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SCANNED JAN I . ©

Department of the Treasury Internal Bevenue Service

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)

2009 Open to Public

OMB No 1545 0047

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

Inspection

<u>A</u>	For the	e 2009 calendar year, or tax year beginning $$ JUN 1 , 2009 and endin	g MAY	<u>31, 2010</u>			
В	Check if applicab	Please use IRS C Name of organization	D Er	nployer identıfi	cation number		
	Addre	ss label or					
	Name	type		58-1	307594		
	Initial return	Checke	/suite E Te	lephone numbe	r		
Ļ	Termi	Instruc- ZIU NORTH QUAIL LANE		<u> 706-</u>	<u>663-8093</u>		
Ļ	Amen return Appli	City of town, state or country, and ZIP + 4	G Gro	ss receipts \$	82441.		
L	tion pendi	PINE MOUNTAIN, GA 31822		s this a group re			
		F Name and address of principal officer ANGELA STILLWELL		for affiliates?	Yes X No		
_	Tayov	empt status X 501(c) (7) ◀ (insert no) 4947(a)(1) or 527		Are all affiliates inc			
		te: > ATLANTAKENNELCLUB.ORG		r No, attacria Group exemptio	list (see instructions)		
					State of legal domicile. GA		
	art I	Summary	. Tour or tornic	311011. <u>1997</u>	Citato of logar dofficino. G21		
<u>۔۔۔</u>	1	Briefly describe the organization's mission or most significant activities PROMOTE	ETHIC	AL BREED	ING AND		
Governance		OWNERSHIP OF PUREBRED DOGS THROUGH MONTHLY					
er ne	2	Check this box if the organization discontinued its operations or disposed of	f more than 2	25% of its net as	sets		
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	0		
		Number of independent voting members of the governing body (Part VI, line 1b)		4	0		
ties	5	Total number of employees (Part V, line 2a)		5	0		
Activities &	6	Total number of volunteers (estimate if necessary)		6	2.550		
Ą		Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	3659.		
		Net unrelated business taxable income from Form 990-T, line 34		7b or Year	1086. Current Year		
4.	8	Contributions and grants (Part VIII, line 1h) RECEIVED	Pri	3060.	2739.		
nue	9	Program service revenue (Part VIII line 2d)		92437.	76043.		
Revenue	10	Investment income (Part VIII, column (A), inessa 4, and 7d) [11]		6178.	3659.		
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11g)					
		Total revenue - add lines 8 through 11 (must equal Part VIII; column (A) line 12)		101675.	82441.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		13350.	8000.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)					
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 10)					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)					
X	b	Total fundraising expenses (Part IX, column (D), line 25)			60450		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		79336.	68472.		
		Total expenses Add lines 13·17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12		92686. 8989.	76472. 5969.		
50		nevertue less expenses. Subtract line 16 from line 12	Pagianing	of Current Year			
Net Assets or	20	Total assets (Part X, line 16)	Беуппппу	258668.	End of Year 264637.		
ASS	21	Total liabilities (Part X, line 26)	-	2300001	2010371		
<u>F</u> E	22	Net assets or fund balances Subtract line 21 from line 20	- "	258668.	264637.		
P	art II	Signature Block					
		Under penalties of perjury, I declare that I have examined this return including accompanying schedules and stater and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any known	nents and to the vledge	best of my knowledg	ge and belief it is true correct		
_				1			
Sig		Signature of officer		Date	···.		
He	e	ANGELA STILLWELL, TREASURER		54.0			
		Type or print name and title					
		Preparer's Date	Check if	Prepare	r s identifying number		
Pai		signature Whow will 12/16/1	Self- O employed	► X (See)	7000 98384		
	parer's Only	Firm's name (or W THOMAS MILLER, JK, CPA, LLC	EIN ► 58	1714935			
USE	Only	self-employed), address and 101 ENTERPRISE CT	[
		ZIP+4 COLUMBUS, GA 31904		Phone no. ► 7	06-653-4093		
<u>Ma</u>	y the If	AS discuss this return with the preparer shown above? (see instructions)			Yes No		
9320	001 02-0	4-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separat	e instructio	ns.	Form 990 (2009)		

See Schedule O for Organization Mission Statement Continuation

	990 (2009) THE ATLANTA KEN			58-1307	594 Page 2
1	Briefly describe the organization's mission PROMOTE ETHICAL BREEDING AND MONTHLY PROGRAMS AND LOCAL DO		PUREBRED I	OOGS THROUGH	
3	Did the organization undertake any significant program so the prior Form 990 or 990 EZ? If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant if "Yes," describe these changes on Schedule O	nt changes in how it condu	icts, any program sel	rvices?	Yes X No
4	Describe the exempt purpose achievements for each of the Section 501(c)(3) and 501(c)(4) organizations and section allocations to others, the total expenses, and revenue, if	1 4947(a)(1) trusts are requi	red to report the amo		
4a	(Code) (Expenses \$ PROMOTE ETHICAL BREEDING AND PROGRAMS AND LOCAL DOG SHOWS	including grants of \$ OWNERSHIP OF)(Revenue \$ DOGS THROUGH	MONTHLY
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$		Revenue \$		
4e	Total program service expenses ►\$	/ (TO VOTING U		Form 990 (2009)

Form 990 (2009) THE ATLANTA KENNEL CLUB, INC. 58-1307594 Page 3
Part IV Checklist of Required Schedules

	•		Yes	No_
1	4s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		_X_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		_ X _
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	_	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	<u>.</u>	_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		i	
	Schedule D, Part III	8		_X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		<u>X</u>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No		İ	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u> _
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		i	
45	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
40	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>X</u> _
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		İ	
,-	located outside the United States? If "Yes," complete Schedule F, Part III	_16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		j	•••
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		ļ	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
20	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 Form	agn /c	X_
		TOTAL S	(Z	.UUYI

Form 990 (2009) THE ATLANTA KENNEL CLUB, INC. 58-1307594 Page 4
Part IV Checklist of Required Schedules (continued)

	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III Was the organization a party to a business transaction with one of the following parties, (see Schedule I. Port IV	27		<u>X</u>
	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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200	-	
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
		29		
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			٦,
	contributions? If "Yes," complete Schedule M	30		_X_
	Did the organization liquidate, terminate, or dissolve and cease operations?		ŀ	
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		-	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
		33		
	Was the organization related to any tax-exempt or taxable entity?			7.7
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
		1 07		X
	and that is treated as a partnership for tederal income tax purposes? If "Yes " complete Schedule R. Part VI			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		X

Form 990 (2009) THE ATLANTA KENNEL CLUB, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2 a	Enter the number of employees reported on Form W 3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	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)?	4a		X
b	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
_	Tax Shelter Transaction?	5c		 -
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		٠,,
_	any contributions that were not tax deductible?	6a_	-	X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	C.L.		
7	Organizations that may receive deductible contributions under section 170(c).	6b	-	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			1
ŭ	provided to the payor?	7a		ĺ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		l
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f_		ļ
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g_		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			ĺ
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
_	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
0	Section 501(c)(7) organizations. Enter	90_		
а	Initiation fees and capital contributions included on Part VIII, line 12			İ
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 0 •			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			ļ
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
		Form	990 (2009)

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

Sec	tion A. Governing Body and Management							
					Yes	No		
1a	Enter the number of voting members of the governing body	1a		0				
b	Enter the number of voting members that are independent	1b		0				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other					
	officer, director, trustee, or key employee?			2		X		
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision					
	of officers, directors or trustees, or key employees to a management company or other person?			3		_X		
4	Did the organization make any significant changes to its organizational documents since the prior Foi	rm 990) was filed?	4		X		
5	Did the organization become aware during the year of a material diversion of the organization's asset	s?		5		X X		
6	Does the organization have members or stockholders?			6		Х		
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mbers	of the					
	governing body?			7a		X		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per-	sons?		7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	the year					
	by the following							
а	The governing body?			8a		_X		
b	Each committee with authority to act on behalf of the governing body?			8b		Х		
9			_					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code)					
					Yes	No		
	Does the organization have local chapters, branches, or affiliates?			10a		_X		
b	If "Yes," does the organization have written policies and procedures governing the activities of such of	chapte	rs, affiliates,					
	and branches to ensure their operations are consistent with those of the organization?			10b				
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?							
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13							
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld give	rise					
	to conflicts?			12b				
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," o	describe		i			
	ın Schedule O how this is done			12c				
13	Does the organization have a written whistleblower policy?			13		X		
14	Does the organization have a written document retention and destruction policy?			14		X		
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent		i			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			15a		X		
b	Other officers or key employees of the organization			15b		X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	ith a		ļ			
	taxable entity during the year?			16a		X		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evalu			<i>i</i>				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organical statements are safeguard to safeguard the organical statements.	ınızatıc	n's					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ►GA							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(c)(3)s only) ava	lable for				
	public inspection Indicate how you make these available. Check all that apply							
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	onflict	of interest poli	cy, and finar	ncial			
	statements available to the public							
20	State the name, physical address, and telephone number of the person who possesses the books an	id reco	rds of the org	anization 🕨				
	ANEGELA W. STILLWELL - 706-663-8093				_			
	210 NORTH QUAIL LANE, PINE MOUNTAIN, GA 31822							
				Form	990 (2	2009)		

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

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. Use Schedule J-2 if additional space is needed

- 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. 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 the organization did not compensate any current officer, director, or trustee

(A)	(B)	ly cu				(C)		(D)	(E)	(F)
Name and Title	Average				sition			Reportable	Reportable	(F) Estimated
	hours	(ct	(check all tha				ly)	compensation	compensation	amount of
	per	.to						from	from related	other
	week	direc				豆		the organization	organizations (W 2/1099-MISC)	compensation from the
		stee 0	rustee			pensa		(W-2/1099-MISC)	(** 271099-101130)	organization
		ual tru	onal		ploye	t com		,,		and related
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
MARY ELLEN MACKE					<u> </u>					
PRESIDENT	1.00			X			<u></u>	0.	0.	0.
JERRY CERASINI					l					
FIRST VP	1.00			X				0.	0.	0.
CHUCK QUINLAN										
SECOND VP	1.00			X	ļ	<u> </u>		0.	0.	0.
JAN LUCREE	1									_
TREASURER	1.00			X			_	0.	0.	0.
VICKI ALLENBRAND	1 00								0	•
CORRESPONDING SECY ANNE CARSON	1.00			X				0.	0.	0.
RECORDING SECRETARY	1.00			х				0.	0.	0.
ANN WALLIN	1.00			Λ				0.	0.	<u>U•</u>
AKC DELEGATE	1.00			Х				0.	0.	0.
	1100		_							
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L	CA)	(B)			(0	C)			(D)	(E)		(F)		
	Name and title	Average hours	(cl		Pos all t		app	ly)	Reportable compensation	Reportable compensation		Estimat amount		
		per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099 MISC)	from related organizations (W-2/1099-MISC	()	other compensati from the organizatic and relate organizatio		
	· · · · · · · · · · · · · · · · · · ·						_				_			
1b	Total						▶		0.		0.		0.	
2	Total number of individuals (including but compensation from the organization	not limited to the	nose	liste	ed al	bov	e) wł	no re	eceived more than \$100),000 in reportable			0	
												Yes		
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke	y em	ıplo	yee,	or h	nighest compensated ei	nployee on	3		х	
4	For any individual listed on line 1a, is the sand related organizations greater than \$1.									the organization	4		X	
5	Did any person listed on line 1a receive or									ices rendered to	1		1	
Sec	the organization? If "Yes," complete Sche	dule J for such	pers	on							5	Ш	X	
1	Complete this table for your five highest of the organization NONE	compensated in	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of comp	ensatio	n from		
	(A) Name and busines	s address							(B) Description of s	services	Com	(C) pensatio	on	
						_								
						_								
							_				-			
2	Total number of independent contractors		not lii	mıte	d to			sted	l above) who received n	nore than				
	\$100,000 in compensation from the organ	nization -				(0				For	m 990	(2009)	

Form 990 (2009) THE ATLANTA KENNEL CLUB, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp				
	not include amounts reported on lines 6b, 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 U.S. See Part IV, line 21	8000.	8000.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				······································
11	Fees for services (non-employees)				
а	Management				
b	Legal		21.00		
C	Accounting	3123.	3123.		
, d	Lobbying				
e ,	Professional fundraising services See Part IV, line 17	1260	1000		
f	Investment management fees	1269.	1269.		
g 40	Other				·
12	Advertising and promotion Office expenses				
13	Information technology				
14	Royalties				
15 16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	691.	691.		
23	Insurance	2058.	2058.		
24	Other expenses. Itemize expenses not covered				
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)			_	
а	DOG SHOW EXPENSES	53734.	53734.		
b	MEMBERSHIPS	2332.	2332.		
С	DONATIONS	1902.	1902.		
d	EQUIPMENT STORAGE	1860.	1860.		
е	SUPPLIES	332.	332.		
f	All other expenses	1171.	1171.		
25	Total functional expenses Add lines 1 through 24f	76472.	76472.	0.	0.
26	Joint costs Check here ▶ if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation			Ī	

Pa	rt X		MNED CHOD, INC.			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		105073.	1	121533.
	2	Savings and temporary cash investments		1000.	2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	Ī		4	
	5	Receivables from current and former officers, di	rectors, trustees, key			
	-	employees, and highest compensated employe	· i		ļ	
		of Schedule L	5			
	6	Receivables from other disqualified persons (as	defined under section			· · · · · · · · · · · · · · · · · · ·
	`	4958(f)(1)) and persons described in section 495				
		Part II of Schedule L	, , , , , , , , , , , , , , , , , , , ,		6	
Ø	7	Notes and loans receivable, net		 	7	
Assets	8	Inventories for sale or use	F		8	······
As	9	Prepaid expenses and deferred charges		9	· · · <u>- · · -</u>	
	1	Land, buildings, and equipment cost or other	ļ [
	""	basis Complete Part VI of Schedule D	10a 16672.			
	l b	Less accumulated depreciation	10b 16362.	1001.	10c	310.
	11	Investments - publicly traded securities	90039.	11	91334.	
	12	Investments other securities See Part IV, line	59499.	12	50793.	
	13	Investments - program-related See Part IV, line	33433.	13	30133.	
	14	Intangible assets	``		14	
	15	Other assets See Part IV, line 11	F	2056.	15	667.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	258668.	16	264637.
	17	Accounts payable and accrued expenses	ar 1110 04)	2300001	17	2040571
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities	F		20	
us.	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, director	- T			
<u> </u>		highest compensated employees, and disqualifi				
<u>:</u> "		of Schedule L	od perdons Complete Fait ii		22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities Complete Part X of Schedule D	a tima parties		25	
	26	Total liabilities. Add lines 17 through 25	F	0.	26	0.
	 ~~ _	Organizations that follow SFAS 117, check he	ere and complete			
S		lines 27 through 29, and lines 33 and 34.	and complete			
ဦ	27	Unrestricted net assets			27	
alai	28	Temporarily restricted net assets	-		28	
Fund Balances	29	Permanently restricted net assets		29	· · · · · · · · · · · · · · · · · · ·	
Ě		Organizations that do not follow SFAS 117, c	heck here 🕨 🗓 and			
F		complete lines 30 through 34.				
ţŞ	30	Capital stock or trust principal, or current funds		0.	30	0.
sse	31	Paid in or capital surplus, or land, building, or ed	luipment fund	0.	31	0.
Net Assets or	32	Retained earnings, endowment, accumulated in	' ' 	258668.	32	264637.
Š	33	Total net assets or fund balances		258668.	33	264637.
	34	Total liabilities and net assets/fund balances	ļ	258668.	34	264637.

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

Form **990** (2009)

3b

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Complete if the organization answered "Yes," to Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

Employer identification number

	THE ATLANTA KENNEL		58-1307594
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	-	
5	Did the organization inform all donors and donor advisors in	writing that the assets hold in donor advis	ad funds
3	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	<u> </u>	
Ü			
	for charitable purposes and not for the benefit of the donor of impermissible private benefit?	or donor advisor, or for any other purpose	
Pa			Yes No
1 4			aπ IV, line /
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e g , recreation or p		torically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d '
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	uring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year > \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and ba	llance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	olic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
ь	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balance	ce sheet works of art, historical treasures.
	or other similar assets held for public exhibition, education, o		
	these items	, , , , , , , , , , , , , , , , , , ,	, provide and read and grant and read and grant
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical treations	actives or other similar assets for financial	
~	the following amounts required to be reported under SFAS 1		gain, provide
_	Revenues included in Form 990, Part VIII, line 1	TO relating to these items	*
a	Assets included in Form 990, Part X		► \$ ► \$
D	Aggets included in FOIII 330, Fall A		J

	dule D (Form 990) 2009 THE ATL	ANTA KENNE	L CLU	B, IN	C.			8-13	0759	4 Pa	age 2
Par	t III Organizations Maintaining C	ollections of A	rt, Histo	rical Tr	easures, e	or Othe	r Simila	r Asse	ts (cont	inued))
3	Using the organization's acquisition, accessi	on, and other record	ds, check a	ny of the	following tha	at are a sig	inificant u	se of its	collectio	n item	ıs
	(check all that apply)										
а	Public exhibition	c	j 🔲 Lo	an or exc	hange progra	ams					
b	Scholarly research	e	• 🔲 Ot	her					-		
С	Preservation for future generations										_
4	Provide a description of the organization's co	ollections and explai	in how the	y further t	he organizati	on's exen	npt purpo	se in Parl	XIV		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran					s" to Form	n 990, Par	t IV, line !	9, or		
	reported an amount on Form 990, Par		•								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for co	ntribution	s or other as	sets not i	ncluded				
	on Form 990, Part X?		•						Yes] No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing tal	ole							
	, ,		· · J ·						Amoun	t	
С	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990. Part X. line	21?					Ė	Yes		No
	If "Yes," explain the arrangement in Part XIV										
	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10										
.		(a) Current year	(b) Pric		(c) Two yea		d) Three ye	ears back	(e) Four	vears	back
1a	Beginning of year balance	(-)	157								
b	Contributions										
c	Net investment earnings, gains, and losses										
ď	Grants or scholarships										
e	Other expenditures for facilities										
·	and programs		i								
f	Administrative expenses			· .			.				
g	End of year balance										
2	Provide the estimated percentage of the year	r and halance held :			L				·		
a	Board designated or quasi endowment	r end balance neld a	,								
	Permanent endowment	%	′0								
		^ %									
	Are there endowment funds not in the posse	-	ation that	aro bold a	nd administa	rad for th	o organiza	ation			
Ja	by	331011 Of the organiz	allon that a	are rieiu a	na aaniiniste	ned for the	e organiza	ation	Γ	Yes	No
	(i) unrelated organizations								3a(ı)	163	140
	(ii) related organizations								3a(ii)		
h	If "Yes" to 3a(ii), are the related organizations	s lietad as required a	n Schodul	o P2					3b		
4	Describe in Part XIV the intended uses of the								30		
	t VI Investments - Land, Building				Part Y line	10					
	Description of investment	(a) Cost or o					cumulated	1	(d) Bool	L valu	
	Description of investment	basis (investr	I		or other (other)		reciation	1	(u) BOO	value	0
12	Land	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,	200					_
	Buildings										
	Leasehold improvements										
	Equipment				16672.		1636	2	 -	2	10.
	Other				100/4		1000				<u> </u>
	. Add lines 1a through 1e (Column (d) must e	gual Form 000 Post	Y column	(D) lmo 1	0(c))						10.
ıvlal	. Add mies ta unough te (Column (d) must e	quai ruiii 990, Pan	∧, column	10), line i	U(C) /					ي -	<u> </u>

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

uncertain tax positions under FIN 48

932053 02-01-10

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2009 No 1545-0047

Open to Public Inspection

2 Employer identification number 58-1307594 (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Purpose and address of organization (b) EIN (c) IRC section if applicable reash grant or government assistance and address of organization (c) IRC section if applicable reash grant assistance or government or government assistance or government or government assistance or government or government or government assistance or government or gov 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 SCHOLARSHIPS 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 Ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 8000. INC THE ATLANTA KENNEL CLUB, Enter total number of section 501(c)(3) and government organizations General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization COLLEGE OF VETERINARY MEDICINE SCHOLORSHIP FUND - ATHENS, GA Name of the organization Parti Part II 30602

17

Schedule I (Form 990) 2009

Page 2 Schedule I (Form 990) 2009 (f) Description of non-cash assistance 58-1307594 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant 18 THE ATLANTA KENNEL CLUB, INC. (b) Number of recipients (a) Type of grant or assistance 932102 02-02-10 Part III

Schedule I (Form 990) 2009

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number

58-1307594

Department of the Treasury Internal Revenue Service Attach to Form 990. Name of the organization

		TH	E AT	LAN	<u>ra ken</u>	NEL CL	UB,	INC.		<u>58-130759</u>	4
Form 990,	Part							Organization	Miss	ion:	
SHOWS	_										
			<u>-</u>								
		· · · · · ·									
		<u> </u>	<u></u>						·····		
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	_						<u>_</u>				
											
		_			<u>-</u>	-					
											
											·

Form **8868** (Rev April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return • File a separate application for each return

OMB No 1545-1709

internai	Revenue Service			ne a separate app	ilication for each	n return				
• If y		ditional (Not	Automatic) 3-M	onth Extension, c	complete only	this box Part II (on page 2 of this ension on a previously f		rm 8868	▶ [X
Par				of Time. Only sul					-	
				,	• •	,				
A corp Part I		e Form 990-T	and requesting	an automatic 6-mo	onth extension -	check this box and con	nplete		▶ [
	ner corporations (inclu income tax returns	ding 1120-C	filers), partnershi	ps, REMICs, and ti	rusts must use	Form 7004 to request a	n exten	sion of time		
noted (not a you m	below (6 months for a utomatic) 3-month ext	a corporation ension or (2) ompleted and	required to file F you file Forms 99 I signed page 2 (orm 990-T) Howe 90-BL, 6069, or 88 Part II) of Form 88	ver, you cannot 70, group retur	nonth automatic extension of file Form 8868 electronins, or a composite or contains on the electronic fi	ically if	(1) you war ated Form 9	nt the addit 90-T Inste	ional
Туре	or Name of Exemp	t Organizatio	n				Emp	loyer identı	fication nu	ımber
print	אתו אותא	PENNIET	רד מוז די	NTC!			[0 1207	E O 4	
File by 1	the North and advant		CLUB, I					<u>8-1307</u>	594_	
due dat filing yo	ur 352 GINO			D box, see instruct	tions					
return (See T			For a foreign add	ress, see instru	ictions				
			GA 3021	-						
Chec	k type of return to be	filed(file a s	eparate applicati	on for each return)	·					
				·	,					
	Form 990		J Form 990-T (cc	. ,		Form 4				
=	Form 990 BL		_	c 401(a) or 408(a)		Form 5:				
\equiv	Form 990-EZ		7	ust other than abov	ve)	Form 6				
Ll	Form 990-PF	L	Form 1041-A			Form 8	870			
Tel ● Ift		not have an o	organization's fo	our digit Group Exe	emption Numbe	eck this box r (GEN) If th e names and EINs of all				
		15, 20 's return for or		e exempt organizat	tion return for tl	T) extension of time unine organization named a		The extensi	on	
2	If this tax year is for le	ss than 12 m	onths, check rea	ason Initial	l return	Final return		Change in a	ccounting	period
	If this application is for			, 4720, or 6069, er	nter the tentativ	ve tax, less any	3a	\$		
b	If this application is fo	r Form 990-F	F or 990-T, enter	any refundable cr	edits and estim	nated				
	tax payments made I						3b	\$		
	Balance Due. Subtra									
	deposit with FTD cou	oon or, if requ	ured, by using El	FTPS (Electronic F	ederal Tax Pay	ment System)	<u> </u>		-	_
	See instructions						3c_	\$	N/2	<u>A</u>
Cauti	on. If you are going to	make an ele	ctronic fund with	drawal with this Fo	orm 8868, see F	Form 8453-EO and Form	8879-1	EO for paym	ent instruc	tions
LHA	For Privacy Act an	d Paperwork	Reduction Act	Notice, see Instru	uctions.			Form	8868 (Rev.	4-2009)