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efile GRAPHIC print - DO NOT PROCESS

A For the 2010 calendar year, or tax year beginning 07-01-2010

C Name of organization

FAYETTEVILLE KENNEL CLUB INC CO MS TERESA VILA

As Filed Data -

Number and street (or P O box, if mail is not delivered to street address) Room/suite

DLN: 93492084002102

D Employer identification number

56-1307666

E Telephone number

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

Name change

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and

certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

and ending 06-30-2011

Open to Public Inspection

_	ıtıal ret		3428 NC HWY 39 N		(010)	406 356	2
_	ermınat					496-356	3
_		d return	City or town, state or country, and ZIP + 4 LOUISBURG, NC 27549		F Group Exempti Number ►	on	
I Ap	oplicatio	on pending					
		ting method NONE	▼ Cash	_	I Check ► ✓	ıf the o	organization is not
J Tax	-Exem	pt status(check	only one)— 501(c)(3) 501(c)(4) ◀(insert no) 4947(a)(1) or		required to at (Form 990, 99	tach So	chedule B
\$5	0,000	A Form 990	inization is not a section 509(a)(3) supporting organization and i -EZ or Form 990 return is not required though Form 990-N (e-pi to file a return, be sure to file a complete return				
L Add more,			line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or d of Form 990-EZ $$	ıf total asset:	s (Part II, line 25, co ► \$	lumn (B) below) are \$500,000 or 78,434
Pa	rt I		e, Expenses, and Changes in Net Assets or Fund B e organization used Schedule O to respond to any question in th		(See the instruc	tions fo	or Part I)
	1	Contribution	s, gifts, grants, and similar amounts received			1	
	2	Program ser	vice revenue including government fees and contracts			2	76,880
	3	Membership	dues and assessments			3	300
	4	Investment	income			4	1,254
	5a	Gross amou	nt from sale of assets other than inventory	5a			
<u>a</u>	ь	Less cost o	rother basis and sales expenses	5b		1	
Revenue	_ c	Gain or (loss	s) from sale of assets other than inventory (Subtract line 5b from	line 5a)		5c	
ő Ö	6	Gaming and	fundraising events				
	a	Gross income fi	rom gamıng (attach Schedule G ıf greater than \$15,000)	6a			
	ь		ne from fundraising events (not including \$ _of contributions from line 1) (attach Schedule G if the sum of such gross income and c		-		
	c	Less direct	expenses from gaming and fundraising events	6c			
	d	Net income	or (loss) from gaming and fundraising events (Add lines 6a and 6	b and sub	tract line 6c)	6d	
	7a	Gross sales	of inventory, less returns and allowances	7a			
	ь	Less cost o	fgoods sold	7b]	
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	O ther reven	ue (describe in Schedule O)			8	
	9	Total revenu	le. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	78,434
	10	Grants and s	similar amounts paid (list in Schedule O)			10	1,650
	11	Benefits paid	d to or for members			11	
	12	Salaries, oth	er compensation, and employee benefits			12	
ů,	13	Professional	fees and other payments to independent contractors			13	800
Expenses	14	Occupancy,	rent, utilities, and maintenance			14	552
	15	Printing, pub	lications, postage, and shipping			15	
_	16	Otherexpen	ses (describe in Schedule O)			16	68,780
	17	Total expens	ses. Add lines 10 through 16			17	71,782
93	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)			18	6,652
NetAssets	19	Net assets o	or fund balances at beginning of year (from line 27, column (A)) (must agree	e with		
ą,		end-of-year	figure reported on prior year's return)			19	168,269
ž	20	O ther chang	es ın net assets or fund balances (explaın ın Schedule O)			20	0
	21	Net assets o	or fund balances at end of year Combine lines 18 through 20		▶	21	174,921

Part II Balance Sheets			Page 2
			৮
Check if the organization used Schedule O to respond to any question in	tnis Part II	•	I*
(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	111,743	22	118,947
23 Land and buildings	55,840	23	55,416
24 Other assets (describe in Schedule O)	686	24	558
25 Total assets	168,269	25	174,921
26 Total liabilities (describe in Schedule O)	0	26	0
27 11	160.260		174.021

(-,			- 1		-
27 Net assets or fund balances (line 27 of	column (B) must agree wit	th line 21) .		168,269	27	174,921
Part III Statement of Program	-		this Part III	. [고	(Re	Expenses quired for section 501
What is the organization's primary exempt THE MISSION OF THE ORGANIZATION BRED DOGS, TO DO ALL IN ITS POWER DOGS AND TO ENCOURAGE SPORTSMA TRIALS, AND TO CONDUCT SANCTION TRIALS AND ANY OTHER AMERICAN KERULES OF THE AMERICAN KENNEL CLU	IS TO FURTHER THE ADV TO PROTECT AND ADVA NLIKE COMPETITION AT ED MATCHES, DOG SHOV NNEL CLUB SANCTIONEI	NCE THE INTER DOG SHOWS A VS, AGILITY TRI	ESTS OF PUI ND OBEDIEI IALS, OBEDI	RE-BRED NCE ENCE	org 494	(3) and 501(c)(4) anizations and section 47(a)(1) trusts, ional for others)
Describe what was achieved in carrying our describe the services provided, the number program title				,		
28 FURTHER THE ADVANCEMENT OF AL OPPORTUNITIES FOR SPORTSMANLIKE TRIALS AND AGILITY TRIALS IN THE SF (Grants \$ 0)	COMPETITION AT SANC	CTIONED DOG S EACH YEAR	SHOWS, OBE		28a	62,934
29 FURTHER THE ADVANCEMENT OF AL ORGANIZATIONS WITH SIMILAR MISSI (Grants \$ 0) If thi					29a	1,650
30				<u>, </u>		
(Grants \$) If thi	s amount includes foreign (grants, check hei	re	► F	30a	
31 O ther program services (describe in Sc (Grants \$) If thi	nedule O) . . . s amount includes foreign o	 grants, check hei	e	·	31a	
32 Total program service expenses (add line	es 28a through 31a) 🔒 .			.▶	32	64,584
Part IV List of Officers, Directors, Tru Check if the organization used	, , ,		•	ed (See the ins	truction •	s for Part IV)
(a) Name and address	(b) Title and average hours per week	(c) Compensa (If not paid	' '	Contributions yee benefit pl		(e) Expense account and

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Ра	rt v	Other Information (Note the statement requirements in the instri	· -			
		Check if the organization used Schedule O to respond to any question in this	Part V		Yes	No
33		e organization engage in any activity not previously reported to the IRS? If "Yo otion of each activity in Schedule O		33	res	No
34	Were a	ny significant changes made to the organizing or governing documents? If "Yeamended documents if they reflect a change to the organization's name. Other alle O (see instructions)	es," attach a conformed copy wise, explain the change on	34		No
35	others	organization had income from business activities, such as those reported on li), but not reported on Form 990-T, explain in Schedule O why the organization 90-T	n did not report the income on			
а		e organization have unrelated business gross income of \$1,000 or more or was or 501(c)(6) organization subject to section 6033(e) notice, reporting, and pi		35a		No
b	If"Yes	," has it filed a tax return on Form 990-T for this year? (see instructions)		35b		
36		e organization undergo a liquidation, dissolution, termination, or significant dis ar? If "Yes," complete applicable parts of Schedule N	•	36		No
37a	Enter an	nount of political expenditures, direct or indirect, as described in the instructions 🕨	37a 0			
b	Did the	e organization file Form 1120-POL for this year?		37b		
38a	Did the	e organization borrow from, or make any loans to, any officer, director, trustee,	or key employee or were			
	any su	ch loans made in a prior year and still outstanding at the end of the tax year c	overed by this return?	38a		No
b	If "Yes	," complete Schedule L, Part II and enter the total amount involved .	38b			
39	Section	501(c)(7) organizations. Enter				
а	Initiati	on fees and capital contributions included on line 9	39a			
b	Gross	receipts, included on line 9, for public use of club facilities	39b			
40a	Section	501(c)(3) organizations . Enter amount of tax imposed on the organization during	ng the year under			
	section 4	4911 🟲, section 4912 🟲, section 4955 🖡	•			
	transa reporte	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any sect ction during the year or did it engage in an excess benefit transaction in a prior ed on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pa	or year that has not been art I	40b		No
	dısqua	lified persons during the year under sections 4912, 4955, and 4958	▶ 0			
	organiz	n 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c rein zation	• 0			
	transa	anizations. At any time during the tax year, was the organization a party to a pr ction? If "Yes," complete Form 8886-T -		40e		No
41		states with which a copy of this return is filed MC				
42a	The o	rganization's books are in care of ▶ <u>TERESA VILA</u> 3428 NC HWY 39 N	Telephone no	<u>(91</u>	.9)496	-3563
	Locate	ed at LOUISBURG, NC	ZIP + 4	<u>2</u>	7549	
ь	Atanv	time during the calendar year, did the organization have an interest in or a sig	inature or other authority			Τ
	overa	financial account in a foreign country (such as a bank account, securities acc		421	Yes	No
	accour	•		42b		No
	See th	," enter the name of the foreign country <u></u> e instructions for exceptions and filing requirements for Form TD F 90-22.1, Re ial Accounts.				
c		time during the calendar year, did the organization maintain an office outside	of the US?	42c		No
	If "Yes	," enter the name of the foreign country				
43	Section	a 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1 er the amount of tax-exempt interest received or accrued during the tax year	041 —Check here			▶ Γ
44a	Did the	e organization maintain any donor advised funds? <i>If "Yes", Form 990 must be co</i>	ompleted instead of		Yes	No
	Form 9	90-EZ.		44a		Νο
b		e organization operate one or more hospital facilities during the year? <i>If 'Yes,' i</i> I of Form990-EZ	Form 990 must be completed	44b		No
c	Did the	e organization receive any payments for indoor tanning services during the year	ar?			
d	If'Yes ın Sche	' to line 44c, has the organization filed a Form 720 to report these payments?	If 'No,' provide an explanation	44c		No

orm 990-	EZ (2010)					1		Page
							Yes	No
	ny related organization a controlle Yerm 990 and Schedule R must be		_	fsection 51	2(b)(13)? <i>If</i>	45		No
	he organization receive any payn ning of section 512(b)(13)? <i>If 'Ye</i>		•		•	45a		No
	he organization engage, directly of ideas of the organization engage, directly of ideas of the organization of the organizatio			oehalf of or 11	n opposition to	46		No
Part VI	Section 501(c)(3) orga	nizations and sect	ion 4947(a)(1) nor	nexempt o	haritable tri		nly.	
	All section 501(c)(3) orgar 47-49b and 52.	nizations and section	4947(a)(1) nonexem	pt charitab	le trusts must	answ	er que	stions
	Check if the organization used	l Schedule O to respond	to any question in this F	Part VI .			•	.Г
							Yes	No
7 Did t	he organization engage in lobbyir	ng activities? If "Yes," o	omplete Schedule C, Pa	rt II		47		
8 Isth	e organization a school described	d ın section 170(b)(1)(A	(II)? If "Yes," complete s	Schedule E		48		
9a Did t	he organization make any transfe	ers to an exempt non-ch	arıtable related organıza	tion?		49a		
b If "Y	es," was the related organization	a section 527 organiza	tion?			49b		
	plete this table for the organization							
	oyees) who each received more t	(b) Title and average			tributions to		e) Expe	nse
	and address of each employee and more than \$100,000	hours per week devoted to position	(c) Compensation	employee	benefit plans & compensation	a	count a	and
		devoted to position		deterred	compensation	Othe	Tanowe	inces
50(f) Tot	ral number of other ampleyees no	ud over \$100,000						
:0(f) Tot	al number of other employees pa	ıd over \$100,000 .				•		
1 Com	plete this table for the organization	on's five highest compe	•	ractors who	■ each received m	nore th	an \$10	0,000
1 Compofice		on's five highest compe n Ifthere is none, enter	"None"		each received m		an \$10 ompen	
1 Compofice	plete this table for the organization mpensation from the organization	on's five highest compe n Ifthere is none, enter	"None"					
1 Compofice	plete this table for the organization mpensation from the organization	on's five highest compe n Ifthere is none, enter	"None"					
1 Compofice	plete this table for the organization mpensation from the organization	on's five highest compe n Ifthere is none, enter	"None"					
1 Compofice	plete this table for the organization mpensation from the organization	on's five highest compe n Ifthere is none, enter	"None"					
1 Compofice	plete this table for the organization mpensation from the organization	on's five highest compe n Ifthere is none, enter	"None"					
1 Compofice	plete this table for the organization mpensation from the organization	on's five highest compe n Ifthere is none, enter	"None"					
1 Compofice	plete this table for the organization mpensation from the organization	on's five highest compe n Ifthere is none, enter	"None"					
of composition (a) N	plete this table for the organization mpensation from the organization ame and address of each indeper	on's five highest compe n If there is none, enter ndent contractor paid m	"None " ore than \$100,000					
1 Composition (a) N	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete Sche	on's five highest compent of there is none, enterndent contractor paid mondent contractor paid montractors each received dule A? NOTE: All Sections	"None " ore than \$100,000 ng over \$100,000 .	(b) Тур	e of service	(c) C	ompen	sation
1 Composition of composition (a) N	plete this table for the organization mpensation from the organization ame and address of each independent cal number of other independent c	on's five highest compent of there is none, enterndent contractor paid mondent contractor paid montractors each received dule A? NOTE: All Sections	"None " ore than \$100,000 ng over \$100,000 .	(b) Тур	e of service	(c) C	ompen	sation
1 Composition of composition (a) N 1(d) Tot 2 Did mu inder penalowledge a	plete this table for the organization mpensation from the organization ame and address of each independent and number of other independent of the organization complete Scheust attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and co	on's five highest compendent of there is none, enterndent contractor paid months of the contractors each received a contractor each received a	"None " ore than \$100,000 ng over \$100,000 on 501(c)(3) organization	(b) Typ	e of service	npt cha	ompen	trusts
1 Composition of composition (a) N 1(d) Tot 2 Did mu inder penalowledge a	plete this table for the organization mpensation from the organization ame and address of each independent and number of other independent of the organization complete Scheust attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and co	on's five highest compendent of there is none, enterndent contractor paid months of the contractors each received a contractor each received a	"None " ore than \$100,000 ng over \$100,000 on 501(c)(3) organization	(b) Typ	e of service	npt cha	ompen	trusts
1 Composition of composition (a) N 1(d) Toto must be derived a constant of composition (b) Toto must be designed as a constant of constan	plete this table for the organization mpensation from the organization ame and address of each independent and the organization complete Scheust attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and complete to the organization complete Schedule lities of perjury, I declare that I have and belief, it is true, correct, and complete that I have and belief, it is true, correct, and complete that I have and belief, it is true, correct, and complete that I have and belief, it is true, correct, and complete that I have and belief, it is true, correct, and complete that I have and belief.	on's five highest compendent of there is none, enterndent contractor paid months of the contractors each received a contractor each received a	"None " ore than \$100,000 ng over \$100,000 on 501(c)(3) organization	(b) Typ	e of service	npt cha	ompen	trusts
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of composition of composition (a) N is 1(d) Total composition of composition (b) Total composition (c) Total	plete this table for the organization mpensation from the organization ame and address of each independent and address of each independent of the organization complete. Scheust attach a completed Schedule. Ities of perjury, I declare that I have and belief, it is true, correct, and complete is the correct of the correct	on's five highest compendent on If there is none, enterndent contractor paid months of the contractors each received and the contractors each received and the contractors of properties. Declaration of properties of the contractors of the cont	"None " ore than \$100,000 Ing over \$100,000 Ing o	(b) Typ	e of service	npt cha	ompen ritable /es st of my prepare	trusts No r has a
of composition of composition (a) Notes that the composition of composition (b) Total composition of compositio	plete this table for the organization mpensation from the organization ame and address of each independent and the organization complete. Scheust attach a completed Schedule. Ities of perjury, I declare that I have and belief, it is true, correct, and contains the series of officer. ****** Signature of officer TERESA VILA TREASURER	on's five highest compendent on If there is none, enterndent contractor paid montractors each received a	"None " ore than \$100,000 Ing over \$100,000 Ing o	(b) Typ ons and 494 cons and sis based on a	7 (a)(1) nonexentatements, and to all information of	npt cha	ompen ritable /es st of my prepare	trusts No r has ar
51 Composition of co (a) N 51(d) Toto 52 Dico mu nowledge anowledge. sign lere aid reparer's	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete. Schellst attach a completed Schedule. Ities of perjury, I declare that I have and belief, it is true, correct, and complete is the correct of the organization complete. Teresa vila true, correct, and complete is true, correct organization. Teresa vila Treasure of officer. Teresa vila Treasure of title. Preparer's signature of DAVID G JOHNSTON CP. Firm's name (or yours WILLIAMS O	on's five highest compendent on If there is none, enterndent contractor paid montractors each received a	"None " ore than \$100,000 Ing over \$100,000 Ing o	(b) Typ ons and 494 cons and sis based on a	e of service 7 (a)(1) nonexen tatements, and to all information of	npt cha	ompen ritable /es st of my prepare	trusts No r has ar
51 Composition of composition (a) N 51(d) Total formulation of the composition of the co	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete. Schedule attach a completed Schedule and belief, it is true, correct, and complete is the organization complete of the organization complete of the organization complete. The organization complete of the organization complete organization complet	on's five highest compendent on If there is none, enterndent contractor paid montractors each received dule A? NOTE: All Section A	"None " ore than \$100,000 Ing over \$100,000 Ing o	(b) Typ ons and 494 cons and sis based on a	e of service 7 (a)(1) nonexen tatements, and to all information of one of the control of the c	npt cha the be which	ompen ritable fes st of my prepare	trusts No r has ar

Software ID: Software Version:

EIN: 56-1307666

Name: FAYETTEVILLE KENNEL CLUB INC CO MS TERESA VILA

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
WILLIAM STROUD 3428 NC HWY 39 N LOUISBURG,NC 27549	PRESIDENT 3 00	0	0	0
YVONNE KOWALCZYK 3428 NC HWY 39 N LOUISBURG,NC 27549	VICE PRESIDENT 3 00	0	0	0
PAT STROUD 3428 NC HWY 39 N LOUISBURG,NC 27549	RECORDING SECRETARY 3 00	0	0	0
ARLENE HARRIS 3428 NC HWY 39 N LOUISBURG, NC 27549	CORRESPONDING SECRETARY 3 00	0	0	0
TERESA VILA 3428 NC HWY 39 N LOUISBURG,NC 27549	TREASURER 5 00	0	0	0
GEORGE GUPA 3428 NC HWY 39 N LOUISBURG,NC 27549	BOARD MEMBER 2 00	0	0	0
CATHY RUBENS 3428 NC HWY 39 N LOUISBURG,NC 27549	BOARD MEMBER 2 00	0	0	0
AMANDA RICHARDSON 3428 NC HWY 39 N LOUISBURG,NC 27549	BOARD MEMBER 2 00	0	0	0
ROBERT RICHARDSON 3428 NC HWY 39 N LOUISBURG,NC 27549	BOARD MEMBER 2 00	0	0	0

efile GRAPHIC print - DO NOT PROCESS

FAYETTEVILLE KENNEL CLUB INC CO MS TERESA VILA

As Filed Data -

DLN: 93492084002102

Employer identification number

56-1307666

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Identifier Return Reference **Explanation** OTHER INVESTMENT INCOME INTEREST INCOME 1,254 FORM 990-EZ, PART I, LINE 4

ldentifier	Return Reference	Explanation
OCCUPANCY, RENT, UTILITIES AND MAINTENENCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 552

ldentifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990- EZ, PART I, LINE 16	DESCRIPTION OFFICE EXPENSES AMOUNT 379 DESCRIPTION CLUB DINER AMOUNT 578 DESCRIPTION INSURANCE AMOUNT 602 DESCRIPTION FALL AGILITY SHOW AMOUNT 26,723 DESCRIPTION DUES AND SUBSCRIPTIONS AMOUNT 255 DESCRIPTION SPRING SHOW AMOUNT 18,326 DESCRIPTION GROUNDS MAINTENANCE AMOUNT 1,050 DESCRIPTION AKC DELEGATE AMOUNT 1,097 DESCRIPTION REPAIRS AND MAINTENANCE AMOUNT 16,260 DESCRIPTION PROPERTY TAXES AMOUNT 1,529 DESCRIPTION MISCELLANEOUS AMOUNT 707 DESCRIPTION ADVERTISING AMOUNT 956 DESCRIPTION UTILITIES AMOUNT 318 TOTAL TO FORM 990-EZ, LINE 16 68,780

ldentifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 366 END OF YEAR AMOUNT 366 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 320 END OF YEAR AMOUNT 192

TY 2010 Transfers Personal Benefits Contracts Declaration

Name: FAYETTEVILLE KENNEL CLUB INC CO MS TERESA VILA

EIN: 56-1307666

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY

FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY,

ON A PERSONAL BENEFIT CONTRACT.