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Form **990-EZ**

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*

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 , and ending 06-30-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
AIREDALE TERRIER CLUB OF AMERICA

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
1921 W 11TH ST

City or town, state or country, and ZIP + 4
IRVING, TX 75060

D Employer identification number
51-0197335

E Telephone number
(972) 986-6651

F Group Exemption Number ▶

G Accounting method ☑ Cash ☐ Accrual Other (specify) ▶ _____

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ WWW AIREDALE ORG

J Tax-Exempt status (check only one) — ☐ 501(c)(3) ☑ 501(c)(4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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 ▶ $ 62,573

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 . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	5,794
	2	Program service revenue including government fees and contracts		2	19,960
	3	Membership dues and assessments		3	16,267
	4	Investment income		4	20
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	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 20,532		
	c	Less direct expenses from gaming and fundraising events	6c 13,117		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)		6d	7,415
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	49,456
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	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	825
	14	Occupancy, rent, utilities, and maintenance		14	2,545
	15	Printing, publications, postage, and shipping		15	36,818
	16	Other expenses (describe in Schedule O)		16	24,934
	17	**Total expenses.** Add lines 10 through 16		17	65,122
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-15,666
	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	95,881
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	80,215

Part II Balance Sheets

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

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	95,881	22	80,215
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 **Total assets**	95,881	25	80,215
26 **Total liabilities** (describe in Schedule O)		26	
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	95,881	27	80,215

Part III Statement of Program Service Accomplishments

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

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

What is the organization's primary exempt purpose?

TO ENCOURAGE AND PROMOTE QUALITY IN THE BREEDING OF PURE-BRED AIREDALE TERRIERS AND TO DO ALL POSSIBLE TO BRING THEIR NATURAL QUALITIES TO PERFECTION TO URGE MEMBERS AND BREEDERS TO ACCEPT THE STANDARD OF THE BREED AS APPROVED BY THE AMERICAN KENNEL CLUB AS THE ONLY STANDARD OF EXCELLENCE BY WHICH THE BREED SHALL BE JUDGED TO EDUCATE JUDGES ABOUT THE STANDARD OF THE BREED AS APPROVED BY THE AMERICAN KENNEL CLUB TO DO ALL IN ITS POWER TO PROTECT AND ADVANCE THE INTERESTS OF THE BREED AND TO ENCOURAGE SPORTSMANLIKE COMPETITION AT DOG SHOWS, OBEDIENCE AND AGILITY TRIALS, FIELD AND HUNTING EVENTS, AND OTHER TYPES OF PERFORMANCE COMPETITIONS, AND TO SUPPORT RESCUE/ADOPTION ACTIVITIES

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

28 EDUCATE AND PROMOTE QUALITY IN THE BREEDING OF PURE-BRED AIREDALE TERRIERS (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐		**28a**	
29 TO ENCOURAGE AND PROMOTE QUALITY IN THE BREEDING OF PURE-BRED AIREDALE (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐		**29a**	61,743
30 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐		**30a**	
31 Other program services (describe in Schedule O) . . . . . (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐		**31a**	
32 Total program service expenses (add lines 28a through 31a) . . . . . ▶		**32**	61,743

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

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

(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				

Part V **Other Information** (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V . . . . ☐

			Yes	No
33	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	33		No
34	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)	34		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
a	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)?	35a		No
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	35b		
c	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 . .	35c		No
36	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	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		No
38a	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?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	*Section 501(c)(7) organizations.* Enter			
a	Initiation 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 the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
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	40b		No
c	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 . . ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____			
e	*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	40e		No

41 List the states with which a copy of this return is filed ▶ _____

42a The organization's books are in care of ▶ PAMELA MACOMBER Telephone no ▶ (972) 986-6651

Located at ▶ 1921 W 11TH ST IRVING, TX ZIP + 4 ▶ 75060

			Yes	No
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)?	42b		No
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶ _____			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here . . . . . ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43

			Yes	No
44a	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44a		No
b	Did the organization operate one or more hospital facilities during the year? *If 'Yes,' Form 990 must be completed instead of Form990-EZ*	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	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 Form990-EZ (see instructions)	45b		

		Yes	No
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		No

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.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		
48 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

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) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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 "

(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	2012-09-14 Date
	PAMEL COOK TREASURER Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ▶ DEBRA L LONG	Date 2012-09-25	Check if self-employed ▶ ☑	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DL LONG CERTIFIED PUBLIC ACCOUNTANT PO BOX 140668 IRVING, TX 750140668			EIN ▶ Phone no ▶ (972) 717-6696

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☑ Yes ☐ No

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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

2011

Open to Public Inspection

Name of the organization
AIREDALE TERRIER CLUB OF AMERICA

Employer identification number
51-0197335

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail 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 Form 990-EZ filers are not required to complete this table

(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**			
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds 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 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 SHOWS AND EVENT (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	20,532			20,532
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	20,532			20,532
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages	5,636			5,636
	8 Entertainment				
	9 Other direct expenses	7,481			7,481
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(13,117)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				7,415

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash 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 lines 1 and 7 in column (d) ▶				

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 _____

10a 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 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a 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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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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 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
AIREDALE TERRIER CLUB OF AMERICA

Employer identification number
51-0197335

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	PROGRAM SERVICES 2 TRAVEL 800 CART INVOICES 1,397 PEDIGREE & SHOWCASE PROGR 2,456 WEBSIT MAINTENANCE 5,256 MISC EXPENSE 110 AKC FEES 99 AKC DUES 25 JUDGES FEES 770 OFFICE EXPENSE 976 TROPHY EXPNESE 1,621 BANK SERVICE CHARGES 309 INSURANCE 2,067 MEMBER REFUNDS 603 ADVERTISING 2,430 DISASTER RELIEF GRANT 3,607 DONATIONS 2,406 TOTAL 24,934
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	TO ENCOURAGE AND PROMOTE QUALITY IN THE BREEDING OF PURE-BRED AIREDALE TERRIERS AND TO DO ALL POSSIBLE TO BRING THEIR NATURAL QUALITIES TO PERFECTION TO URGE MEMBERS AND BREEDERS TO ACCEPT THE STANDARD OF THE BREED AS APPROVED BY THE AMERICAN KENNEL CLUB AS THE ONLY STANDARD OF EXCELLENCE BY WHICH THE BREED SHALL BE JUDGED TO EDUCATE JUDGES ABOUT THE STANDARD OF THE BREED AS APPROVED BY THE AMERICAN KENNEL CLUB TO DO ALL IN ITS POWER TO PROTECT AND ADVANCE THE INTERESTS OF THE BREED AND TO ENCOURAGE SPORTSMANLIKE COMPETITION AT DOG SHOWS, OBEDIENCE AND AGILITY TRIALS, FIELD AND HUNTING EVENTS, AND OTHER TYPES OF PERFORMANCE COMPETITIONS, AND TO SUPPORT RESCUE/ADOPTION ACTIVITIES
ALL OTHER ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 31	TO ENCOURAGE AND PROMOTE QUALITY IN THE BREEDING OF PURE-BRED AIREDALE

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TY 2011 Compensation Explanation

Name: AIREDALE TERRIER CLUB OF AMERICA

EIN: 51-0197335

Person Name	Explanation
LINDA BAAKE JARVIS	
SCOTT BOEVING	
APRIL CLYDE	
PHILIP WEINBERGER	
SHIRLEY VANOVER	
SUE OURY	
PAMELA MACOMBER	
ANNE BARLOW	
ALETTA MOORE	
PATRICIA GREGG	
ELIZABETH JOSEPH	
ROBERT LUCAS	
SUSAN RODGERS	
MARTHA GRAHAM	
VIRGINIA M LATHAM SMITH	
SUSAN METCALF	
BONNIE PETERSON	
MYRNA WHATMOUGH	
SCOTT BRYAN	
BARBARA BROWN	
RHONDA DAVIS	
STEPHEN LEHRER	
JOHN TURBA	

Additional Data

Software ID:
Software Version:
EIN: 51-0197335
Name: AIREDALE TERRIER CLUB OF AMERICA

Form 990-EZ, Special Condition Description:

Special Condition Description

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
LINDA BAAKE JARVIS 4636 OLD CHERRY POINT RD 4636 OLD CHERRY POINT RD NEW BERN,NC 28560	PRESIDENT 000 00	0		
SCOTT BOEVING 2211 CAMDEN RD 2211 CAMDEN RD WINGATE,NC 28174	VICE PRESIDE 000 00	0		
APRIL CLYDE 403 WALNUT COURT 403 WALNUT COURT DAGSBORO,DE 19939	VICE PRESIDE 000 00	0		
PHILIP WEINBERGER 511 WASHINGTON RD 511 WASHINGTON RD WAYNESBURG,PA 15370	VICE PRESIDE 000 00	0		
SHIRLEY VANOVER 1897 S TULANE RD 1897 S TULANE RD HERNANDO,MS 38632	SECRETARY 000 00	0		
SUE OURY 2005 BYSDALE LN 2005 BYSDALE LN APEX,NC 27523	ASSISTANT SE 000 00	0		
PAMELA MACOMBER 1921 W 11TH STREET 1921 W 11TH STREET IRVING,TX 75060	TREASURER 000 00	0		
ANNE BARLOW 5927 VANDERBILT AVE 5927 VANDERBILT AVE DALLAS,TX 75206	CLASS OF 201 000 00	0		
ALETTA MOORE 14181 JONATHAN CARVER PKWY 14181 JONATHAN CARVER PKWY CARVER,MN 553159638	AKC DELEGATE 000 00	0		
PATRICIA GREGG 9912 FOX BOROUGH DR 9912 FOX BOROUGH DR OAKDALE,CA 95361	CLASS OF 201 000 00	0		
ELIZABETH JOSEPH 947 RIVERSIDE RIDGE RD 947 RIVERSIDE RIDGE RD TARPON SPRINGS,FL 34688	CLASS OF 201 000 00	0		
ROBERT LUCAS 12412 N 67TH ST 12412 N 67TH ST SCOTTSDALE,AZ 85254	CLASS OF 201 000 00	0		
SUSAN RODGERS PO BOX 461 PO BOX 461 MONSON,MA 01057	CLASS OF 201 000 00	0		
MARTHA GRAHAM 16870 S INNER LN 16870 S INNER LN SPIRIT LAKE,IA 51360	BOD CLASS 20 000 00	0		
VIRGINIA M LATHAM SMITH 5051 E COLLIER ROAD 5051 E COLLIER ROAD ACAMPO,CA 95220	ASSISTANT TR 000 00	0		

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
SUSAN METCALF 10 BLUE STONE LANE 10 BLUE STONE LANE YORK,ME 03909	BOD CLASS 20 000 00	0		
BONNIE PETERSON 82 VT ROUTE 12 82 VT ROUTE 12 MIDDLESEX CENTER,VT 05602	BOD CLASS 20 000 00	0		
MYRNA WHATMOUGH 6171 GULF OF MEXICO DR 6171 GULF OF MEXICO DR LONGBOAT KEY,FL 34228	BOD CLASS 20 000 00	0		
SCOTT BRYAN 9641 INWOOD RD 9641 INWOOD RD DALLAS,TX 75220	BOD CLASS 20 000 00	0		
BARBARA BROWN 446 HIGHCREST DR 446 HIGHCREST DR WILMETTE,IL 60091	BOD CLASS 20 000 00	0		
RHONDA DAVIS 120 SOUTHCLIFF DR 120 SOUTHCLIFF DR FINDLAY,OH 45840	BOD CLASS 20 000 00	0		
STEPHEN LEHRER 9906 HOTVEDT RD 9906 HOTVEDT RD AMHERST JUNCTION,WI 54407	BOD CLASS 20 000 00	0		
JOHN TURBA 60026 SHERWOOD COVE 60026 SHERWOOD COVE SMITHVILLE,MS 38870	BOD CLASS 20 000 00	0		