

Return of Organization Exempt From Income Tax

2012

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 2012 calendar year, or tax year beginning, 2012, and ending, 20

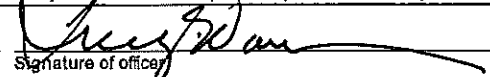
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION INC.		D Employer identification number 13-3813813
	Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8051 ARCO CORPORATE DRIVE 300		E Telephone number (919) 334-4010
	City, town or post office, state, and ZIP code RALEIGH, NC 27617-3901		G Gross receipts \$ 3,279,941.
	F Name and address of principal officer: DR. TERRY T. WARREN 8051 ARCO CORPORATE DR STE 300 RALEIGH, NC 27617		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶
J Website: ▶ WWW.AKCCHE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1995 M State of legal domicile: NY	

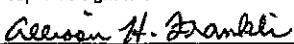
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE AKCCHE IS DEDICATED TO ADVANCING THE HEALTH OF ALL DOGS AND OWNERS BY FUNDING SOUND SCIENTIFIC RESEARCH AND SUPPORTING THE DISSEMINATION OF HEALTH INFORMATION TO PREVENT, TREAT, AND CURE CANINE DISEASE	
	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 14.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 14.
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 8.
	6 Total number of volunteers (estimate if necessary)	6 250.
	7a Total 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 0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,606,977. Current Year 2,936,805.
	9 Program service revenue (Part VIII, line 2g)	168,460. 7,075.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-27,867. 219,494.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,196. 3,946.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,759,766. 3,167,320.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,767,684. 2,045,603.
	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)	627,482. 690,392.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0 0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 278,502.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	653,359. 438,253.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,048,525. 3,174,248.	
19 Revenue less expenses. Subtract line 18 from line 12	711,241. -6,928.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 11,313,575. End of Year 11,962,387.
	21 Total liabilities (Part X, line 26)	3,103,356. 3,279,171.
	22 Net assets or fund balances. Subtract line 21 from line 20.	8,210,219. 8,683,216.

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	Signature of officer: 	Date: 4/29/2013
	TERRY WARREN, CEO/GENERAL COUNSEL Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ALLISON H. FRANKLIN	Preparer's signature 	Date 4/29/13	Check <input type="checkbox"/> if self-employed PTIN P00448640
	Firm's name ▶ KPMG LLP			Firm's EIN ▶ 13-5565207
	Firm's address ▶ 300 NORTH GREENE STREET, SUITE 400 GREENSBORO, NC 27401			Phone no. 336-275-3394

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

For Paperwork Reduction Act Notice, see the separate instructions. **FILED ELECTRONICALLY** Form 990 (2012)

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning _____, 2012, and ending _____, 20_____

2012

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

Name of exempt organization

Employer identification number

AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION

13-3813813

Name and title of officer

TERRY WARREN, CEO/GENERAL COUNSEL

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>3,167,320.</u>
2a	Form 990-EZ check here ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here ▶	<input type="checkbox"/>	b	Tax based on Investment Income (Form 990-PF, Part VI, line 5),	4b	_____
5a	Form 8868 check here ▶	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize KPMG LLP to enter my PIN 38138 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Terry Warren Date ▶ 4/29/2013

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

56038261979
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Alison H. Frankel Date ▶ 4/19/13

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2012)

Cumulative e-File History 2012	
FED	
Locator:	41325W
Taxpayer Name:	AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION
Return Type:	990, 990
Submitted Date:	04/29/2013 12:10:30
Acknowledgement Date:	04/29/2013 12:26:39
Status:	Accepted
Submission ID:	56038220131195000001

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] 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 [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 2,333,794. including grants of \$ 1,985,603.) (Revenue \$) ATTACHMENT 2

4b (Code:) (Expenses \$ 60,000. including grants of \$ 60,000.) (Revenue \$) CLINICIAN-SCIENTIST FELLOWSHIP PROGRAM; FIVE UVIVERSITIES RECEIVED SUPPORT FROM THE AKC CANINE HEALTH FOUNDATION IN RECOGNITION OF THEIR VETERINARY TRAINING AND RESEARCH EFFORTS. THEIR RESPECTIVE COLLEGES OF VETERINARY MEDICINE SELECTED A PROMISING VETERINARY RESIDENT TO THE INAUGURAL CLASS OF FELLOWS.

4c (Code:) (Expenses \$ 145,672. including grants of \$) (Revenue \$ 7,075.) EDUCATION: AS PART OF THE MISSION, THE AKC CANINE HEALTH FOUNDATION AIMS TO EDUCATE DOG OWNERS ABOUT RESEARCH ADVANCEMENTS, COMMON HEALTH CONCERNS AND HOW TO BEST CARE FOR THEIR DOG'S HEALTH. EXAMPLES OF EDUCATIONAL PROGRAM EXPENSES ARE A BREEDER'S SYMPOSIUM; QUARTERLY PRINT NEWSLETTERS; THE HEALTH E-BARKS PODCAST SERIES, E-NEWSLETTERS AND WEBINARS; EDUCATIONAL HANDOUTS FOR BOOTHS AND OTHERS.

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

4e Total program service expenses 2,539,466.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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 line 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 (or a family member thereof) 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, Part II, III, or IV, and Part V, line 1.</i>		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
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 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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.

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about voting members, family relationships, management delegation, and documentation of meetings.

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

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower policy, and compensation review.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 3
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MONA POVLIICK, DIR OF FINANCE, 8051 ARCO CORPORATE DR, STE 300, RALEIGH, NC 919-334-4010

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

Check if Schedule O contains a response to any question in this Part VII

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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) LEE ARNOLD CHAIRMAN	3.00	X		X			0	0	0	
(2) DR. A. DUANE BUTHERUS VICE CHAIRMAN	2.00	X		X			0	0	0	
(3) HOWARD FALBERG BOARD MEMBER	1.00	X					0	0	0	
(4) CONNIE FIELD SECRETARY	2.00	X		X			0	0	0	
(5) DR. J. CHARLES GARVIN BOARD MEMBER	1.00	X					0	0	0	
(6) STEVEN D. GLADSTONE BOARD MEMBER	1.00	X					0	0	0	
(7) SUSAN LACROIX HAMIL BOARD MEMBER	1.00	X					0	0	0	
(8) PETER FARNSWORTH BOARD MEMBER	1.00	X					0	0	0	
(9) ANDREW GENE MILLS BOARD MEMBER	1.00	X					0	0	0	
(10) STEVEN T. REMSPECHER BOARD MEMBER	1.00	X					0	0	0	
(11) DR. HOWARD B. SPEY BOARD MEMBER	1.00	X					0	0	0	
(12) JAMES T. STEVENS BOARD MEMBER	1.00	X					0	0	0	
(13) DR. WILLIAM TRUESDALE BOARD MEMBER	1.00	X					0	0	0	
(14) CINDY VOGELS TREASURER	2.00	X	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
15) DR. WILLIAM R. NEWMAN BOARD MEMBER	1.00	X					0	0	0	
16) ELIZABETH SETTLES BOARD MEMBER	1.00	X					0	0	0	
17) DR. TERRY T. WARREN CEO/GENERAL COUNSEL	60.00				X		153,583.	0	30,493.	
1b Sub-total							0	0	0	
c Total from continuation sheets to Part VII, Section A							153,583.	0	30,493.	
d Total (add lines 1b and 1c)							153,583.	0	30,493.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

(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

Check if Schedule O contains a response to any question in this Part VIII.

			(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	52,528.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,884,277.				
	g Noncash contributions included in lines 1a-1f: \$		16,341.				
	h Total. Add lines 1a-1f			2,936,805.			
Program Service Revenue			Business Code				
	2a EDUCATION SYMPOSIA	900099	7,075.	7,075.			
	b _____						
	c _____						
	d _____						
	e _____						
	g Total. Add lines 2a-2f			7,075.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		221,048.			221,048.	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		28,518.			28,518.	
	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	67,240.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	68,794.				
		c Gain or (loss)	-1,554.				
	d Net gain or (loss)			-1,554.		-1,554.	
	8a Gross income from fundraising events (not including \$ 52,528. of contributions reported on line 1c). See Part IV, line 18	a	19,255.				
		b Less: direct expenses	43,827.				
c Net income or (loss) from fundraising events				-24,572.		-24,572.	
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 _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			0				
12 Total revenue. See instructions			3,167,320.	7,075.		223,440.	

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).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(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 United States. See Part IV, line 21	1,988,683.	1,988,683.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	56,920.	56,920.		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	153,583.	61,433.	61,433.	30,717.
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	400,087.	245,877.	102,615.	51,595.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,475.	9,646.	18,300.	2,529.
9	Other employee benefits	67,573.	36,678.	19,075.	11,820.
10	Payroll taxes	38,674.	21,152.	11,198.	6,324.
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c	Accounting	44,836.	1,452.	42,954.	430.
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	5,067.		5,067.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	29,732.		5,087.	24,645.
12	Advertising and promotion	67,622.			67,622.
13	Office expenses	98,358.	28,699.	29,165.	40,494.
14	Information technology	65,208.	33,783.	10,312.	21,113.
15	Royalties	0			
16	Occupancy	0			
17	Travel	13,745.	11,991.	1,754.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	63,964.	40,354.	4,773.	18,837.
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	21,285.		21,285.	
23	Insurance	12,469.		12,469.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	STATE REGISTRATION FEES	6,025.		6,025.	
b	DUES AND SUBSCRIPTIONS	3,073.	610.	1,863.	600.
c	TRAINING AND EDUCATION	6,869.	2,188.	2,905.	1,776.
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,174,248.	2,539,466.	356,280.	278,502.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	4,280,690.	2	3,872,312.
	3 Pledges and grants receivable, net	22,600.	3	22,500.
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	66,617.	9	76,627.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 284,912.		
	b Less: accumulated depreciation	10b 213,239.	92,958.	10c 71,673.
	11 Investments - publicly traded securities	6,846,802.	11	7,912,397.
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	3,908.	15	6,878.
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,313,575.	16	11,962,387.	
Liabilities	17 Accounts payable and accrued expenses	69,607.	17	66,731.
	18 Grants payable	3,033,749.	18	3,212,440.
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	3,103,356.	26	3,279,171.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,980,393.	27	1,785,436.
	28 Temporarily restricted net assets	3,229,418.	28	3,897,372.
	29 Permanently restricted net assets	3,000,408.	29	3,000,408.
	Organizations that do not follow SFAS 117 (ASC 958), 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	8,210,219.	33	8,683,216.	
34 Total liabilities and net assets/fund balances	11,313,575.	34	11,962,387.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,167,320.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,174,248.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,928.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,210,219.
5	Net unrealized gains (losses) on investments	5	479,925.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,683,216.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 1 Accounting method used to prepare the Form 990: Cash Accrual 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?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c 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.
- 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?
- b 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No. 1545-0047

2012

Open to Public Inspection

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-Non-functionally integrated

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?

	Yes	No
(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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,988,099.	3,213,194.	3,492,620.	3,606,977.	2,936,805.	17,237,695.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3.	3,988,099.	3,213,194.	3,492,620.	3,606,977.	2,936,805.	17,237,695.
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).						8,932,222.
6 Public support. Subtract line 5 from line 4.						8,305,473.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	3,988,099.	3,213,194.	3,492,620.	3,606,977.	2,936,805.	17,237,695.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	163,177.	101,819.	94,157.	149,164.	249,566.	757,883.
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	11,493.	1,601.	7,744.			20,838.
11 Total support. Add lines 7 through 10						18,016,416.
12 Gross receipts from related activities, etc. (see instructions)					12	965,542.
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 2012 (line 6, column (f) divided by line 11, column (f))	14	46.10%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	42.33%
16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 - 2011. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2011 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2011 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2012. 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 - 2011. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2008	2009	2010	2011	2012	TOTAL
MISCELLANEOUS	11,493.	1,601.	7,744.			20,838.
TOTALS	<u>11,493.</u>	<u>1,601.</u>	<u>7,744.</u>			<u>20,838.</u>

Schedule of Contributors

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

2012

Name of the organization AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION INC.	Employer identification number 13-3813813
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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, total 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 total 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 Part I, 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
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMERICAN KENNEL CLUB, INC. ----- 260 MADISON AVENUE ----- NEW YORK, NY 10016-2401 -----	\$ 500,000.	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 PETCARE COMPANY ----- 1 CHECKERBOARD SQUARE ----- ST. LOUIS, MO 63164 -----	\$ 1,027,257.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	ZOETIS ----- 5 GIRALDA FARMS ----- MADISON, NJ 07940-1027 -----	\$ 250,000.	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.)

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

Employer identification number
13-3813813

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
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-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----

Name of organization AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION INC.	Employer identification number 13-3813813
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

----- ----- -----	----- ----- -----
-------------------------	-------------------------

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

----- ----- -----	----- ----- -----
-------------------------	-------------------------

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

----- ----- -----	----- ----- -----
-------------------------	-------------------------

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

----- ----- -----	----- ----- -----
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 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, Aggregate grants, Aggregate value, and questions about donor informed status.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include Purpose(s) of conservation easements, Total number of easements, Total acreage, and various monitoring and reporting questions.

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.

Table with 2 columns: Amounts. Rows include questions about reporting art and historical treasures, and amounts for 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 XIII.
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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment
b Permanent endowment
c Temporarily restricted 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
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other (A-I), and Total.

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows include (1) through (10) and Total.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows include (1) through (10) and Total.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes and rows (2) through (11). Total line at the bottom.

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

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

1	Total revenue, gains, and other support per audited financial statements		1	3,839,161.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a 479,925.		
b	Donated services and use of facilities	2b 148,089.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 43,827.		
e	Add lines 2a through 2d		2e	671,841.
3	Subtract line 2e from line 1		3	3,167,320.
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 XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	3,167,320.

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

1	Total expenses and losses per audited financial statements		1	3,366,164.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 148,089.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 43,827.		
e	Add lines 2a through 2d		2e	191,916.
3	Subtract line 2e from line 1		3	3,174,248.
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 XIII.)	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	3,174,248.

Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

REVENUE RECONCILIATION

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

SPECIAL EVENT EXPENSE 43,827

EXPENSE RECONCILIATION

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

SPECIAL EVENT EXPENSE 43,827

ASC 740

FORM 990, SCHEDULE D, PART X, LINE 2

THE FOUNDATION FOLLOWS THE PROVISIONS OF ASC 740-10, INCOME TAXES -
OVERALL, RELATING TO UNCERTAINTY IN INCOME TAXES. ASC 740-10 ESTABLISHES
A MINIMUM THRESHOLD FOR FINANCIAL STATEMENT RECOGNITION OF THE BENEFITS
OF POSITION TAKEN, OR EXPECTED TO BE TAKEN, IN FILING TAX RETURNS. IT
REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN,
IN THE COURSE OF PREPARING THE FOUNDATION'S INCOME TAX RETURNS TO
DETERMINE WHETHER THE TAX POSITIONS ARE MORE LIKELY THAN NOT OF BEING
SUSTAINED BY THE APPLICABLE TAX AUTHORITY. TAX POSITIONS NOT DEEMED TO
MEET THE MORE-LIKELY-THAN-NOT THRESHOLD ARE RECORDED AS TAX EXPENSE. THE
FOUNDATION HAS NO TAX POSITIONS REQUIRING ACCRUAL UNDER THIS CRITERIA.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2012

Open to Public Inspection

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ 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 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 for and investments in region
(1) EAST ASIA AND THE PACIFIC			GRANTMAKING		12,960.
(2) EUROPE			GRANTMAKING		43,960.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					56,920.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					56,920.

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

Schedule F (Form 990) 2012

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. Part II can be duplicated 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)
(1)			EAST ASIA/PACIFIC	RESEARCH	12,960.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	RESEARCH	12,960.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	RESEARCH	31,000.	WIRE			
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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. 3.

3 Enter total number of other organizations or entities. 3.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No. 1545-0047

2012

Open to Public
Inspection

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

Employer identification number
13-3813813

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		RECEPTION (event type)	COCKTAIL PARTY (event type)	1. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	58,455.	10,150.	3,178.	71,783.
	2	Less: Contributions	39,200.	10,150.	3,178.	52,528.
	3	Gross income (line 1 minus line 2).	19,255.		0	19,255.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	35,210.	7,310.	1,307.	43,827.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(43,827.)
11	Net income summary. Combine line 3, column (d), and line 10				-24,572.	

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))
		Yes _____ % No	Yes _____ % No	Yes _____ % No	
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % 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				

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? Yes No
 b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 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? Yes No
- 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? Yes No
- 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? Yes No
- 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 ▶ \$ -----

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION
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

2012

**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. Part II can be duplicated 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
(1)	AUBURN UNIVERSITY 109 INGRAM HALL AUBURN UNIV., AL 36849	63-6000724	GOVERNMENT	130,221.		N/A	N/A	RESEARCH
(2)	FRED HUTCHINSON CANCER RESEARCH CENTER P.O. BOX 19024 SEATTLE, WA 98109-1024	23-7156071	501(C) (3)	178,200.		N/A	N/A	RESEARCH
(3)	BROAD INSTITUTE, INC. 7 CAMBRIDGE CENTER CAMBRIDGE, MA 02142	26-3428781	501(C) (3)	25,000.		N/A	N/A	RESEARCH
(4)	KANSAS STATE UNIVERSITY 1800 DENISON AVE MANHATTAN, KS 66506	48-0771751	GOVERNMENT	11,491.		N/A	N/A	RESEARCH
(5)	COLORADO STATE UNIVERSITY 300 W. DRAKE ROAD FORT COLLINS, CO 80523	84-6000545	GOVERNMENT	12,705.		N/A	N/A	RESEARCH
(6)	CORNELL UNIVERSITY 341 PINE TREE ROAD ITHACA, NY 14853	15-0532082	501(C) (3)	12,042.		N/A	N/A	RESEARCH
(7)	CURATORS OF THE UNIVERSITY OF MISSOURI 1000 W NIFONG, BLDG 7 COLUMBIA, MO 65211	43-6003859	GOVERNMENT	12,960.		N/A	N/A	RESEARCH
(8)	IOWA STATE UNIVERSITY OF SCIENCE AND TECHNO 3606 ADMIN SVCS BLDG. AMES, IA 50011-3606	42-6004224	GOVERNMENT	31,104.		N/A	N/A	RESEARCH
(9)	LOUISIANA STATE UNIVERSITY 202 HIMES HALL BATON ROUGE, LA 70803	72-6000648	GOVERNMENT	18,029.		N/A	N/A	RESEARCH
(10)	MICHIGAN STATE UNIVERSITY 360 ADMIN BLDG EAST LANSING, MI 48824	38-6005984	501(C) (3)	12,723.		N/A	N/A	RESEARCH
(11)	MIAMI UNIVERSITY 501 EAST HIGH STREET OXFORD, OH 45056	31-6402089	GOVERNMENT	12,960.		N/A	N/A	RESEARCH
(12)	NORTH CAROLINA STATE UNIVERSITY 4700 HILLSBOROUGH AVENUE RALEIGH, NC 27606	56-6000756	GOVERNMENT	320,792.		N/A	N/A	RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION
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

2012

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. Yes No

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. Part II can be duplicated 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
(1)	OKLAHOMA STATE UNIVERSITY 107 WHITEHURST STILLWATER, OK 74078-1015	73-6017987	GOVERNMENT	11,221.	N/A	N/A		RESEARCH
(2)	OREGON STATE UNIVERSITY P.O. BOX 1086 CORVALLIS, OR 97339-1086	48-1278540	GOVERNMENT	12,960.	N/A	N/A		RESEARCH
(3)	REGENTS OF THE UNIVERSITY OF CALIFORNIA ONE SHIELDS AVENUE DAVIS, CA 95616	94-6036494	GOVERNMENT	12,960.	N/A	N/A		RESEARCH
(4)	REGENTS OF UNIVERSITY OF CALIFORNIA, LA 11000 KINROSS AVE LOS ANGELES, CA 90095	95-6006143	GOVERNMENT	29,923.	N/A	N/A		RESEARCH
(5)	TEXAS AGRILIFE RESEARCH 600 JOHN KIMBROUGH BLVD COLL STAT, TX 77843	74-6000541	GOVERNMENT	12,960.	N/A	N/A		RESEARCH
(6)	THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	243,434.	N/A	N/A		RESEARCH
(7)	TRUSTEES OF PURDUE UNIVERSITY 401 S. GRANT ST WEST LAFAYETTE, IN 47907	35-6002041	GOVERNMENT	19,215.	N/A	N/A		RESEARCH
(8)	UNIVERSITY OF GEORGIA RESEARCH FOUNDATION 475 NORTH LUMPKIN STREET ATHENS, GA 30602	58-1353149	501(C)(3)	227,065.	N/A	N/A		RESEARCH
(9)	UNIVERSITY OF FLORIDA 219 GRINTER HALL GAINESVILLE, FL 32611-5500	59-6002052	GOVERNMENT	127,007.	N/A	N/A		RESEARCH
(10)	UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATIO 2301 S. THIRD STREET LOUISVILLE, KY 40292	61-1029626	501(C)(3)	88,776.	N/A	N/A		RESEARCH
(11)	REGENTS OF THE UNIVERSITY OF MINNESOTA 2221 UNIVERSITY AVE MINNEAPOLIS, MN 55414	41-6007513	GOVERNMENT	268,327.	N/A	N/A		RESEARCH
(12)	UNIVERSITY OF WISCONSIN - MADISON 2015 LINDEN DRIVE MADISON, WI 53706	39-6006492	GOVERNMENT	160,246.	N/A	N/A		RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION
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

2012

**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. Yes No

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. Part II can be duplicated 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
(1)	WESTERN UNIVERSITY OF HEALTH SCIENCES 309 E. SECOND STREET POMONA, CA 91766-1854	95-3127273	501(C)(3)	12,000.	N/A	N/A	N/A	RESEARCH
(2)	NORTH CAROLINA STATE UNIVERSITY 4700 HILLSBOROUGH AVENUE RALEIGH, NC 27606	56-6000756	GOVERNMENT	12,000.	N/A	N/A	N/A	FELLOWSHIP
(3)	OHIO STATE UNIVERSITY 1739 N. HIGH STREET COLUMBUS, OH 43210	31-6025986	GOVERNMENT	12,000.	N/A	N/A	N/A	FELLOWSHIP
(4)	REGENTS OF THE UNIVERSITY OF MINNESOTA 2221 UNIVERSITY AVE MINNEAPOLIS, MN 55414	41-6007513	GOVERNMENT	12,000.	N/A	N/A	N/A	FELLOWSHIP
(5)	THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	12,000.	N/A	N/A	N/A	FELLOWSHIP
(6)	REGENTS OF THE UNIVERSITY OF CALIFORNIA ONE SHIELDS AVENUE DAVIS, CA 95616	94-6036494	GOVERNMENT	12,000.	N/A	N/A	N/A	FELLOWSHIP
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 30.
- 3 Enter total number of other organizations listed in the line 1 table ▶ 30.

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

Schedule I (Form 990) (2012)

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. Part III can be duplicated 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
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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

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. Part III can be duplicated 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
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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 J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
INC.

Compensation Information

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.

AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION

OMB No. 1545-0047

2012

Open to Public Inspection

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 are 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" 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 Regulations 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 Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DR. TERRY T. WARREN CEO/GENERAL COUNSEL	(i) 151,563. (ii) 0 (iii) 0	0 0	2,020. 0	19,758. 0	10,735. 0	184,076. 0	0 0
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

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

Employer identification number
13-3813813

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	1.	6,155.	PROCEEDS FROM RAFFLE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1.	8,686.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		1.	1,500.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2012)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

THIRD PARTY BROKERS

FORM 990, SCHEDULE M, PART I, LINE 32B

THE AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION USES THIRD PARTY

BROKERS TO PROCESS AND SELL DONATED SECURITIES.

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
GIFT CERTIFICATE	X	1.	1,500.	FMV
TOTALS		<u>1.</u>	<u>1,500.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
INC.

Supplemental Information to Form 990 or 990-EZ

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

AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Employer identification number
13-3813813

REVIEW OF FORM 990

FORM 990, PART VI, SECTION B, QUESTION 11B

THE FORM 990 WAS REVIEWED BY TERRY WARREN, CEO/GENERAL COUNSEL, AS WELL AS CINDY VOGELS, TREASURER OF THE BOARD OF DIRECTORS AND CHAIRMAN OF THE FINANCE AND AUDIT COMMITTEE; ALONG WITH THE REST OF THE MEMBERS OF THE FINANCE AND AUDIT COMMITTEE, (ACTING AS DELEGATES OF THE COMPLETE BOARD). THE FORM WAS REVIEWED FOR ACCURACY AND COMPLETENESS. A COPY OF THE FINALIZED RETURN WAS PROVIDED TO THE FULL BOARD PRIOR TO FILING.

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") HUMAN RESOURCES DEPARTMENT. THE DEPARTMENT RESEARCHES INDUSTRY STANDARDS

Name of the organization AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION INC.	Employer identification number 13-3813813
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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.AKCCHF.ORG OR 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").

NEW SIGNIFICANT PROGRAM SERVICES

PART III, LINE 2

TO SUSTAIN FUTURE ADVANCEMENTS IN CANINE AND HUMAN HEALTH, THE AKC CANINE HEALTH FOUNDATION MAKES IT A PRIORITY TO ENCOURAGE AND SUPPORT THE NEXT GENERATION OF CANINE HEALTH RESEARCHERS. CHF UNDERSTANDS THE IMPACT OF THE PRESENT FISCAL RESTRAINTS ON RESEARCH AND DEVELOPMENT. TO HELP DIMINISH THIS IMPACT, THE AKC CANINE HEALTH FOUNDATION

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

Employer identification number
13-3813813

CLINICIAN-SCIENTIST FELLOWSHIP PROGRAM HAS BEEN ESTABLISHED TO SUPPORT
YOUNG SCIENTISTS. THROUGH THESE EFFORTS THE AKC CANINE HEALTH
FOUNDATION'S ONGOING MISSION TO PREVENT, TREAT AND CURE CANINE DISEASE
WILL ENDURE FOR YEARS TO COME.

ATTACHMENT 1

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

THE FOUNDATION IS DEDICATED TO ADVANCING THE HEALTH OF ALL DOGS AND
THEIR OWNERS BY FUNDING SOUND SCIENTIFIC RESEARCH AND SUPPORTING THE
DISSEMINATION OF HEALTH INFORMATION TO PREVENT, TREAT, AND CURE
CANINE DISEASE.

WITHIN THE MISSION, THE AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION
HAS THREE PRIMARY GOALS:

TO FUND CANINE HEALTH RESEARCH PROJECTS TO THE FOUNDATION'S CAPACITY
WHICH ADDRESS THE DIVERSITY OF CANINE HEALTH CONCERNS AND MAY HAVE
COMPARATIVE MEDICINE BENEFITS FOR HUMANS.

TO SELECT AND MONITOR, THROUGH A RIGOROUS PROCESS, RESEARCH PROJECTS
THAT MEET HIGH SCIENTIFIC STANDARDS AND HAVE THE GREATEST POTENTIAL
FOR ADVANCING THE HEALTH OF DOGS.

TO COMMUNICATE TO THE PET-OWNERS, VETERINARIANS AND RESEARCHERS
FUNDED DISCOVERIES THAT HELP PREVENT, TREAT AND CURE CANINE DISEASES.

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

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

FUNDED RESEARCH: 17 OAK RESEARCH GRANTS WERE AWARDED TO 13 RESEARCH INSTITUTIONS AND UNIVERSITIES. THESE GRANTS, TOTALING MORE THAN \$1.7 MILLION IN FUNDING FOR RESEARCHERS STUDYING CANINE HEALTH, WILL PROVIDE BETTER TREATMENTS, MORE ACCURATE DIAGNOSIS, AND A DEEPER UNDERSTANDING OF THE MECHANISMS THAT CAUSE DISEASE IN AREAS SUCH AS ONCOLOGY, CARDIOLOGY, INFECTIOUS DISEASE, AND MUSCULOSKELETAL HEALTH.

THE NEW OAK GRANTS COVER A WIDE RANGE OF HEALTH CONCERNS THAT AFFECT ALL DOGS. FUNDING WAS AWARDED TO STUDY THE SPECIFIC CAUSES OF PERIODONTAL DISEASE, THE MOST COMMON CLINICAL CONDITION OCCURRING IN ADULT DOGS. THIS STUDY WILL AID IN THE DEVELOPMENT OF VACCINES AND IMPROVED TREATMENT METHODS. SIX SEPARATE ONCOLOGY GRANTS WERE APPROVED, TARGETING THE NUMBER ONE DISEASE-KILLER OF DOGS. ADDITIONALLY, FUNDING WAS APPROVED FOR THE STUDY OF THE PREVENTION OF TICK-BORNE DISEASES AND THE TREATMENT OF URINARY INCONTINENCE, TWO COMMON CANINE HEALTH CONCERNS THAT FACE DOG OWNERS

ALSO, \$267,000 WAS AWARDED FOR ACORN GRANTS, WHICH ARE SMALL GRANTS OF \$12,960 OR LESS.

ATTACHMENT 3

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CT,
 FL, GA, HI, IL, IN, KS, KY, ME, MD, MA, MI,
 MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
 RI, SC, TN, UT, VA, WA, WI,