED	
TO THE ORIGINAL PROPOSED BUDGET FOR THE PROJECT. IF THE PROGRESS REPORT,	
INCLUDING THE EXPENSE REPORT, IS APPROVED, THE NEXT GRANT PAYMENT IS	
ISSUED. GRANT PAYMENTS ARE ISSUED THROUGHOUT THE GRANT PERIOD WITH THE	
FINAL PAYMENT ISSUED UPON THE COMPLETION OF THE PROJECT. IF EXPENSES DO	
NOT REFLECT THE INITIAL BUDGETED EXPENSES OR THERE ARE CONCERNS REGARDING	•
HOW THE GRANT FUNDS ARE BEING USED, FUTURE PAYMENTS ARE WITHHELD. IF	
ERRORS ARE NOT CORRECTED, THE GRANT IS CANCELLED.	
·	

#### **SCHEDULE G**

(Form 990 or 990-EZ) Department of the Treasury

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17,

OMB No. 1545-0047

Internal Revenue Service Name of the organization 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Inspection Employer identification number

MERICAN KENNEL CLUB CANIN	E HEALTH FOUND	ATION			13-381381	.3
art I Fundraising Activities.			nswered '	'Yes" to Form 9	90, Part IV, line	17.
Indicate whether the organization  Mail solicitations  Email solicitations  Phone solicitations  In-person solicitations  Did the organization have a writte or key employees listed in Form  If "Yes," list the ten highest paid it to be compensated at least \$5,000	f gen or oral agreement 990, Part VII) or entities	Solid Solid Spector with any inconnect (fundraiser	citation of resitation of goitation of goital fundral dividual (in cition with press) pursuar	non-government g government grants ising events cluding officers, d professional fundra at to agreements	rants s lirectors, trustees sising activities?	Yes No draiser is le.
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fun custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
		Yes	No		col. (i)	
		<del>-</del>				
	and the second					
		ļ				
			_1			
Total				cit funds or has	 been notified it is	s exempt from

Sche	dule G (Form 990 or 990-EZ) .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		313813	Page 2
Pai	<b>Fundraising Events.</b> Comple more than \$15,000 on Form	te if the organization and 990-EZ, line 6a. List	answered "Yes" to Fo t events with gross red	rm 990, Part IV, lin ceipts greater than	e 18, or reported \$5,000.
		(a) Event #1 GALA/DINNER (event type)	(b) Event #2 EDU PROGRAMS (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col. (a) through col. (c))
Revenue	1 Gross receipts 2 Less: Charitable contributions 3 Gross revenue (line 1		42,270.	28,343.	
	minus line 2)		42,270.	28,343.	237,998.
seuses	5 Non-cash prizes				
Direct Expenses	6 Rent/facility costs				
يَّت	7 Other direct expenses				
Pa	<ul> <li>8 Direct expense summary. Add lines</li> <li>9 Net income summary. Combine lines</li> <li>rt III Gaming. Complete if the org than \$15,000 on Form 990-</li> </ul>	3 and 8 in column (d)		<u></u>	110,170.
Revenue	1 Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Direct Expenses	2 Cash prizes			-	
	5 Other direct expenses	Yes %	Yes %	Yes%	
	<ul><li>6 Volunteer labor</li><li>7 Direct expense summary. Add lines</li><li>8 Net gaming income summary. Comb</li></ul>	2 through 5 in column (d)	) , ,		( )
k		gaming activities in each	of these states?		9a
ł	o If "Yes," Explain:				
11 12 —	Does the organization operate gaming is the organization a grantor, beneficiar formed to administer charitable gaming	ry or trustee of a trust or	a member of a partner	ship or other entity	

Sched	ule G (Form 990 or 990-EZ) 13-3813813			Page 3
			Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	1.1.1		
b	An outside facility			
14	Provide the name and address of the person who prepares the organization's gaming/special event books			
	and records:			٠.
	Name			
	Address >			
			. :	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			
	amount of gaming revenue retained by the third party ▶ \$			
C	If "Yes," enter name and address:			
	Name >		1.	
			1 1	
	Address >			1
			4	
16	Gaming manager information:			
	Name Name			
	$\epsilon$			
	Gaming manager compensation ▶ \$			20.0
	Description of comises provided >			
	Description of services provided	', '		
	Director/officer Employee Independent contractor			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
a	retain the state gaming license?	17a		
h	Enter the amount of distributions required under state law distributed to other exempt organizations or spent			
.,	in the organization's own exempt activities during the tax year.	-		

SCHEDULE (Form 990)

Grants and Other Assistance to Organizations,

545-0047	<b>∞</b>	:
1548	0	1
OMB No.	30	ľ
OME	7	K

Open to Public Inspection

Schedule I (Form 990) 2008 ž (h) Purpose of grant or assistance X Yes Employer identification number Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on 13-3813813 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) ► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the U.S. (d) Amount of cash grant (e) Amount of non-cash assistance ▶ Attach to Form 990. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (b) EIN Enter total number of other organizations 1 (a) Name and address of organization or government SCHEDULE I-Department of the Treasury Name of the organization Internal Revenue Service Part Part II SEE

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
100000					And state of the s
					and the second s
		· ·			
	1				
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2,	ete this part to	o provide the inf	ormation require	d in Part I, line 2, and any	and any other additional information.
_ K					
FORM 990, SCHEDULE I, PART I, QUESTION	STION 2	1   	i l j j l l l		
AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION ("AKCCHF") MONITORS THE	H FOUNDATIC	N ("AKCCHE")	MONITORS TH	E USE	
OF GRANT WINDING FOR RESEARCH AND EDITCATI	EDUCATION	ON BY ASSIGNING	ASSIGNING A PRIMARY		
		أد			
RESERRCH INVESTIGATOR TO THE FUNDED PROJECTS.	ELONFOLICION	Ì	THE TRYEST LEATON, PROVIDED		
A PROGRESS REPORT EVERY SIX MONTHS AND AGAIN	S AND AGAID	AT	THE CONCLUSION OF THE	·	
GRANT. FINANCIAL STATEMENTS ARE I	INCLUDED IN	I_THE_REPORTS	IN THE REPORTS AND ARE COMPARED	<u> <u> </u></u>	5 1 1 1 1 4 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
<u>TO THE ORIGINAL PROPOSED BUDGET FO</u>	FOR THE PROD	PROJECT. LE THE	S PROGRESS REPORT.	SPORT.	
INCLUDING THE EXPENSE REPORT, IS APPROVED, THE NEXT GRANT PAYMENT IS	APPROVED, .	THE NEXT GRAD	NT_PAYMENT_IS		
ISSUED. GRANT PAYMENTS ARE ISSUED THROUGHOUT THE GRANT PERIOD WITH THE	D_THROUGHO	JT THE GRANT	PERIOD WITH		
					The state of the s

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Schedule 1 (Form 990) 2008

Part III

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) NOT REFLECT THE INITIAL BUDGETED EXPENSES OR THERE ARE CONCERNS REGARDING FINAL PAYMENT ISSUED UPON THE COMPLETION OF THE PROJECT. IF EXPENSES DO HOW THE GRANT FUNDS ARE BEING USED, FUTURE PAYMENTS ARE WITHHELD. IF (d) Amount of non-cash assistance (c) Amount of cash grant ERRORS ARE NOT CORRECTED, THE GRANT IS CANCELLED. (b) Number of recipients (a) Type of grant or assistance Part IV

SCHEDULE 1-1 (Form 990) Department of the Treasury

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)

OMB No. 1545-0047

Open to Public Inspection

(h) Purpose of grant or assistance Employer identification number RESEARCH RESEARCH RSEARCH RESEARCH RESEARCH KESEARCH RESEARCH RESEARCH RESEARCH RESEARCH KESEARCH ESEARCH ESEARH 13-3813813 (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance 33,906. 55,679. 8,640. 66,000. 8,432. 92,680. 227,327, 79,876. 105,757, 100,000 10,177. 33,600. 139,033 (c) IRC Code section if applicable 501 (c) (3) 501 (C) (3) 501(0)(3) 501 (C) (3) 501 (C) (3) 501(C)(3) 501(C)(3) 501(0)(3) 501 (C) (3) 501(C)(3) CLUB CANINE HEALTH FOUNDATION 15-0532082 72-6000848 56-6000756 31-6401599 73-6017987 84-6000545 42-6004224 38-6005984 26-3428781 38-3746822 86-0691622 16-1742253 (p) EIN BUILDING 31, ROOM 4B09, 31 CENTER DRIVE, MS CANTINE COMPARATIVE ONCOLOGY & GENOMICS CONS 4700 HILLSBOROUGH AVENUE RALEIGH, NC 27606 4700 HILLSBOROUGH STREET RALEIGH, NC 27606 OHIO STATE UNIVERSITY RESEARCH FOUNDATION 86 WEST JUNIPER AVENUE GILBERT, AZ 85283 300 W, DRAKE ROAD FORT COLLINS, CO 80523 NATIONAL HUMAN GENOME RESERRCH INSTITUTE 320 CHARLES STREET CAMBRIDGE, MA 02141 JAMES BAKER INSTITUTE ITHACA, NY 14853 CVHS BOREN STILLWATER, OK 74078-2041 (a) Name and address of organization or government BROAD INSTITUTE OF MIT AND HARVARD 1600 S. 16TH STREET AMES, IA 50011 NORTH CAROLINA STATE UNIVERSITY. APOPLOGIC PHARMACEUTICALS, LLC DERMATOLOGY CLINIC FOR ANIMALS COLLEGE OF VETERNARY MEDICINE 12635 EAST MONTVIEW BOULEVARD OKLAHOMA STATE UNIVERSITY\_\_\_ LOUISIANA STATE UNIVERSITY VERNON L. THARP STREET MICHIGAN STATE UNIVERSITY COLORADO STATE UNIVERSITY AMERICAN KENNEL IOWA STATE UNIVERSITY SKIP BERTMAN DRIVE Name of the organization Internal Revenue Service CORNELL UNIVERSITY

 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule 1-1 (Form 990) 2008

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RESEARCH

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501(0)(3)

48-1278540

OREGON\_STATE\_UNIVERSITY\_

PURDUE UNIVERSITY 915 W. STATE STREET

700 SW 30TH STREET

63,080

501(C)(3)

35-6002041

N

SCHEDULE 1-1 (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S.	Other Assist	ince to Govern	ments and Ordan	izations in the U.S	Schedule I (Form 990),	n 990), Part II.)	
a) Na	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF CALIFORNIA 1 SHIRLDS AVENUE TAX ACCOUNTING	94-6036494	501(C)(3)	119,866.				RESEARCH
TEXAS A&M RESEARCH FOUNDATION COLLEGE OF VETERINARY MEDICINE	74-1238434		231,629.			1	RESEARCH
THE WISTAR INSTITUTE 739 E. NIRLDS STREET WEST CHESTER, PA 19382	23-6434390	501(C)(3)	5,332.				RESEARCH
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3900 DELANCEY STREET	23-1352685	501(C)(3)	175,504.			1.1777	RESEARCH
TUFTS UNIVERSITY COMMINGS SCHOOL OF VETERINARY MEDICINE	04-2103634	501(C)(3)	71,096.			7.00	RESEARCH
UNIVERSITY OF GEORGIA RESEARCH FOUNDATION 501 DW BROOKS DRIVE ATHENS, GA 30602	58-1353149	501(C)(3)	56,204.			deleter en	RESEARCH
UNIVERSITY OF ILLINOIS	37-6000511	501(C)(3)	22, 682.				RESEARCH
UNIVERSITY OF MICHIGAN	38-6009309	501(C)(3)	28,748.				RESEARCH
UNIVERITY OF MINNESOTA 1365 GORTNER AVENUE SAINT PAUL, MN 55108	41-6007513	501(C)(3)	223,370.			71.5	RESEARCH
UNIVERSITY OF MISSOURL, COLUMBIA, 900 EAST CAMPUS DRIVE COLUMBIA, MO 65211	46-6003859	501(C)(3)	191,194.		0.4 86.4		RESEARCH
UNIVERSITY OF TENNESSEE 2407 RIVER DRIVE KNOXVILLE, IN 37996	62-6001636	501 (C) (3)	7,956.				RESEARCH
UNIVERSITY OF UTAH 257 S. 1400 E. SALT LAKE CITY, UT 84112	87-6000525	501(0)(3)	30,240.				RESEARCH
UNIVERSITY OF WASHINGTON 1959 NE PACIFIC STREET SEATTLE, WA 98195	91-6001537		35,472.		deliberary.		RESEARCH
UNIVERSITY OF WISCONSIN - MADISON 2015 LINDEN DRIVE WEST MADISON, WI 53706	39-1805963	501 (C) (3)	72,309.				RESEARCH
VETERINARY EMERGENCY & CRITICAL CARE SOCIETY 6335 CAMP BULLS ROAD SAN ANTONIO. TX 78257	91-1043231	501(0)(3)	6,500.				RESEARCH
2 Enter total number of Section 501(c)(3) and government organizations	and governme	nt organizations				•	

Schedule I-1 (Form 990) 2008

# SCHEDULE 1-1 (Form 990)

Department of the Treasury

Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

 Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)

OMB No. 1545-0047 2008

Open to Public Inspection

(h) Purpose of grant or assistance Employer identification number ESEARCH ESEARCH (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.) (c) IRC Code section (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisal, assistance code section (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisal, code section (f) Method of valuation (f) 8,193. 14,417. 5,000 Enter total number of Section 501(c)(3) and government organizations 501(c)(3) 501(0)(3) 501(C)(3) 54-6001805 91-6001108 13-5505367 (p) EIN Enter total number of other organizations . . . VA-MD REGIONAL COLLEGE OF VETERINARY MEDICI (a) Name and address of organization or government 10021 COLLEGE OF VETERINARY MEDICINE WASHINGTON STATE UNIVERSITY THE ANIMAL MEDICAL CENTER 510 E 62<sup>80</sup> STREET, NY, NY PHASE II DUCK POND DRIVE Name of the organization

JSA 8E1317 3.000

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Schedule 1-1 (Form 990) 2008

(b) Type of grant or statistics (carring and transfer or grant or and statistic or grant or statistics or grant or statistics or grant or and statistic or	Continuation of Grants and Other Assistance to Individuals III the U.S. (Schedule   (FOILL 390), Fair III.	Assistance to Inc	lividuals in the U.S	. (Schedule I (Form	990), rari III.)	- Moderate Company
	(a) Type of grant or assistance	(b) Number of recipents	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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# SCHEDULE J (Form 990)

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public

Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION

Employer identification number

13-3813813

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use	-		
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or			
	provision of all of the expenses described above? If "No," complete Part III to explain	1b	N	/A
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	N,	<u>A</u>
3	Indicate which, if any, of the following the organization uses to establish the compensation of the		<i>i</i>	/
	organization's CEO/Executive Director. Check all that apply.			ľ
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			-
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:	ا		
a	Receive a severance payment or change of control payment?	4a	X	1,2
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?	4b 4c		X
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	46		<u>_</u>
	If Yes to any or lines 4a-c, list the persons and provide the applicable amounts to each item in Fact in.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			2.
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
J	compensation contingent on the revenues of:	-		
a	The organization?	5a		х
	Any related organization?	5 b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	}		
	compensation contingent on the net earnings of:			}
а	The organization?	6a		Х
. p	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		x

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

13-3813813

Schedule J (Form 990) 2008

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Part II

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

Description of the second of t					1			
		(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
(1)		152,288.	NONE	1,244.			153,532.	127,907.
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							Sch	Schedule J (Form 990) 2008

# **SCHEDULE J-2** (Form 990)

# **Continuation Sheet for Form 990**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Inspection

Name of the Organization

Employer Identification number

AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION

13-3813813

Part I	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensate	•d
	Employees	

Employees (A)	(B)			((	<b>5</b> )			(D)	Œ)	(F)
Name and Title	Average hours	Posit	ion (			that app	oly)	Reportable	Reportable	Estimated
	perweek	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DR. DUANE BUTHERUS			-							
BOARD MEMBER	1.	X	<u> </u>					NONE	NONE	NONE
DR. ANTHONY DINARDO					Ì					
BOARD MEMBER	1.	X		<u> </u>				NONE	NONE	NONE
HOWARD FALBERG										
BOARD MEMBER	1.	X	<u> </u>	<u> </u>		ļ		NONE	NONE	NONE
CONNIE FIELD					İ					
BOARD MEMBER	1.	X	ļ. <u>.</u> _	<u> </u>			ļ	NONE	NONE	NONE
STEVEN D. GLADSTONE						1				
BOARD MEMBER	1.	X	<u> </u>	<u> </u>	<u> </u>		<u> </u>	NONE	NONE	NONE
SUSAN LACROIX HAMIL										
BOARD MEMBER	1.	X		ļ	ļ	ļ		NONE	NONE	NONE
MARY EDWARDS HAYES										
BOARD MEMBER	1.	X	1	1	_		╄-	NONE	NONE	NONE
JO ANN KUSUMOTO					1		ļ		,	
BOARD MEMBER	1.	X	<u> </u>	ļ	ļ	<u> </u>	<u> </u>	NONE	NONE	NONE
PROF. IRIS CORNELIA LOVE						Ì				
BOARD MEMBER	1.	X		ļ	_	ļ	<b>.</b>	NONE	NONE	NONE
KAREN MAYES										
BOARD MEMBER	1.	X	ļ		╄-	ļ	-	NONE	NONE	NONE
RONALD H. MENAKER						}				
BOARD MEMBER	11.	X	<del> </del>	ļ	ļ	—	┼-	NONE	NONE	NONE
HON. DAVID C. MERRIAM				1						
BOARD MEMBER	1.	X	<b> -</b> -		╄	<del> </del>	<u> </u>	NONE	NONE	NONE
ANDREW GENE MILLS							1		270277	
BOARD MEMBER	1	<u> </u>	-	<u>.</u>	+-	-	╂	NONE	NONE	NONI
STEVEN_REMSPECHER									NONTE	N-0.277
BOARD MEMBER	1.	_ X		-	+-		+-	NONE	NONE	NON
DR. ROBERT D. SMITH								1701777	NONE	NON
BOARD MEMBER	1.	X	┼		<del> </del>	-	+	NONE	NONE	NONI
DR. HOWARD SPEY		1				1		27037	NONE	NON
BOARD MEMBER	1	X	+-		+	┼	+	NONE	NONE	NONI
DENNIS B. SPRUNG								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NONE	NONT
BOARD MEMBER	1.	X	. <del> </del>		+	-	+	NONE	NONE	NON
MELANIE_STEELE		1	1					27037	NONE	77/77
BOARD MEMBER	1.	X	-	+	+			NONE	NONE	NON
JAMES T. STEVENS								NONE	NONE	NON
BOARD MEMBER	2.	X	+	+	+		+	NONE	NONE	NON
DR. WILLIAM TRUESDALE								37037	NIONTE	NON
BOARD MEMBER	1	X	+	+		1	+-	NONE	NONE	NON
LEE ARNOLD				.	,			MONE	NONE	NON
FIRST VICE PRESIDENT	2.		ــِـــ			<del>_</del> _		NONE		J-2 (Form 990) 2008

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

# SCHEDULE J-2 (Form 990)

# **Continuation Sheet for Form 990**

OMB No. 1545-0047

2008

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Employer Identification number

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

Employees										
(A)	(B)			(C				(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee	institutional trustee	chec Officer	all Key employee	Highest compensated at employee	oly) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
CATHERINE BELL SECOND VICE-PRESIDENT	2.			х				NONE	NONE	NONE
DR. J. CHARLES GARVIN TREASURER	2.			x				NONE	NONE	NONE
NINA SCHAEFER SECRETARY	2.			х			_	NONE	NONE	NONE
CINDY_VOGELS	3.	ļ <u>-</u>		х				NONE	NONE	NONE
DEBORAH DILALLA EXECUTIVE DIRECTOR	40.				x			153,532.	NONE	NONE
									}	
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

### **SCHEDULE O** (Form 990)

# Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Form 990 or to provide any additional information.

Name of the organization	Employer identification number
AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION	13-3813813
REVISION OF BYLAWS	
PART VI, SECTION A, QUESTION 4	
AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION, INC. ("AKCCHF") R	EVISED
THE BYLAWS DURING 2008 TO REDUCE THE NUMBER OF BOARD MEMBERS FROM	M 25
MEMBERS TO 15 MEMBERS OVER A PERIOD OF 3 YEARS. THE REVISION AL	<u>so</u>
ESTABLISHED AN ADVISORY BOARD WHICH SERVES TO INCREASE PUBLIC AW	ARENESS
OF AKCCHF AND TO BROADEN ITS FUNDRAISING EFFORTS. THE ADVISORS	ARE
APPOINTED BY THE BOARD OF DIRECTORS OF AKCCHF. THE CHAIRMAN OF	THE
ADVISORY BOARD IS APPOINTED BY THE CHAIRMAN OF THE BOARD OF DIRE	CTORS.
NEITHER THE ADVISORS, NOR THE CHAIRMAN OF THE ADVISORS RECEIVE,	EITHER
DIRECTLY OR INDIRECTLY, ANY SALARY, COMPENSATION OR EMOLUMENT FO	R_ANY
SERVICES RENDERED AS AN ADVISOR ON THE ADVISORY BOARD. SEE	STMT 7
·	

Schedule O (Form 990) 2008	Page <b>2</b>
lame of the organization	Emplo, identification number
AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION	13-3813813
COMPENSATION	
FORM 990, PART VI, SECTION B, QUESTION 15	
COMPENSATION FOR AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION, I	INC.
("AKCCHF") EMPLOYEES IS DETERMINED BY THE AMERICAN KENNEL CLUB ("	AKC")
HUMAN RESOURCES DEPARTMENT. THE DEPARTMENT RESEARCHES INDUSTRY S	TANDARDS
FOR EACH POSITION TO DETERMINE A CLASSIFICATION AND A SALARY RANG	SE. ALL
AKCCHF EMPLOYEES ARE UNDER THE DIRECTION OF THE CHIEF EXECUTIVE C	DEFICER
AND EXECUTIVE DIRECTOR. THE CEO AND EXECUTIVE DIRECTOR IS UNDER	THE
DIRECTION OF THE BOARD OF DIRECTORS. THE CED/EXECUTIVE DIRECTOR	RELIES
ON THE OPINION OF KEY BOARD MEMBERS AND MEMBERS WHOSE EXPERTISE F	ARE KEY
TO SELECTING A QUALIFIED CANDIDATE FOR OPEN POSITIONS WITHIN AKCO	CHF.
	·

### SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

# **Capital Gains and Losses**

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

OMB No. 1545-0092

2008

Name	of estate or trust				Employer identifi	cation	number
A	MERICAN KENNEL CLUB CANINE F	EALTH FOUND	ATION		13-381381	3	
Note	Form 5227 filers need to complete only F	Parts I and II.				_	
Part	Short-Term Capital Gains and L	osses - Assets	Held One Yea	ar or Less	(e) Cost or other b	acie	(f) Gain or (loss) for
	(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(see page 4 of the instructions)		the entire year Subtract (e) from (d)
1a							
b	Enter the short-term gain or (loss), if any	from Schedule D	-1, line 1b			1b	
2	Short-term capital gain or (loss) from For	rms 4684, 6252,	6781, and 882	4		2	
3	Net short-term gain or (loss) from partne	rships, S corpora	tions, and other	estates or trusts .		3	
4	Short-term capital loss carryover. Enter t	he amount, if any	y, from line 9 of	the 2007 Capital Lo	ss	4	(
5	Net short-term gain or (loss). Combine li	nes 1a through 4	in column (f).	Enter here and on l	ine 13,	5	
Par	column (3) on the back	ses - Assets Heli	d More Than Or	ne Year			
I ai	(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)		(d) Sales price	(e) Cost or other to (see page 4 of to instructions)	he	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a							
		-					
b	Enter the long-term gain or (loss), if any,	from Schedule D	-1, line 6b			6 b	-358,604.
7	Long-term capital gain or (loss) from Fo	rms 2439, 4684,	6252, 6781, at	nd 8824		7	
8	Net long-term gain or (loss) from partner	rships, S corpora	tions, and other	estates or trusts		8	
9	Capital gain distributions					9	
10	Gain from Form 4797, Part I					10	
11	Long-term capital loss carryover. Enter to Carryover Worksheet					11	(
12	Net long-term gain or (loss). Combine lin column (3) on the back	nes 6a through 1	1 in column (f).	Enter here and on	line 14a,		-358,604.
							e D (Form 1041) 200

Sched	ule D (Form 1041) 2008			Page 2
_		(1) Beneficiaries'	(2) Estate's	(3) Total
	Caution: Read the instructions before completing this part.	(see page 5)	or trust's	(3) Total
13	Net short-term gain or (loss) 13			
	Net long-term gain or (loss):			359 604
a	Total for year			-358,604.
	28% rate gain			
15	Total net gain or (loss). Combine lines 13 and 14a			-358,604.
Note	If line 15, column (3) is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T	, Part I, line 4a). If line	s 14a and 15, column	(2), are net gains, go
to Pa	t V, and <b>do not</b> complete Part IV. If line 15, column (3), is a net loss, complete Part IV an	d the Capital Loss Can	yover Worksneet, as	necessary.
Par	t IV Capital Loss Limitation			
	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line			3,000.)
a Note	The loss on line 15, column (3) or b \$3,000 :: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line	22 (or Form 990-T, lir	ne 34), is a loss, com	plete the Capital Loss
Carry	over Worksheet on page 7 of the instructions to figure your capital loss carryover.			
	Tax Computation Using Maximum Capital Gains Rates	ara gaine ar an am	ount in ontered in	Part Lor Part II and
Forn	n 1041 filers. Complete this part only if both lines 14a and 15 in column (2) is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than	are gains, or air air. zero.	ount is entered in	raitioi raitii anu
Caut	ion: Skip this part and complete the worksheet on page 8 of the instructions if:			
<ul> <li>E.</li> </ul>	ther line 14b, col. (2) or line 14c, col. (2) is more than zero, or			
<ul> <li>B₁</li> </ul>	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.  990-T trusts. Complete this part only if both lines 14a and 15 are gains	or qualified divide	ands are included	in income in Part I
of F	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part and c	complete the works	sheet on page 8 o	f the instructions if
eithe	r line 14b, col. (2) or line 14c, col. (2) is more than zero.	·	, -	
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17		
18	Enter the smaller of line 14a or 15 in column (2)			
	but not less than zero			
19	Enter the estate's or trust's qualified dividends		i de la company	
	from Form 1041, line 2b(2) (or enter the qualified		[ · ]	
20	dividends included in income in Part I of Form 990-T) . 19 Add lines 18 and 19	-		
20 21	If the estate or trust is filing Form 4952, enter the			
	amount from line 4g; otherwise, enter -0 ▶ 21		ļ	
22	Subtract line 21 from line 20. If zero or less, enter -0	. 22		
23	Subtract line 22 from line 17. If zero or less, enter -0	. 23		
24	Enter the smaller of the amount on line 17 or \$2,200	- 24	-	
25	Yes. Skip lines 25 and 26; go to line 27 and check the "No" box.			
	No. Enter the amount from line 23	25		
26	Subtract line 25 from line 24			
27	Are the amounts on lines 22 and 26 the same?		ľ.	
	Yes. Skip lines 27 thru 30; go to line 31. No. Enter the smaller of line 17 or line 22	27		
	The state of the s	28		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	. 28		
29	Subtract line 28 from line 27	29		
30	Multiply line 29 by 15% (.15)		30	
31	Figure the tax on the amount on line 23. Use the 2008 Tax Rate Schedule	e for Estates and Tr		
	the Schedule Ginstructions)		31	
			20	
32	Add lines 30 and 31	for Fetatee and Tr	32	
33	<del> </del>		f l	
34	the Schedule Ginstructions)	B here and on lir	• • • • • — — — —	
<b>7</b> 4	Schedule G, Form 1041 (or line 36 of Form 990-T)			
				ile D (Form 1041) 2008

NE HEALTH FOU and Losses - Asse	NDATION ts Held More Th	er if shown on the other sid		13-381381	.3
and Losses - Asse	ts Held More Th	an One Year			
(b) Date					
acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price (see page 4 of the instructions)	(e)	Cost or other basis see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (c
	177 D	9 254 461		9 613 065	-358,604
VAR	VAR	8,234,461.		0,013,003.	-300,004
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	mn (f). Enter here a				

# Form **4797**

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury Internal Revenue Service (99)

▶ Attach to your tax return.
▶ See separate instructions.

2008
Attachment Sequence No. 27

Identifying number Name(s) shown on return AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION 13-3813813 1 Enter the gross proceeds from sales or exchanges reported to you for 2008 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) (c) Date sold (d) Gross allowed or basis, plus (a) Description (b) Date acquired 2 Subtract (f) from the improvements and sales price allowable since (mo., day, yr.) of property (mo., day, yr.) sum of (d) and (e) acquisition expense of sale SEE STATEMENT 8 -10,297.Gain, if any, from Form 4684, line 45 Section 1231 gain from installment sales from Form 6252, line 26 or 37 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 Gain, if any, from line 32, from other than casualty or theft -10,297 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: 7 Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. Nonrecaptured net section 1231 losses from prior years (see instructions) Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) Part II Ordinary Gains and Losses (see instructions) 10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 10,297. 11 Loss, if any, from line 7 Gain, if any, from line 7 or amount from line 8, if applicable 13 Gain, if any, from line 31 13 Net gain or (loss) from Form 4684, lines 37 and 44a Ordinary gain from installment sales from Form 6252, line 25 or 36 15 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 17 -10.29717 Combine lines 10 through 16 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below: a If the loss on line 11 includes a loss from Form 4684, line 41, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a 18a." See instructions b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040,

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2008)

18b

Gain From Disposition of Proper (see instructions)	· <b>y</b>					
(a) Description of section 1245, 1250, 1252, 1254, o	r 1255	property:		ŀ	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
	-					1
)			D		Dua manta C	Proporty D
ese columns relate to the properties on lines 19A through 1	D. <b>▶</b>	Property A	Property B		Property C	Property D
Gross sales price (Note: See line 1 before completing.)	20					
Cost or other basis plus expense of sale	21					
Depreciation (or depletion) allowed or allowable	22					
Adjusted basis. Subtract line 22 from line 21	23					
Total gain. Subtract line 23 from line 20	24					
If section 1245 property:						
a Depreciation allowed or allowable from line 22						
b Enter the smaller of line 24 or 25a	25b					
if section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject	[ ]					
to section 291.						
a Additional depreciation after 1975 (see instructions)	26a		-			
b Applicable percentage multiplied by the smaller of	1					
line 24 or line 26a (see instructions)	26b					
c Subtract line 26a from line 24. If residential rental property			, '		ļ	
or line 24 is not more than line 26a, skip lines 26d and 26e				_		
d Additional depreciation after 1969 and before 1976,	26d			_		
e Enter the smaller of line 26c or 26d	26e					
f Section 291 amount (corporations only),	26f			_		
g Add lines 26b, 26e, and 26f	26g			_		
If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).						
a Soil, water, and land clearing expenses	27a					
<b>b</b> Line 27a multiplied by applicable percentage (see Instructions)	27b			$\perp$		
c Enter the smaller of line 24 or 27b	27c					
If section 1254 property:  a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a					
b Enter the smaller of line 24 or 28a						
If section 1255 property:						
a Applicable percentage of payments excluded from						
income under section 126 (see instructions)	29a					
h Enter the smaller of line 24 or 29a (see instructions)	. 29b					
ummary of Part III Gains. Complete proper	ty co	lumns A through	D through line 2	29b k	efore going to lin	e 30.
	<u>,</u>					
Total gains for all properties. Add property columns	A thro	ugh D, line 24			30	
Add property columns A through D, lines 25b, 26g,	27c, 2	8b, and 29b. Enter he	re and on line 13		31	
Subtract line 31 from line 30. Enter the portion from	n casu	alty or theft on Form	1684, line 39. Enter t	he po	rtion from	
other than casualty or theft on Form 4797, line 6		<b></b>			32	
Part IV Recapture Amounts Under Secti (see instructions)	ons	179 and 280F(b)	2) When Busin	ess	Use Drops to 50%	% or Less
					(a) Section 179	(b) Section 280F(b)(2)
3 Section 179 expense deduction or depreciation allo	wable	in prior years ,		33		
•				34		
4 Recomputed depreciation (see instructions)				<del>0 7</del>		

# FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

FOUNDED IN 1995, THE AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION IS THE LARGEST NON-PROFIT FUNDER OF EXCLUSIVELY CANINE RESEARCH IN THE WORLD. THE FOUNDATION WORKS TO DEVELOP SIGNIFICANT RESOURCES FOR BASIC AND APPLIED HEALTH PROGRAMS WITH EMPHASIS ON CANINE GENETICS TO IMPROVE THE QUALITY OF LIFE FOR DOGS AND THEIR OWNERS. THE FOUNDATION FUNDS RESEARCH AND SUPPORTS CANINE HEALTH SCIENTISTS AND PROFESSIONALS IN THEIR EFFORTS TO STUDY THE CAUSES AND ORIGINS OF CANINE DISEASE AND AFFLICTIONS IN ORDER TO FORMULATE EFFECTIVE TREATMENTS.

V08-5.5 2397697

# FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS 

NAME AND ADDRESS

DESCRIPTION OF SERVICES COMPENSATION

RSM MCGLADREY, INC.

ACCOUNTING SERVICES

114,122.

1201 EDWARDS MILL ROAD, SUITE 300 RALEIGH, NC 27607

TOTAL COMPENSATION

114,122.

\_\_\_\_\_

FORM 990, PART VIII - INVESTMENT INCOME

(D) EXCLUDED REVENUE	163,177.	
(C) UNRELATED BUSINESS REV.		
(B) RELATED OR EXEMPT REVENUE		
(A) TOTAL REVENUE	163,177.	
DESCRIPTION	DIVIDENDS & INTEREST REVENUE TOTALS	

STATEMENT

FORM 990, PART VIII - FUNDRAISING EVENTS

NET INCOME	73,201. 19,692. 5,206. 12,071.	110,170.
DIRECT EXPENSES	94,184. 2,248. 1,197. 30,199.	127,828.
GROSS INCOME	167,385. 21,940. 6,403. 42,270.	444 - 444 -
DESCRIPTION	GALA GOLF TOURNAMENT WESTMINSTER COCKTAIL PARTY EDUCATIONAL PROGRAMS	TOTALS

# FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION		ENDING BOOK VALUE	COST OR FMV
MUTUAL FUNDS EQUITIES CORPORATE BONDS HEDGE FUNDS		1,499,660. 13,879. 56,854. 3,081,489.	FMV FMV FMV FMV
	TOTALS	4,651,882.	

(A New York Not-for-Profit Corporation)

### **BYLAWS**

# ARTICLE I NAME

The name of the corporation is American Kennel Club Canine Health Foundation. The corporation shall hereinafter in these Bylaws be referred to as the "Corporation."

# ARTICLE II OFFICE

The principal office of the Corporation shall be located in the City of New York, County of New York, State of New York, or such other location as the Board of Directors may designate.

# ARTICLE III PURPOSES OF THE CORPORATION

The purpose of the Corporation is to further the knowledge of canine diseases and health care by clinical study, laboratory research, the sponsorship of educational programs, and taking any and all lawful steps in furtherance of this purpose, consistent with the Corporation's Certificate of Incorporation. The Corporation will seek to be inclusive in all of the activities, including but not limited to board membership, employment, programs, and services and will not discriminate on the basis of gender, age, race, disability or national origin.

# ARTICLE IV MEMBERS

The Board of Directors may establish categories of non-voting membership from individuals and organizations who indicated their interest in the purposes and programs of the foundation. Rights, privileges and obligations of such members shall be determined by the Board of Directors.

# ARTICLE V BOARD OF DIRECTORS

Section 1. <u>Qualification of Directors</u>. Each director shall be at least eighteen (18) years of age and shall be willing to make a significant commitment to the corporation.

Section 2. Powers and Duties. The Board of Directors shall have the general power and responsibility to control and manage the business, affairs and property of the Corporation, subject to applicable law and the Corporation's Certificate of Incorporation. It shall have full power, by majority vote of the directors present and voting at any duly constituted meeting, to adopt rules and regulations governing the action of the Board of Directors.

The Board of Directors shall be given specific notice regarding rules and regulations to be considered at any regular meeting. The Board of Directors shall have full authority with respect to the distribution and payment of the monies received by the Corporation from time to time.

Section 3. Number, Election, Term of Office and Removal. There shall be fifteen (15) Directors divided into three classes of 5, 5, and 5 Directors each. The regular term of office shall be three years. One class shall be elected to the regular terms at each annual meeting. Elections may be by ballot. Mail ballots may be used if approved at least thirty (30) days in advance by the affirmative vote of a majority of the entire Board of Directors. Directors whose terms expire shall be elected at the annual meeting of the Board of Directors by the affirmative vote of a majority of the Directors present and voting, and each shall continue in office until his or her successor shall have been elected and qualified or until his or her earlier death, resignation or removal. Three consecutive unexcused absences, as determined by a vote of the Board of Directors, shall constitute a resignation from the Board of Directors. Any Director may be removed at any time by the affirmative vote of a majority of the directors then in office.

Vacancies on the Board of Directors may be filled at any meeting of the Board, by a majority of the Board of Directors present and voting providing that prior notice has been given of such intent.

Section 4. Board of Directors; Terms. All Directors shall serve three-year terms.

**Section 5.** <u>Annual Meeting</u>; <u>Notice</u>. The Annual Meeting of the Board of Directors shall be held generally in March but not later than June at the principal office of the Corporation or at such other place as the Board of Directors shall designate. Notice of the Annual Meeting shall be given to each Director not less than thirty (30) days prior to such meeting.

Section 6. Other Meetings; Notice. In addition to the Annual Meeting, regular meetings shall be held in June and September and either December or January. Notice of regular meetings shall be delivered to each director not less than seven (7) days before each such meeting. Other meetings of the Board of Directors may be called by the Chairman or by any Director upon written demand of not less than one-third of the entire Board of Directors, with such meeting to be held at the principal office of the Corporation or at such other place as may be designated in the notice of such meeting. Notice of the time, place and purposes of any such meeting shall be given to each Director not less than seven (7) days before such meeting.

Section 7. Meetings: Open, Closed and Notice. All meetings, including annual, regular or other meetings shall be open or closed as determined by a vote of the Board.

Where notice is required in these Bylaws, the same may be accomplished by U.S. mail, private mail, email, telephone, facsimile or other electronic means.

Section 8. Waiver of Notice of Meeting. Notice of any meetings of the Board of Directors may be waived orally or in writing before or after the meeting. Attendance at any meeting without protest regarding defects in notice of any meeting or written approval of the minutes of any meeting shall be equivalent to waiver of notice thereof.

Section 9. (a) Action Without a Meeting. Any action permitted to be taken by the Board of Directors may be taken without a meeting if two-thirds of the members of the Board of Directors consent in writing to the adoption of a resolution authorizing the action. The resolution and any

written consents thereto by the members of the Board of Directors shall be filed with or recorded in the minutes of the proceedings of the Board of Directors.

- (b) <u>Meetings by Conference Telephone</u>. The members of the Board of Directors or any committee thereof may participate in a meeting of such Board or committee by means of teleconferencing or similar communications equipment by means of which all persons participating in the meeting can communicate with each other and such participation shall constitute presence in person at such meeting.
- Section 10. Quorum; Adjustment of Meetings. At all meetings of the Board of Directors, a majority of the entire Board shall constitute a quorum for the transaction of business. In the absence of a quorum, a majority of the directors present may, without giving notice other than by announcement at the meeting, adjourn the meeting from time to time until a quorum is obtained. At any such adjourned meeting, at which a quorum is present, any business may be transacted which might have been transacted at the meeting as originally called. The act of a majority of the Directors present at any meeting at which there is a quorum shall be the act of the Board of Directors unless a greater vote is required by law. Among the actions for which a greater vote is required by law are purchases, sales and mortgages of real property and leases of real property owned by the Corporation.
- Section 11. <u>Organization</u>. The Chairman of the Corporation shall preside at all meetings of the Board of Directors, or, in the absence of the Chairman, the Vice Chairman, or in the absence of the Chairman and the Vice Chairman, a Chairperson shall be chosen by a majority of the directors present.
- **Section 12.** <u>Compensation</u>. No Officer or Director of the Corporation shall receive, directly or indirectly, any salary, compensation or emolument therefrom for his or her services as officer or director or in any other capacity except for expenses requested and approved by the Chairman, Executive Committee, or Board of Directors.
- **Section 13.** <u>Resignation</u>. Any director may resign at any time by giving written or oral notice to the Chairman or the Executive Director of the Corporation. Such resignation shall take effect at any time specified therein and, unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective. All Board members shall be notified immediately of any resignation.
- **Section 14.** <u>Director Emeritus</u>. The Board of Directors may designate a former member as a non-voting Director Emeritus.
- Section 15. <u>Parliamentary Authority</u>. The rules contained in the current edition of <u>Robert's Rules of Order Newly Revised</u> shall govern the Corporation in all cases to which they are applicable and in which they are not inconsistent with this Constitution and Bylaws any special rules or Order the Corporation may adopt and any applicable law.

# ARTICLE VI EXECUTIVE COMMITTEE

**Section 1.** <u>Qualifications.</u> The Executive Committee shall be composed of five members: the Officers and either one or two Directors elected annually by Board of Directors.

- **Section 2.** <u>Powers and Duties.</u> Between meetings of the Board of Directors, the Executive Committee shall have the authority to act on matters requiring attention but not in conflict with any action of the Board or in any matter reserved by law to the Board of Directors.
- **Section 3.** <u>Meetings</u>. Meetings may be called by the Chairman or at the request of any three members; at least two days' notice shall be given. A quorum shall be a majority of the members of the Committee. The agenda shall be distributed to all Board members. Any Board member may attend as a non-voting participant.
- **Section 4.** Reporting. The committee shall report all actions within seven (7) days to the entire Board of Directors.

# ARTICLE VII COMMITTEES

- Section 1. Nominating Committee; Appointment and Duties. Immediately following the annual election of officers, and prior to the next regular meeting, the Chairman shall appoint, with the approval of the Executive Committee, an annual Nominating Committee of three or more Directors who are not officers to nominate candidates for vacancies on the Board created by the expiration of term and for positions as officers of the Corporation to be filled at the annual meeting. Nominations shall be delivered in writing to the Executive Director 45 days prior to the Annual Meeting. The Executive Director will forward to the Board of Directors the Nominating Committee's report. Additional written nominations signed by a minimum of three Board members for a position on the Board of Directors or for the position as officer may be submitted no later than 21 days prior to the annual meeting at which time nominations shall be closed and no nominations may be made thereafter.
- **Section 2.** <u>Notification</u>. The Executive Director shall notify a candidate of nomination or election to the Board of Directors.
- Section 3. <u>Standing Committees and Other Committees</u>. The Chairman may create committees as needed. There shall be three Standing Committees: Executive Committee, Audit and Finance Committee and Grants Committee. The Chairman appoints all committee chairs and committee members. Committee members may be Directors or non-Directors.

# ARTICLE VIII OFFICERS

- **Section 1.** Officers. The officers of the Corporation shall be Chairman, Vice Chairman, Secretary and Treasurer and such other officers, if any, as the Board of Directors may from time to time appoint or elect. The offices of Secretary and Treasurer may be filled by one person. Only a Director of the Corporation may serve as an officer.
- Section 2. <u>Election</u>, <u>Terms of Office and Removal</u>. Officers of the Corporation shall be elected at the annual meeting of the Board of Directors immediately following the election of directors and shall hold office for one year. Any officer of the Corporation may be removed at any time by the affirmative vote of a majority of the directors then in office.
- **Section 3.** Other Agents. The Executive Director with approval of the Executive Committee may, from time to time, appoint such agents as he or she shall deem necessary.

**Section 4.** <u>Vacancies.</u> A vacancy in any office may be filled by the Board of Directors at any meeting. Any officer so appointed shall hold office until the end of the vacated term.

Section 5. Chairman: Powers and Duties. The Chairman shall preside at all meetings of the Board of Directors and oversee the affairs of the Corporation. The Chairman shall keep the Board of Directors fully informed, and shall freely consult with them concerning the affairs and activities of the Corporation. At the annual meeting of the Board of Directors, the Chairman shall present a report complying with Section 519 of the New York Not-for-Profit Law. This report shall be filed with the records of the Corporation.

The Chairman, Treasurer, and Executive Director shall have the power to sign in the name of the Corporation, all contracts authorized either generally or specifically by the Board of Directors. The Chairman shall perform all duties incident to the office of Chairman, subject to the direction of the Board of Directors and such other duties as shall from time to time be assigned to him or her by the Board of Directors.

Section 6. <u>Vice Chairman</u>; <u>Powers and Duties</u>. The Vice Chairman shall assume the powers and duties of the Chairman in the absence, incapacity or death of the Chairman.

Section 7. Secretary; Powers and Duties. The Secretary or his or her designee shall keep the minutes of all such meetings of the Board of Directors and Executive Committee and shall distribute copies of Board minutes to all Directors within two weeks after each meeting and one week after each Executive Committee meeting. The Secretary shall attend to all of the giving and serving of all notices of the corporation. The Secretary shall have custody of the seal of the Corporation and shall affix the same to all instruments requiring it when authorized by the Board of Directors or the Chairman and attest the same. The Secretary shall perform all duties incident to the office of the Secretary subject to the direction of the Chairman and such other duties as shall from time to time be assigned to him by the Chairman or by the Board of Directors.

Section 8. Treasurer; Powers and Duties. The Treasurer shall have the custody of all funds, securities, evidences of indebtedness and other valuable documents of the Corporation, which may come into his or her hands. The Treasurer shall keep or cause to be kept complete and accurate accounts of receipts and disbursements of the Corporation, and shall deposit all moneys and other valuable effects of the Corporation in the name and to the credit of the Corporation in such banks or depositories as the Board of Directors may designate. Whenever required by the Board of Directors, the Treasurer shall render a statement of his or her accounts and shall distribute copies of the most recent financial statements to all Directors prior to each regularly scheduled Board meeting. The Treasurer shall at all reasonable times exhibit his or her books and accounts to any officer or director of the Corporation, and shall perform all duties incident to the office of Treasurer subject to the direction of the Chairman and such other duties as shall from time to time be assigned to him or her by the Chairman or by the Board of Directors. The Treasurer shall, if so required by the Board of Directors, give such security for the faithful performance of his or her duties as the Board of Directors may require.

Section 9. Chief Executive Officer: Powers and Duties. The Board may employ an Executive Director who shall act as the Chief Executive Officer of the Corporation and shall devote full time to the administration and general management of the Corporation. The Chief Executive Officer shall be responsible for carrying out the Foundation's goals and Board policies and conducting the day-to-day business of the Corporation.

# ARTICLE IX ADVISORY BOARD

- **Section 1.** <u>Advisors.</u> The Board of Directors may from time to time appoint persons to serve on the Advisory Board of the Corporation. Such persons shall have only such authority or obligation as the Board of Directors may from time to time determine. The Chairman of the Corporation shall appoint the Chairman of the Advisory Board.
- **Section 2.** <u>Function</u>. Advisory Board members shall serve to increase the public awareness of the Corporation and to broaden its fundraising efforts.
- **Section 3.** Compensation. No advisor of the Corporation shall receive, directly or indirectly, any salary, compensation or emolument there from for any service rendered to the Corporation by such advisor.

# ARTICLE X CONTRACTS, CHECKS, BANK ACCOUNTS, INVESTMENTS, ETC.

- Section 1. Checks, Notes, Contracts, Etc. The Board of Directors is authorized to select such banks or depositories, as it shall deem proper for the funds of the Corporation. The Board of Directors shall determine from time to time who shall be authorized on the Corporation's behalf to sign checks, drafts or other orders for the payment of money, acceptances, notes or other evidences of indebtedness, to enter into contracts, or to execute and deliver other documents and instruments. The Board of Directors shall determine which documents require two signatures.
- Section 2. <u>Investments</u>. The funds of the Corporation may be retained in whole or in part in cash or be invested and reinvested from time to time in such property, real, personal or otherwise, or stocks, bonds or other securities, as the Board of Directors in its discretion may deem desirable.
- **Section 3.** Gifts. The Board of Directors may accept on behalf of the Corporation any contribution, gift, bequest, or devise for the general purposes, or for any special purpose, of the Corporation.

# ARTICLE XI BOOKS

**Section 1.** <u>Books.</u> There shall be kept at the principal office of the Corporation correct books of account of the activities and transactions of the Corporation, including a minute book, which shall contain a copy of the Certificate of Incorporation, a copy of these Bylaws and all minutes of meetings of the Board of Directors.

# ARTICLE XII CORPORATE SEAL

The seal of the Corporation shall be circular in form and shall bear the name of the Corporation and words and figures showing that it was incorporated in the State of New York in 1994.

# ARTICLE XIII FISCAL YEAR

The fiscal year of the Corporation shall end with the thirty-first day of December of each year.

# ARTICLE XIV INDEMNIFICATION

**Section 1.** <u>Indemnification</u>. The Corporation shall, to the fullest extent now or hereafter permitted by law, indemnify any person made, or threatened to be made, a party to any action, suit or proceeding by reason of the fact that he or she (or a person of whom he or she is the legal or personal representative or heir or legatee) is or was a director, officer, employee or other agent of the Corporation, or of any other organization served by him or her in any capacity at the request of the Corporation, against judgments, fines, amounts paid in settlement and reasonable expenses, including attorney's fees. Such right of indemnification shall be a contract right which may be enforced in any manner such person may elect.

**Section 2.** Other Indemnification Rights. Such right of indemnification shall not be exclusive of any other rights which those indemnified may have or hereafter acquire under any bylaws, agreements, resolution of directors, provisions of law or otherwise.

Section 3. <u>Insurance</u>. The Board of Directors shall have the power to authorize the Corporation to purchase and maintain insurance (i) to indemnify the Corporation against liability incurred by the Corporation in connection with the activities of the Corporation, (ii) to indemnify the Corporation for any express obligation which it incurs as a result of the indemnification of any person under the provisions of this Article, and (iii) to indemnify any person who is or was a director, officer or employee of the Corporation, or the legal representative for such a person, against all expenses, liability and loss incurred by or asserted against such person in such capacity of arising out of such status, whether or not the Corporation would have the power to indemnify such person.

**Section 4.** <u>Amendments</u>. The Board of Directors may from time to time adopt further bylaws with respect to indemnification permitted by the laws of the State of New York.

# ARTICLE XV AMENDMENTS

These Bylaws or any part thereof may be amended or repealed at any meeting of the Board of Directors by the affirmative vote of a majority of the Board of Directors present and voting, provided that notice of intention to amend the Bylaws and the proposed changes shall have been contained in the notice of the meeting.

# AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION Supplement to Form 4797 Part | Detail

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