



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

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

A For the 2012 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 Exemption

Number

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

G Accounting Method: ☒ Cash ☐ Accrual Other (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

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

\$ 147,781.

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	5,415.
2	Program service revenue including government fees and contracts	2	136,782.
3	Membership dues and assessments	3	100.
4	Investment income	4	5,484.
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		
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	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	147,781.
10	Grants and similar amounts paid (list in Schedule O)	10	12,625.
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	912.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	119,756.
17	Total expenses. Add lines 10 through 16	17	133,293.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14,488.
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	370,273.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	384,761.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

Part II Balance Sheets (see the instructions for Part II)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	370,273.	22	384,761.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	370,273.	25	384,761.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	370,273.	27	384,761.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)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? **SEE SCHEDULE O**

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 **SEE SCHEDULE O**(Grants \$ 12,625.) If this amount includes foreign grants, check here ☐ 28a 139,706.

29 _____

(Grants \$ _____) If this amount includes foreign grants, check here ☐ 29a

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) ☐ 32 139,706.**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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DAVID RAPER				
VICE PRESIDENT	2.00	0.	0.	0.
DENNIS MCCOY				
SHOW CHAIRPERSON	2.00	0.	0.	0.
FLORENCE TAYLOR				
SECRETARY	2.00	0.	0.	0.
BILL PFEIFFER				
TREASURER	10.00	0.	0.	0.
PATRICIA TWITTY				
BOARD MEMBER	2.00	0.	0.	0.
PAT BABUIN				
PRESIDENT	2.00	0.	0.	0.

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
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		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
35a 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 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	
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
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"/>
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 ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
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		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶ NONE		
42a The organization's books are in care of ▶ BILL PFEIFFER Telephone no. ▶ 919-781-4955 Located at ▶ 5001 LENORAWAY DR, RALEIGH, NC ZIP + 4 ▶ 27613		
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)? 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		<input checked="" type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶		<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44a 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 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"/>
c Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
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		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
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 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

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

	Yes	No
47		
48		
49a		
49b		

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

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

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

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 title of each employee paid more than \$100,000	(b) 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

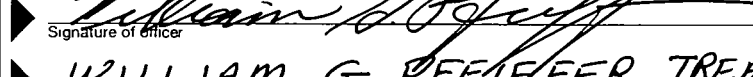
d Total number of other independent contractors each receiving over \$100,000


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

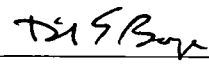
charitable trusts must attach a completed Schedule A

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  Date 5/15/13

 WILLIAM G. PFEIFFER, TREASURER

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DAVID BOYCE		5/15/13		P01368646
	Firm's name ▶ KOONCE, WOOTEN & HAYWOOD, LLP	Firm's EIN ▶ 56-0517823			
	Firm's address ▶ P. O. BOX 17806 RALEIGH, NC 27619-7806	Phone no. 919-782-9265			

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

Yes ☒ No ☐

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

2012

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

5,484.

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: RALEIGH POLICE DEPARTMENT

GRANTEE ADDRESS: 6716 SIX FORKS ROAD RALEIGH, NC 27615

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN:

3,000.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: WAKE COUNTY K-9 TEAM

GRANTEE ADDRESS: 330 SOUTH SALISBURY ST RALEIGH, NC 27602

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN:

6,500.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: LUCY MACKENZIE FOUNDATION

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

Schedule O (Form 990 or 990-EZ) (2012)

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

2012

Open to Public
Inspection

Name of the organization

RALEIGH KENNEL CLUB, INC

Employer identification number
56-1190876

GRANTEE ADDRESS: PO BOX 702 BROWNSVILLE, VT 05037

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 75.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: SE GERMAN SHEPHERD RESCUE

GRANTEE ADDRESS: PO BOX 471 FUQUAY VARINA, NC 27526

AMOUNT GIVEN: 200.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: NC CERT

GRANTEE ADDRESS: 400 EVANS LANE WENDELL, NC 27591

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 1,000.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: HUMANE SOCIETY LEGISTATIVE FUND

GRANTEE ADDRESS: 2100 L STREET, NW, SUITE 310 WASHINGTON, DC 20037

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 150.

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: CANINE COMPANIONS FOR INDEPENDENCE

GRANTEE ADDRESS: PO BOX 446 SANTA ROSA, CA 95402

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 200.

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

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

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

2012

Open to Public
Inspection

Name of the organization

RALEIGH KENNEL CLUB, INC

Employer identification number
56-1190876

ACTIVITY CLASSIFICATION: DONATIONS

GRANTEE NAME: AKC HUMANE FUND

GRANTEE ADDRESS: 260 MADISON AVENUE NEW YORK, NY 10016-2401

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 500.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 12,625.

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

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

SHOW EXPENSES 70,483.

SHOW EXPENSES- JUDGES 18,136.

SHOW EXPENSES- RENT 13,672.

OBEDIENCE CLASS EXPENSE 277.

ADVERTISING 3,467.

MISCELLANEOUS 521.

INSURANCE 1,769.

TRAVEL 2,876.

OFFICE SUPPLIES 62.

BANK SERVICE CHARGE 46.

TARHEEL SETTLEMENT 8,447.

TOTAL TO FORM 990-EZ, LINE 16 119,756.

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

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

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

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

2012

Open to Public
Inspection

Name of the organization

RALEIGH KENNEL CLUB, INC

Employer identification number
56-1190876

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.