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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**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. 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

OMB No 1545-1150

**2011**Open to Public  
Inspection**A For the 2011 calendar year, or tax year beginning****and ending****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**RALEIGH KENNEL CLUB, INC**

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

**5001 LENORAWAY DR**

City or town, state or country, and ZIP + 4

**RALEIGH, NC 27613****D** Employer identification number**56-1190876****E** Telephone number**919-781-4955****F** Group ExemptionNumber **▶****G** Accounting Method:☒ Cash☐ AccrualOther (specify) **▶****I** Website **▶** **N/A****J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) ( **4** ) (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **▶** \$ **156,384.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

	1	Contributions, gifts, grants, and similar amounts received	1	10,000.
	2	Program service revenue including government fees and contracts	2	139,430.
	3	Membership dues and assessments	3	90.
	4	Investment income	4	6,864.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	6c	Less direct expenses from gaming and fundraising events	6c	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	<b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 <b>▶</b>	9	156,384.
	10	Grants and similar amounts paid (list in Schedule O)	10	17,314.
<b>Expenses</b>	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	725.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	127,352.
	17	<b>Total expenses</b> Add lines 10 through 16 <b>▶</b>	17	145,391.
<b>Net Assets</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,993.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	359,280.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 <b>▶</b>	21	370,273.

**LHA For Paperwork Reduction Act Notice, see the separate instructions**Form **990-EZ** (2011)

Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	359,280.	22	370,273.
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	0.	24	
25	<b>Total assets</b>	359,280.	25	370,273.
26	<b>Total liabilities</b> (describe in Schedule O)	0.	26	0.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	359,280.	27	370,273.

Check if the organization used Schedule O to respond to any question in this Part III ☒

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

<b>Expenses</b>
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

28	SEE SCHEDULE O		
	(Grants \$ 17,314. ) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a 136,653.
29			
	(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a
30			
	(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)		
	(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	<input type="checkbox"/>	32 136,653.

Check if the organization used Schedule O to respond to any question in this Part IV

[illegible]

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V ☒

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<input checked="" type="checkbox"/>
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
<b>35b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
<b>35c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float: right;">0.</span>		
<b>37b</b> Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
<b>38b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9	N/A	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	N/A	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 <span style="float: right;">N/A</span> ; section 4912 <span style="float: right;">N/A</span> ; section 4955 <span style="float: right;">N/A</span>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;">0.</span>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float: right;">0.</span>		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed. <span style="float: right;">NONE</span>		
<b>42a</b> The organization's books are in care of <span style="float: right;">BILL PFEIFFER</span> Telephone no. <span style="float: right;">919-781-4955</span>		
Located at <span style="float: right;">5001 LENORAWAY DR, RALEIGH, NC</span> ZIP + 4 <span style="float: right;">27613</span>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: <span style="float: right;">See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</span>		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.?		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: <span style="float: right;">Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here</span>		
<b>43</b> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float: right;">43 N/A</span>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
<b>45b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

46 Yes No X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

47 Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48 Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a Yes No

b If "Yes," was the related organization a section 527 organization?

49b Yes No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

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

WILLIAM G. PFEIFER, TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

DAVID BOYCE

T. S. Boyce

3/23/2012

P01368646

Firm's name ▶ KOONCE, WOOTEN &amp; HAYWOOD, LLP

Firm's EIN ▶ 56-0517823

Firm's address ▶ P. O. BOX 17806

Phone no. 919-782-9265

RALEIGH, NC 27619-7806

May the IRS discuss this return with the preparer shown above? See instructions

Yes No X

Form 990-EZ (2011)

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

RALEIGH KENNEL CLUB, INC

Employer identification number

56-1190876

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST

6,864.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: SCHOLARSHIPS

GRANTEE NAME: NORTH CAROLINA AGRICULTURE FOUNDATION

GRANTEE ADDRESS: 1001 MAIL SERVICE CENTER RALEIGH, NC 27601

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN:

1,000.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: TAKE THE LEAD

GRANTEE ADDRESS: P.O. BOX 6353 WATERTOWN, NY 13601

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN:

2,850.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: RALEIGH POLICE DEPARTMENT

GRANTEE ADDRESS: 6716 SIX FORKS ROAD RALEIGH, NC 27615

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN:

2,000.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: NC STATE COLLEGE OF VETERINARY MEDICINE

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

Schedule O (Form 990 or 990-EZ) (2011)

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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Employer identification number

56-1190876

GRANTEE ADDRESS: 1060 WILLIAM MOORE DRIVE RALEIGH, NC 27607

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 6,500.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: NORTH CAROLINA FEDERATION OF DOG CLUBS

GRANTEE ADDRESS: 6000 HIGH BLUFF COURT RALEIGH, NC 27612

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 3,000.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: NC STATE ANIMAL RESPONSE TEAM

GRANTEE ADDRESS: P.O. BOX 33038 RALEIGH, NC 33038

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 500.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: WAKE COUNTY K-9 TEAM

GRANTEE ADDRESS: 330 SOUTH SALISBURY ST RALEIGH, NC 27602

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 1,464.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 17,314.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

SHOW EXPENSES 87,991.

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

Schedule O (Form 990 or 990-EZ) (2011)

132211  
01-23-12

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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.

OMB No. 1545-0047

**2011**

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Employer identification number

56-1190876

SHOW EXPENSES- JUDGES 18,281.

SHOW EXPENSES- RENT 19,128.

OBEDIENCE CLASS EXPENSE 222.

INSURANCE 1,730.

TOTAL TO FORM 990-EZ, LINE 16 127,352.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - MEMBERS SPONSOR SHOWS THAT  
AWARD ANIMALS FOR SUPERIOR BREEDING, OBEDIENCE, ETC. CLUB CONTRIBUTES  
TO THE THE NC VETERINARY MEDICAL FOUNDATION, INC. TO SUPPORT ITS  
RESEARCH PROGRAMS.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:  
CLUB CONTRIBUTES TO NC VETERINARY MEDICAL FOUNDATION FOR  
SCHOLARSHIPS/RESEARCH AND TO VARIOUS NON-PROFIT  
ORGANIZATIONS PROMOTING ANIMAL WELFARE. PROGRAM SERVICE  
EXPENSES RELATE TO SHOWS THAT AWARD ANIMALS FOR SUPERIOR BREEDING,  
OBEDIENCE, ETC.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:  
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.