

Return of Organization Exempt From Income Tax

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION		D Employer identification number 13-3813813
		Doing Business As		E Telephone number (919) 334-4010
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8051 ARCO CORPORATE DRIVE 300	G Gross receipts \$ 4,147,809.	
		City or town, state or country, and ZIP + 4 RALEIGH, NC 27617-3901		H(a) Is this a group return for affiliates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		F Name and address of principal officer:		H(b) Are all affiliates included? Yes <input type="checkbox"/> No <input type="checkbox"/> if "No," attach a list. (see instructions)

I Tax-exempt status: 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.CANINEHEALTHFOUNDATION.ORG **H(c) Group exemption number** ▶

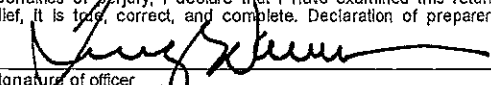
K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** 1995 **M State of legal domicile:** NY


Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S EXEMPT PURPOSE IS TO SUPPORT BASIC AND APPLIED HEALTH PROGRAMS WITH EMPHASIS ON CANINE GENETICS TO IMPROVE THE QUALITY OF LIFE FOR DOGS AND THEIR OWNERS.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5	Total number of employees (Part V, line 2a)	5	10
	6	Total number of volunteers (estimate if necessary)	6	250
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 3,988,099.	Current Year 3,213,194.
	9	Program service revenue (Part VIII, line 2g)	0.	116,626.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-205,724.	-117,809.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	121,663.	121,268.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,904,038.	3,333,279.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,354,165.	1,419,854.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	732,786.	617,811.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses, Part IX, column (D), line 25	306,448.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	693,174.	625,911.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,780,125.	2,663,576.
19	Revenue less expenses. Subtract line 18 from line 12	-876,087.	669,703.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year 8,457,824.	End of Year 9,259,965.
	21	Total liabilities (Part X, line 26)	4,149,101.	3,285,144.
	22	Net assets or fund balances. Subtract line 21 from line 20.	4,308,723.	5,974,821.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶  Date **4/9/2010**
 Signature of officer
 ▶ **TERRY T. WARE, CEO**
 Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶ 	Date 4/8/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00448640
	Firm's name (or yours if self-employed), address, and ZIP + 4 KPMG LLP 300 NORTH GREENE STREET, SUITE 400 GREENSBORO, NC 27401	EIN ▶ 13-5565207	Phone no. ▶ 336-275-3394	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.* Form 990 (2009)

Cumulative e-File History 2009	
FED	
Locator:	41325W
Taxpayer Name:	AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION
Return Type:	990
Submitted Date:	04/07/2010 08:12:18
Acknowledgement Date:	04/07/2010 19:19:02
Status:	Accepted
Submission ID:	56038220100975000000

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ATTACHMENT 3

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,020,731. including grants of \$ 1,419,854.) (Revenue \$ 116,626.)

THE FOUNDATION FUNDS CANINE HEALTH RESEARCH AND SUPPORTS CANINE HEALTH SCIENTISTS AND PROFESSIONALS IN THEIR EFFORTS TO STUDY THE CAUSES AND ORIGINS OF CANINE DISEASES AND AFFLICTIONS AND TO FORMULATE EFFECTIVE TREATMENTS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 2,020,731.

Part IV 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.		
		Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-12b regarding IRS filings, Form 990-T, and charitable trusts.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (17); 1b Enter the number of voting members that are independent (17); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (No); 6 Does the organization have members or stockholders? (No); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (No); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, 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 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? (No); 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (No); 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. (No); 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes); 13 Does the organization have a written whistleblower policy? (Yes); 14 Does the organization have a written document retention and destruction policy? (Yes); 15 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? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 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 with a taxable entity during the year? (No); 16b 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 the organization's exempt status with respect to such arrangements? (No).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 4
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the 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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees. See instructions for definition of "key employee."
- 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 current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LEE ARNOLD VICE CHAIRMAN	2.00	X		X				0	0	0
CATHERINE BELL BOARD MEMBER	2.00	X						0	0	0
DR. A. DUANE BUTHERUS BOARD MEMBER	1.00	X						0	0	0
HOWARD FALBERG BOARD MEMBER	1.00	X						0	0	0
CONNIE FIELD BOARD MEMBER	1.00	X						0	0	0
DR. J. CHARLES GARVIN TREASURER	2.00	X		X				0	0	0
SUSAN LACROIX HAMIL BOARD MEMBER	1.00	X						0	0	0
MARY EDWARDS HAYES BOARD MEMBER	1.00	X						0	0	0
HON. IRIS CORNELIA LOVE BOARD MEMBER	1.00	X						0	0	0
KAREN MAYS BOARD MEMBER	1.00	X						0	0	0
ANDREW GENE MILLS BOARD MEMBER	1.00	X						0	0	0
STEVEN T. REMSPECHER BOARD MEMBER	1.00	X						0	0	0
CORNELIA SCHAEFER SECRETARY	2.00	X		X				0	0	0
DR. HOWARD B. SPEY BOARD MEMBER	1.00	X						0	0	0
JAMES T. STEVENS BOARD MEMBER	2.00	X						0	0	0
DR. WILLIAM TRUESDALE BOARD MEMBER	1.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CINDY VOGELS CHAIRMAN	3.00	X		X				0.	0.	0.
DR. TERRY T. WARREN CEO/GENERAL COUNSEL	60.00			X				166,306.	0.	38,866.
1b Total								166,306.	0.	38,866.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 1

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

Part VIII Statement of Revenue

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	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above . .	1f	3,213,194.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		3,213,194.				
Program Service Revenue				Business Code				
	2a	EDUCATION SYMPOSIA		900099	32,080.	32,080.		
	b	CONFERENCE REVENUE		900099	84,546.	84,546.		
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f			116,626.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			34,991.	0.	0.	34,991.
	4	Income from investment of tax-exempt bond proceeds			0.			
	5	Royalties			66,828.	0.	0.	66,828.
	6a	Gross Rents	(i) Real	(ii) Personal				
			b	Less: rental expenses				
			c	Rental income or (loss)				
			d	Net rental income or (loss)			0.	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			b	Less: cost or other basis and sales expenses	569,684.			
			c	Gain or (loss)	722,484.			
			d	Net gain or (loss)	-152,800.			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	144,885.				
			b	Less: direct expenses	92,046.			
			c	Net income or (loss) from fundraising events		52,839.	0.	0.
	9a	Gross income from gaming activities. See Part IV, line 19	a					
b			Less: direct expenses					
c			Net income or (loss) from gaming activities		0.			
10a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory		0.			
Miscellaneous Revenue				Business Code				
11a	MISCELLANEOUS REVENUE		900099	1,601.			1,601.	
		b						
		c						
		d	All other revenue					
		e	Total. Add lines 11a-11d			1,601.		
12	Total Revenue. See instructions			3,333,279.	116,626.	0.	156,259.	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	1,269,422.	1,269,422.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	150,432.	150,432.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	166,306.	41,538.	41,538.	83,230.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	368,646.	187,649.	106,531.	74,466.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	7,484.	3,172.	1,477.	2,835.
9 Other employee benefits	43,313.	21,101.	12,690.	9,522.
10 Payroll taxes	32,062.	15,271.	9,365.	7,426.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	5,000.		5,000.	
c Accounting	40,441.	2,936.	36,747.	758.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	3,571.		3,571.	
g Other	88,662.	42,833.	23,077.	22,752.
12 Advertising and promotion	47,278.	17,533.	665.	29,080.
13 Office expenses	78,382.	21,323.	18,558.	38,501.
14 Information technology	13,701.	8,799.	1,657.	3,245.
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	28,299.	15,574.	1,331.	11,394.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	238,884.	215,303.	11,408.	12,173.
20 Interest	20,704.	156.	15,235.	5,313.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	38,304.		38,304.	
23 Insurance	10,536.	4,958.	1,337.	4,241.
24 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.)				
a STATE REGISTRATION FEES	6,443.		6,443.	
b DUES AND SUBSCRIPTIONS	922.	97.	225.	600.
c TRAINING AND EDUCATION	4,704.	2,634.	1,158.	912.
d MISCELLANEOUS EXPENSES	80.		80.	
e				
f All other expenses			0.	
25 Total functional expenses. Add lines 1 through 24f	2,663,576.	2,020,731.	336,397.	306,448.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	200.	1	200.
	2	Savings and temporary cash investments	3,591,229.	2	3,245,977.
	3	Pledges and grants receivable, net	104,815.	3	79,504.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	12,133.	9	19,229.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	226,145.		
	b	Less: accumulated depreciation	143,088.	10c	83,057.
	11	Investments - publicly traded securities	4,651,882.	11	5,828,494.
	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	2,425.	15	3,504.
16	Total assets. Add lines 1 through 15 (must equal line 34)	8,457,824.	16	9,259,965.	
Liabilities	17	Accounts payable and accrued expenses	247,246.	17	162,845.
	18	Grants payable	3,901,855.	18	3,122,299.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	4,149,101.	26	3,285,144.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	-1,722,463.	27	-288,658.
	28	Temporarily restricted net assets	3,130,778.	28	3,363,071.
	29	Permanently restricted net assets	2,900,408.	29	2,900,408.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	4,308,723.	33	5,974,821.
	34	Total liabilities and net assets/fund balances	8,457,824.	34	9,259,965.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Name of the organization **AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION INC.**

Employer identification number
13-3813813

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,563,114.	3,387,321.	3,870,510.	3,988,099.	3,213,194.	18,022,238.
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 through 3	3,563,114.	3,387,321.	3,870,510.	3,988,099.	3,213,194.	18,022,238.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f),						10,905,284.
6 Public support. Subtract line 5 from line 4.						7,116,954.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3,563,114.	3,387,321.	3,870,510.	3,988,099.	3,213,194.	18,022,238.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	263,944.	350,040.	373,923.	163,177.	101,819.	1,252,903.
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.) . ATCH. 1.	19,804.	10,987.	14,858.	11,493.	1,601.	58,743.
11 Total support. Add lines 7 through 10						19,333,884.
12 Gross receipts from related activities, etc. (see instructions)					12	1,295,974.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	36.81%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	36.66%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
MISCELLANEOUS	19,804.	10,987.	14,858.	11,493.	1,601.	58,743.
TOTALS	<u>19,804.</u>	<u>10,987.</u>	<u>14,858.</u>	<u>11,493.</u>	<u>1,601.</u>	<u>58,743.</u>

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

▶ Attach to Form 990, 990-EZ, or 990-PF.

2009

Name of the organization
AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION
INC.

Employer identification number
13-3813813

Organization type (check one):

Filers of:

Section:

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

Form 990-PF

501(c)(3) exempt private foundation

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 an organization 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

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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 during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION
INC.**

Employer identification number
13-3813813

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 NEW YORK, NY 10016	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	NESTLE PURINA 1 CHECKERBOARD SQUARE ST. LOUIS, MO 63164	\$ 1,065,833.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	AMERICAN BOXER CHARITABLE FOUNDATION 44 E HIGH DR SPOKANE, WA 99203	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION INC.

Employer identification number 13-3813813

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and questions about donor advised funds and grant purposes.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form section for Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, open space, historic area, historic structure), a table for 'Held at the End of the Year' (rows 2a-2d), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form section for Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art, historical treasures, and amounts related to revenues and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,489,315.	4,843,147.			
b Contributions	20,063.	20,063.			
c Net investment earnings, gains, and losses	463,158.	-1,050,766.			
d Grants or scholarships	0.	1,323,129.			
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,972,536.	2,489,315.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ 100.0000 %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		X

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		191,848.	132,404.	59,444.
e Other		34,297.	10,684.	23,613.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				83,057.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,333,279.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,663,576.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	669,703.
4	Net unrealized gains (losses) on investments	4	996,395.
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 through 8	9	996,395.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,666,098.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	4,577,357.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	996,395.
b	Donated services and use of facilities	2b	155,637.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	1,152,032.
3	Subtract line 2e from line 1	3	3,425,325.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-92,046.
c	Add lines 4a and 4b	4c	-92,046.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,333,279.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,911,259.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	155,637.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	92,046.
e	Add lines 2a through 2d	2e	247,683.
3	Subtract line 2e from line 1	3	2,663,576.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,663,576.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental information (continued)

REVENUE RECONCILIATION

FORM 990, SCHEDULE D, PART XII, LINE 4(B), OTHER

SPECIAL EVENT EXPENSE (92,046)

EXPENSE RECONCILIATION

FORM 990, SCHEDULE D, PART XIII, LINE 2(D), OTHER

SPECIAL EVENT EXPENSE 92,046

ASC 740

FORM 990, SCHEDULE D, PART X, LINE 2

IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. ASC 740 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE ENTITY'S FINANCIAL STATEMENTS. ASC 740 REQUIRES ENTITIES TO DETERMINE WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITIES BEFORE ANY PART OF THE BENEFIT CAN BE REPORTED IN THE FINANCIAL STATEMENTS. ASC 740 WAS EFFECTIVE FOR THE FOUNDATION'S DECEMBER 31, 2009 FINANCIAL STATEMENTS AND DID NOT HAVE A SIGNIFICANT IMPACT.

Part II 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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH AMERICA	RESEARCH	8,402.				
			EUROPE/ ICELAND/GREENLAND	RESEARCH	68,340.				
			EAST ASIA/PACIFIC	RESEARCH	48,730.				
			MIDDLE EAST/NORTH AFRICA	RESEARCH	12,000.				
			EUROPE/ICELAND/GREENLAND	RESEARCH	12,960.				

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **5**

3 Enter total number of other organizations or entities **0**

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any 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.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events	
		GALA/DINNER (event type)	GOLF TOURNAMENT (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	126,929.	8,011.	9,945.	144,885.
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	126,929.	8,011.	9,945.	144,885.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	55,613.	2,700.		58,313.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	25,022.	7,218.	1,493.	33,733.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Combine line 3, column (d), and line 10					52,839.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
6	Volunteer labor	Yes _____ %	Yes _____ %	Yes _____ %		
		No _____ %	No _____ %	No _____ %		
7	Direct expense summary. Add lines 2 through 5 in column (d)					()
8	Net gaming income summary. Combine line 1, column d, and line 7					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," explain: _____		
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility **13a** %
- b An outside facility **13b** %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

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 of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization
INC.

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Employer identification number
13-3813813

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC 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
	BROAD INSTITUTE, INC. 7 CAMBRIDGE CENTER CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	176,558.				RESEARCH
	CORNELL UNIVERSITY JAMES BAKER INSTITUTE ITHACA, NY 14853	15-0532082	501(C)(3)	12,722.				RESEARCH
	IOWA STATE UNIVERSITY OF SCIENCE AND TECHNOLOGY 1600 S. 16TH STREET AMES, IA 50011	42-6004224	501(C)(3)	112,984.				RESEARCH
	MICHIGAN STATE UNIVERSITY COLLEGE OF VET. MED. EAST LANSING, MI 48824	38-6005984	501(C)(3)	31,164.				RESEARCH
	NORTH CAROLINA STATE UNIVERSITY 4700 HILLSBOROUGH AVENUE RALEIGH, NC 27606	56-6000756	GOVERNMENT	105,333.				RESEARCH
	PURDUE UNIVERSITY 915 W. STATE ST WEST LAFAYETTE, IN 47907	35-6002041	501(C)(3)	48,650.				RESEARCH
	REGENTS OF THE UNIVERSITY OF CALIFORNIA ONE SHIELDS AVENUE DAVIS, CA 95616	94-6036494	GOVERNMENT	48,671.				RESEARCH
	TEXAS A&M RESEARCH FOUNDATION COLLEGE VET MED COLLEGE STATION, TX 77843	74-1238434	501(C)(3)	106,309.				RESEARCH
	TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3900 DELANCEY ST PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	38,799.				RESEARCH
	BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS 1008 WEST HAZELWOOD DR URBANA, IL 61802	37-6000511	GOVERNMENT	18,026.				RESEARCH
	REGENTS OF THE UNIVERSITY OF MINNESOTA 1365 GORTNER AVENUE SAINT PAUL, MN 55108	41-6007513	GOVERNMENT	280,791.				RESEARCH
	CURATORS OF THE UNIVERSITY OF MISSOURI 900 EAST CAMPUS DRIVE COLUMBIA, MO 65211	43-6003859	GOVERNMENT	79,254.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations 16
- 3 Enter total number of other organizations 1

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2009

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

(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

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

FORM 990, SCHEDULE I, 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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization **AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION INC.**

Employer identification number
13-3813813

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on 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

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?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
- b Any related organization?
- 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:

- a The organization?
- b Any related organization?
- 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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2009

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization
INC. AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION

Employer identification number
13-3813813

ATTACHMENT 2

REVIEW OF FORM 990

FORM 990, PART VI, SECTION A, QUESTION 10

THE 2009 FORM 990 WAS REVIEWED BY TERRY WARREN, CHIEF EXECUTIVE OFFICER
AND GENERAL COUNSEL; DR. CHARLES GARVIN, TREASURER OF THE BOARD OF
DIRECTORS AND MEMBER OF THE FINANCE AND AUDIT COMMITTEE; AND JAMES T.
STEVENS, MEMBER OF THE BOARD OF DIRECTORS, MEMBER OF THE FINANCE AND
AUDIT COMMITTEE, AND CHIEF FINANCIAL OFFICER AND VICE PRESIDENT OF
AMERICAN KENNEL CLUB ("AKC"). THE FORM WAS REVIEWED FOR ACCURACY AND
COMPLETENESS.

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, QUESTION 12C

AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION, INC. ("AKCCHF") REQUIRES
EACH BOARD MEMBER TO SIGN A CONFLICT OF INTEREST POLICY IN
ACKNOWLEDGEMENT OF HIS OR HER RECEIPT AND UNDERSTANDING OF THE POLICY.
THE POLICY IS DELIVERED TO EACH MEMBER BY FIRST CLASS MAIL OR
ELECTRONICALLY. EACH INDIVIDUAL HAS SEVERAL DAYS TO READ AND RAISE
QUESTIONS ABOUT THE POLICY PRIOR TO HIS OR HER SIGNATURE AND
ACKNOWLEDGEMENT.

COMPENSATION

FORM 990, PART VI, SECTION B, QUESTION 15

COMPENSATION FOR AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION, INC.
("AKCCHF") EMPLOYEES IS DETERMINED BY THE AMERICAN KENNEL CLUB ("AKC")

Name of the organization INC.	AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION	Employer identification number 13-3813813
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ATTACHMENT 2 (CONT'D)

HUMAN RESOURCES DEPARTMENT. THE DEPARTMENT RESEARCHES INDUSTRY STANDARDS FOR EACH POSITION TO DETERMINE A CLASSIFICATION AND A SALARY RANGE. ALL AKCCHF EMPLOYEES ARE UNDER THE DIRECTION OF THE CHIEF EXECUTIVE OFFICER ("CEO") AND GENERAL COUNSEL. THE CEO/GENERAL COUNSEL IS UNDER THE DIRECTION OF THE BOARD OF DIRECTORS. THE CEO/GENERAL COUNSEL RELIES ON THE OPINION OF KEY BOARD MEMBERS AND MEMBERS WHOSE EXPERTISE ARE KEY TO SELECTING A QUALIFIED CANDIDATE FOR OPEN POSITIONS WITHIN AKCCHF.

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS FORM 990, PART VI, SECTION C, QUESTION 19 AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION, INC. ("AKCCHF") MAINTAINS A COMPREHENSIVE WEBSITE, WWW.CANINEHEALTHFOUNDATION.ORG, ON WHICH THE GENERAL PUBLIC HAS ACCESS TO MULTIPLE YEARS OF ANNUAL REPORTS AND FORMS 990. THE WEBSITE ALSO PROVIDES INFORMATION REGARDING AKCCHF'S ALLIANCES, MISSION STATEMENT, RESEARCH ENDEAVORS, AND ANY OTHER PERTINENT INFORMATION. HUMAN RESOURCE BASED INFORMATION, SUCH AS THE CONFLICT OF INTEREST POLICY, CAN BE OBTAINED DIRECTLY FROM AKCCHF OR THROUGH THE HUMAN RESOURCES DEPARTMENT OF THE AMERICAN KENNEL CLUB ("AKC").

ATTACHMENT 3FORM 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

Name of the organization AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION
INC.

Employer identification number
13-3813813

ATTACHMENT 3 (CONT'D)

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

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.

ATTACHMENT 4

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