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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2010****Open to Public Inspection**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 (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.

**A** For the 2010 calendar year, or tax year beginning

, 2010, and ending

, 20

**B** Check if applicable

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

**C** Name of organization

CHATTANOOGA KENNEL CLUB INC

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

P. O. BOX 4576

Room/suite

A

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

CHATTANOOGA, TN 37405

**D** Employer identification number

23-7178129

**E** Telephone number

(423) 413-1806

**F** Group Exemption Number ►**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ► CHATTANOOGAKENNELCLUB.ORG**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)( 7 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization 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.

► \$ 44,875.00

**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	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	1,035
	4	Investment income	4	975
	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	0.00
	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	42,865
c	Less: direct expenses from gaming and fundraising events	6c	28,535	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	14,330.00	
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	0.00	
8	Other revenue (describe in Schedule O)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	16,340.00	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	3,000
	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	
	14	Occupancy, rent, utilities, and maintenance	14	113
	15	Printing, publications, postage, and shipping	15	337
	16	Other expenses (describe in Schedule O)	16	14,928
	17	<b>Total expenses.</b> Add lines 10 through 16	17	18,378.00
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(2,038.00)
	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	72,007.00
	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	69,969.00

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

**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 . . . . . ☒

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

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (see the instructions for Part III.)	<b>Expenses</b>
	Check if the organization used Schedule O to respond to any question in this Part III . . . <input type="checkbox"/>	(Required for section

Check if the organization used Schedule O to respond to any question in this Part III . . . ☐ (Required for section

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<p>Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>organizations and section 4947(a)(1) trusts, optional for others )</p>
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<p>Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>organizations and section 4947(a)(1) trusts, optional for others )</p>
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<b>31</b>	Other program services (describe in Schedule O) . . . . .				
(Grants \$	) If this amount includes foreign grants, check here . . . . .		▶	<input type="checkbox"/>	<b>31a</b>

**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 ☐

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

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

[illegible]

**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
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	<b>33</b>	X
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	<b>34</b>	X
<b>35</b> 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.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>	X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)? . . . . .	<b>35b</b>	X
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	<b>36</b>	X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ► <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	<b>38a</b>	X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations. Enter . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► ; section 4912 ► ; section 4955 ► . . . . .		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<b>40b</b>	
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . .		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .	<b>40e</b>	X
<b>41</b> List the states with which a copy of this return is filed. ►		
<b>42a</b> The organization's books are in care of ► <u>MARY W. MENOZI</u> Telephone no. ► <u>(423) 559-8778</u> Located at ► <u>584 SAMPLES CHAPEL RD, SE, CLEVELAND, TN</u> ZIP + 4 ► <u>37323</u>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>42b</b>	X
If "Yes," enter the name of the foreign country: ►		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .	<b>42c</b>	X
If "Yes," enter the name of the foreign country: ►		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . .	<b>43</b>	<input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44b</b>	X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a** 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 must 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
<b>45</b>		X
<b>45a</b>		X
<b>46</b>		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 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."

	Yes	No
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

(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
NONE				

**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
NONE		

**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

*Mary W. Menozzi*  
Signature of officer  
**MARY W. MENOZZI, TREASURER**  
Type or print name and title

05/16/2011  
Date

Paid Preparer Use Only

Print/Type preparer's name: FRITZ HARRIS, CPA  
Preparer's signature: *Fritz Harris CPA*  
Date: 05/06/2011  
Check ☒ if self-employed  
PTIN: P40888804  
Firm's name: HARRIS, WILLIAMSON, TREWHITT & OWNBY, CPA  
Firm's EIN: 62-1284947  
Firm's address: 1055 PEERLESS CROSSING, CLEVELAND, TN 37312  
Phone no: (423) 479-4197

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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

**2010**

**Open to Public  
Inspection**

CHATTANOOGA KENNEL CLUB INC

Employer identification number

23-7178129

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |
- 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

(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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> . . . . . ▶						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

TENNESSEE

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		AKC SHOW (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	<b>1</b> Gross receipts	44,875			44,875.00
	<b>2</b> Less Charitable contributions				0.00
	<b>3</b> Gross income (line 1 minus line 2)	44,875.00			44,875.00
Direct Expenses	<b>4</b> Cash prizes				0.00
	<b>5</b> Noncash prizes	324			324.00
	<b>6</b> Rent/facility costs	6,293			6,293.00
	<b>7</b> Food and beverages	2,950			2,950.00
	<b>8</b> Entertainment				0.00
	<b>9</b> Other direct expenses	18,968			18,968.00
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d)				( 28,535.00 )
	<b>11</b> Net income summary Combine line 3, column (d), and line 10				16,340.00

**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	<b>1</b> Gross revenue				
Direct Expenses	<b>2</b> Cash prizes				
	<b>3</b> Noncash prizes				
	<b>4</b> Rent/facility costs				
	<b>5</b> Other direct expenses				
	<b>6</b> Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d)				( )
	<b>8</b> Net gaming income summary Combine line 1, column d, and line 7				

**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 \_\_\_\_\_

- Address ►

- Address ►

## Name ▶

Description of services provided ▶

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

[illegible]



**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

**2010**

**Open to Public  
Inspection**

Name of the organization

CHATTANOOGA KENNEL CLUB INC

Employer identification number

23-7178129

**FORM 990EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE**

**GRANTEE:** PET PLACEMENT CENTER **AMOUNT** \$1500  
5975 DAYTON BLVD, CHATTANOOGA, TN 37415

**GRANTEE:** THE ASSISTANCE DOGS ACADEMY, CHATTANOOGA GOODWILL INDUSTRIES **AMOUNT** \$1500  
3500 DODDS AVE., CHATTANOOGA, TN 37407

**FORM 990EZ, PART I, LINE 14 - UTILITIES**

**TELEPHONE** **AMOUNT** \$ 113

**FORM 990EZ, PART I, LINE 16 - OTHER EXPENSES** **TOTAL AMOUNT** \$14928

**DESCRIPTION:** SEE ATTACHED

ADMINISTRATIVE COSTS	-	\$ 9815
AKC DUES AND DELEGATE EXPENSES	-	1120
AWARDS AND PLAQUES	-	406
BANK CHARGES	-	54
BANQUET EXPENSES	-	2706
DEPRECIATION	-	207
INSURANCE	-	600
TN ANNUAL REPORT	-	20

**STATEMENT 3 - FORM 990EZ, PART III - ORGANIZATIONS PRIMARY EXEMPT PURPOSE**

Advancement and furtherance of interest in purebred dogs, the breeding and exhibiting of the same, promotion and knowledge of them and for the holding of dog shows under the authority of the American Kennel Association.

**SERVICES/PROGRAMS:**

Sponsoring of dog shows and educational fairs through affiliation with the AKC and involvement in spay/neuter programs and other charitable endeavors.

**FORM 990EZ, PART IV - LIST OF OFFICER, DIRECTORS, TRUSTEE, AND KEY EMPLOYEES ATTACHED**

**COMPENSATION EXPLANATION:**

ALL TIME IS VOLUNTEERED. THE BOARD NOR MEMBERS RECEIVED ANY COMPENSATION.

**2010 – Chattanooga Kennel Club Board**

President:

Jane Price  
237 Austin Rd  
Dunlap, TN 37327

Vice President:

Jerry Davis  
904 Tri-Circle Dr NE  
Cleveland, TN 37312

Treasurer:

Ashley Watkins  
3109 East 45<sup>th</sup> St  
Chattanooga, TN 37407

Recording Secretary:

Anna Quarles  
PO Box 91  
Tunnel Hill, GA 30755

Corresponding Secretary:

Mary Menozi  
584 Samples Chapel Rd SE  
Cleveland, TN 37323

**Board of Directors 2009-2010**

Gail Evans  
3499 Tunnel Hill Rd SW  
Cleveland, TN 37311

Barbara Kreischer  
403 Ridgeway Dr  
Red Bank, TN 37415

Carlene Gilstrap  
PO Box 22442  
Chattanooga, TN 37422

**Board of Directors 2010-2011**

Lisa Asbury  
212 Ridge Av  
Chattanooga, TN 37406

Bob Asztalos  
145 McEntire Circle  
Chattsworth, GA 30-705

Sandra Weigle  
6333 White Tail Dr  
Ooltewah, TN 37363

12/31/10

## 2010 FEDERAL SUMMARY DEPRECIATION SCHEDULE

PAGE 1

CLIENT F78129

CHATT KENNEL CLUB

5/06/11

04.25PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR	METHOD	LIFE	CURRENT DEPR
SCHEDULE C - CHATT KENNEL CLUB										
1	WEBSITE DEVELOPMENT	8/24/00		1,465			1,465	200DB HY	3	0
2	SOUND SYSTEM	2/06/06		209			192	200DB HY	7	17
3	TRAILER	2/08/05		3,300			3,090	200DB HY	5	190
	TOTAL			4,974		0	4,747			207
	TOTAL DEPRECIATION			4,974		0	4,747			207
SCHEDULE C - CHATT KENNEL CLUB										
4	OFFICE EQUIPMENT	6/30/94		416			416	200DB HY	7	0
5	OFFICE EQUIPMENT	6/30/95		201			201	200DB HY	7	0
6	FILE CABINET	6/28/99		395			395	200DB HY	7	0
	TOTAL			1,012		0	1,012			0
	TOTAL DEPRECIATION			1,012		0	1,012			0
	GRAND TOTAL DEPRECIATION			5,986		0	5,759			207