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Department of the Treasury

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)

OMB No 1545-0047 Open to Public

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

A F	or the 2	010 calendar year, or tax year beginning $$ JUN 1 , $$ 2010 $$ and endi	ing M2	AY 31, 2011					
B c	heck if pplicable	C Name of organization		D Employer identific	ation number				
	Address change	THE ATLANTA KENNEL CLUB, INC.							
	Name change	Doing Business As		58-13	307594				
	Initial return	Number and street (or P.0. box if mail is not delivered to street address) Roor	m/suite	E Telephone number					
	Termin- ated	210 NORTH QUAIL LANE		706-6	563-8093				
	Amended return	City or town, state or country, and ZIP + 4		G Gross receipts \$	54,151.				
	Applica-	PINE MOUNTAIN, GA 31822	1	H(a) is this a group ref					
	pending	F Name and address of principal officer ANGELA STILLWELL		for affiliates?	Yes X No				
		210 NORTH QUAIL LANE, PINE MOUNTAIN, GA	318	H(b) Are all affiliates incl	uded? Yes No				
1.7	ax-exem	pt status 501(c)(3) _X 501(c)(7) ◀ (insert no.) 4947(a)(1) or	527		ist (see instructions)				
JΙ	Nebsite:	► ATLANTAKENNELCLUB.ORG		H(c) Group exemption	number -				
KF	orm of or	ganization: X Corporation Trust Association Other	L Year o		State of legal domicile: GA				
Pa	art I S	Summary	·						
Φ.	1 Br	efly describe the organization's mission or most significant activities PROMOTI	E ET	HICAL BREED	ING AND				
Governance	0	WNERSHIP OF PUREBRED DOGS THROUGH MONTHLY	PRO	GRAMS AND LO	OCAL DOG				
ina i	2 Cr	neck this box if the organization discontinued its operations or disposed of	of more	than 25% of its net as:	sets.				
o e	3 Nu	imber of voting members of the governing body (Part VI, line 1a)		3	0				
Ö	4 Nu	imber of independent voting members of the governing body (Part VI, line 1b)		4	0				
. Se	5 To	tal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0				
vities	6 To	tal number of volunteers (estimate if necessary)		6	0				
	7 a To	tal unrelated business revenue from Part VIII, column (C), line 12		7a	3,479.				
nue Act	b Ne	et unrelated business taxable income from Form 990-T, line 34		7b	575.				
=;				Prior Year	Current Year				
. 0	8 Cd	ontributions and grants (Part VIII, line 1h)		2,739.	3,545.				
בייה היים	9 Pr	ogram service revenue (Part VIII, line 2g)		76,043.	47,127.				
Revenue	10 Inv	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		3,659.	3,479.				
E	11 Ot	her revenue (Part VIII, column 🔊 🛗 es 5-6d, 🚉 9c, 10c, and 11e)		0.	0.				
		tal revenue - add lines 8 through 11 must equal Part VIII, column (A), line 12)		82,441.	54,151.				
	13 Gr	ants and similar amounts paid (Part IX, column (A), lines 13)		8,000.	8,000.				
	14 Be	enefits paid to or for members (Part X Dolumn(A)) line	[0.	0.				
S		laries, other compensation, employee benefits (Part larcolumn (A), lines 5-10)	[0.	0.				
Expenses	16a Pr	ofessional fundraising fees (Part IX column (A), line 116)		0.	0.				
ğ.	b To	tal fundraising expenses (Part IX, column (D), (re 25)							
ú	17 Ot	her expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	_ [68,472.	65,240.				
	18 To	tal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		76,472.	73,240.				
	19 Re	evenue less expenses Subtract line 18 from line 12		5,969.	-19,089 .				
Net Assets or Fund Balances			Beg	inning of Current Year	End of Year				
set	20 To	tal assets (Part X, line 16)		264,637.	<u>245,548.</u>				
d As	21 To	tal liabilities (Part X, line 26)		0.	<u> </u>				
컐	22 Ne	et assets or fund balances. Subtract line 21 from line 20	<u> </u>	264,637.	245,548.				
		Signature Block							
Und	er penaltie	es of perjury, I declare that I have examined this return, including accompanying schedules and	d stateme	ents, and to the best of my	knowledge and belief, it is				
true, correct, and complete, reclaration of propage (other than officer) is based on all information of which preparer has any knowledge.									
				Jan 12,	20/2				
Sig	n 🏴	Signature of officer		Date					
Her	e	ANGELA STILLWELL, TREASURER							
		Type or print name and title		Tokan F	-11 0711				
	I	rint/Type preparer's name Preparer's signature			D PTIN				
Paid	<u> </u>	W. THOMAS MILLER, JR Who Colley	1 0	1/12/12 self-employed					
-	_	rm's name W THOMAS MILLER, JR, CPA, LLC		Firm's EIN 🛌 🕽	58-1714935				
Use	Only Fi	rm's address 101 ENTERPRISE CT							
		COLUMBUS, GA 31904		Phone no. 70	06- <u>653-4093</u>				
May	the IRS	discuss this return with the preparer shown above? (see instructions)			X Yes No				

Form	990 (2010) THE ATLANTA KENNEL CLUB, INC.	58-1307594	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission.		
•	PROMOTE ETHICAL BREEDING AND OWNERSHIP OF PUREBRED DOGS	₩HDOIIGH	
		THROUGH	
	MONTHLY PROGRAMS AND LOCAL DOG SHOWS		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exp	nancac	
•			
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	grams and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a		evenue \$)
	PROMOTE ETHICAL BREEDING AND OWNERSHIP OF PUREBRED DOGS	THROUGH MONT	CHLY
	PROGRAMS AND LOCAL DOG SHOWS		
			
4b	(Code) (Expenses \$ including grants of \$) (Re	evenue \$	
75	/(Expenses #) (including grants of #)	sveride Ψ	′
		····	
4c	(Code) (Expenses \$ including grants of \$) (Re	evenue \$)
		<u></u>	 -
			
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$	}	
4e	Total program service expenses ▶		
		- 00	0 (22.0)

032002 12-21-10 Form 990 (2010) THE ATLANTA KENNEL CLUB, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is 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, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4	····	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		}
_	similar amounts as defined in Revenue Procedure 98-19? 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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	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	<u> </u>		 -
	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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
b	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	11b	Х	ļ
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
d	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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			ļ
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Ì	X
þ	3,			٠,
45	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	 	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	45		х
16		15		Δ
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10	 	-22
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_ <u>;</u> _	T	_ -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	L	<u> </u>
		Form	990	(2010)

Form 990 (2010) THE ATLANTA KENNEL CLUB, INC.

Part IV Checklist of Required Schedules (continued)

				Γ
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
_ '	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a	<u> </u>	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		L
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	1		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u>. </u>	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
~~	Schedule L, Part I	25b		-
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	000		x
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26	-	^
Li	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27	ļ	х
28	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	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 (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	<u> </u>	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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	24		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34 35		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	35		12
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	İ		ļ
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	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	(2010)

Form	990 (2010) THE ATLANTA KENNEL CLUB, INC. 58-1307!	594	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	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			
h	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 (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	- 55		
44		40		X
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	_	
D	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	_		7.7
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
р	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		├
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a_		ļ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the 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.			
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 0.			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			Ì
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		†
_	Note. See the instructions for additional information the organization must report on Schedule O			—
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
_		1		
		44-		Х
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in School III O	14a		+^
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(2010)

Pai	to line 32. She at 10h holosy december the arrangest page of the line 32 through 7b below, and for a	"No" re	espon	se				
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			\Box				
500	Check if Schedule O contains a response to any question in this Part VI tion A. Governing Body and Management		_	Щ.				
<u>3ec</u>	tion A. Governing body and Management		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year		162	110				
b		<u> </u>						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	ا 1						
-	officer, director, trustee, or key employee?	2	ļ	X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_						
3	of officers, directors or trustees, or key employees to a management company or other person?							
4								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Does the organization have members or stockholders?	6		X				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the		-					
, ,	governing body?	7a		X				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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		Х				
b	Each committee with authority to act on behalf of the governing body?	8b		X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
•	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 Revenue Code)							
			Yes	No				
10a	Does the organization have local chapters, branches, or affiliates?	10a		X				
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with those of the organization?	10b						
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		X				
b	b 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	12a		X				
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise							
	to conflicts?	12b						
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	ın Schedule O how this is done	12c						
13	Does the organization have a written whistleblower policy?	13		<u>X</u>				
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 approval by independent							
	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		<u> </u>				
	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 with a							
	taxable entity during the year?	16a		X				
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation							
	ın joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b		l				
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) available	e 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, conflict of interest policy,	and fina	ncial					
	statements available to the public.							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation 🕨						
	ANGELA W. STILLWELL - 706-663-8093							
—	210 NORTH QUAIL LANE, PINE MOUNTAIN, GA 31822		000	(20.10)				
		Lorm	4411	· 36 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

032008 12-21-10

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

Check if Schedule O contains a response to any question in this Part VII

700 -1 45-2 1-2-41-2-41-4

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.
- 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, if any 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 neither the organizat	on nor any related	orga	nıza	ation	cor	nper	nsat	ed any current officer, o	director, or trustee	
(A)	(B)							(D)	(E)	(F)
Name and Title	Average		Position					Reportable	Reportable	Estimated
	hours per	(cr	(check all that ap			app	ly)	compensation	compensation	amount of
	week (describe	ector			İ			from the	from related organizations	other compensation
	hours for	or dir	بو		1	ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		يو	bens	Ì	(W-2/1099-MISC)	(*** == *******************************	organization
	organizations	ualtr	bonal) dd	t con				and related
	ın Schedule O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
MARY ELLEN MACKE	1 00									
PRESIDENT	1.00			X	<u> </u>			0.	0.	0.
JERRY CERASINI	1 00			\ \					•	
FIRST VP	1.00	_		X	⊢	<u> </u>		0.	0.	0.
CHUCK QUINLAN				l						
SECOND VP	1.00		_	X	├	<u> </u>	<u> </u>	0.	0.	0.
JAN LUCREE	1 00				ŀ					
TREASURER	1.00			X	├_	├-	<u> </u>	0.	0.	0.
VICKI ALLENBRAND	1 00									
CORRESPONDING SECY	1.00			X	├—	<u> </u>	<u> </u>	0.	0.	0.
ANNE CARSON	1 00			,,	•		İ			_
RECORDING SECRETARY	1.00			X	} —	┝		0.	0.	0.
ANN WALLIN	1 00			٦,						_
AKC DELEGATE	1.00			X	├	├		0.	0.	0.
								1		
	<u> </u>				├	┝	-			
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			1	l			-			
		_	Ь		Ь_	_			L	

Par	T VII Section A. Officers, Directors, Tru	I	nplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)			
	(A)	(B)			(D)	(E)	(F)						
	Name and title	Average	101	Position check all that apply)					Reportable compensation	Reportable compensation		stimate	
		hours per week (describe hours for related organizations in Schedule O)	istee or director	institutional trustee	all t		Highest compensated do employee		from from relative organization (W-2/1099-MISC)		amount of other compensation from the organization and related organizations		tion e on ed
			-										
					<u>.</u>								
		-	_			-						•	
		<u> </u>				_	_						
				_			-	-			 		
	Sub-total								0.	0			0 .
	Total from continuation sheets to Part V	II. Section A							0.	0	$\overline{}$		0.
	Total (add lines 1b and 1c)	11, 00011011 A							0.	0			0.
2	Total number of individuals (including but i	not limited to th	nose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	0,000 in reportable			
	compensation from the organization	<u> </u>										1	(
												Yes	No
3	Did the organization list any former officer			e, ke	y en	npio	yee,	or h	nighest compensated ei	mployee on			Х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si			omn	ensa	atioi	n and	d ot	her compensation from	the organization	3		Λ.
•	and related organizations greater than \$15	0,000? If "Yes,	" cc	mple	ete S	Sch	edul	e J i	for such individual	_	4		X
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con							relat	ted organization or indiv	idual for services	5		х
Sec	tion B. Independent Contractors	ipiete Scriedui	60	101 3	ucri	per	SUII						
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of compe	nsation	from	
	the organization NONE								(B)			C)	
	Name and business	address							Description of	services		ensatio	n
													
					_			_					
			_			_							
	Total number of independent contract	(moluding 5.4		miti					d about 1 who are a second	noro the			
	Total number of independent contractors (\$100,000 in compensation from the organ		iot li	mite	u to		ose II O	siec	above) who received r	nore than		000	

58-1307594

Form 990 (2010)

032009 12-21-10

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, Bb, 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		16.		
	organizations in the U.S. See Part IV, line 21	8,000.	8,000.		
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 US				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			ı	
	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)				<u> </u>
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				
С	Accounting	1,875.	1,875.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,775.	1,775.		
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	· · · · · · · · · · · · · · · · · · ·			
17	Travel	11,297.	11,297.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		, ', '		
22	Depreciation, depletion, and amortization	310.	310.		
23	Insurance	2,058.	2,058.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)	•			
а	DOG SHOW EXPENSES	44,525.	44,525.		
b	AWARDS AND GRANTS	3,400.	3,400.		
c					
d			· -		
e		*			
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	73,240.	73,240.	0.	0.
26	Joint costs Check here Inf following SOP	, 5 , 2 3 5 6	13/240+		<u>.</u>
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

19090110 100495 300000

Par	tΧ	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			121,533.	1	10,618.
	2	Savings and temporary cash investments				2	99,149.
	3	Pledges and grants receivable, net				3	·
:	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, di	rectors	s, trustees, key			
		employees, and highest compensated employee	es Coi	mplete Part II	•	j	
		of Schedule L		{		5	
	6	Receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)), persons described in section 4958(c))(3)(B),	and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
<i>(</i> 0		employees' beneficiary organizations (see instru		6			
Assets	7	Notes and loans receivable, net		_		7	
Ass	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D	10a	16,672. 16,672.			
	b	,	310.	$\overline{}$	0.		
	11	Investments - publicly traded securities	ļ	91,334.	11	92,920.	
	12	Investments - other securities. See Part IV, line 1		50,793.	12	42,194.	
	13	Investments - program-related See Part IV, line		13	_		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		667.	15	667.	
	16	Total assets, Add lines 1 through 15 (must equi	al line	34)	264,637.	16	245,548.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
ies	21	Escrow or custodial account liability Complete I		ř		21	
Liabilities	22	Payables to current and former officers, director					
<u>ta</u>		highest compensated employees, and disqualifi	ed per	sons. Complete Part II			
_		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	 .
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities Complete Part X of Schedule D		-	0.	25	0.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check he				26	
/ 0		lines 27 through 29, and lines 33 and 34.	ere >	and complete		1	
ě	27	Unrestricted net assets				07	
<u>fa</u>	28	Temporarily restricted net assets				27 28	
B	29	Permanently restricted net assets		29			
Š		Organizations that do not follow SFAS 117, c	haak k	nere 🕨 🗓 and		25	
F.		complete lines 30 through 34.	IIECK I	iere 🖊 🕰 and			
ts c	30	Capital stock or trust principal, or current funds		0.	30	0.	
Se	31	Paid-in or capital surplus, or land, building, or ed		ant fund		31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		i i	264,637.		245,548.
Š	33	Total net assets or fund balances	conie,	or other fullys	264,637.		245,548.
	34	Total liabilities and net assets/fund balances		}	264,637.	34	245,548.
		Total natinties and net assets/fund balances			404,007.		<u> </u>

Form	990 (2010) THE ATLANTA KENNEL CLUB, INC.	58-1307	594	Pag	_{je} 12			
Pai	t XI Reconciliation of Net Assets	·- ·-						
	Check if Schedule O contains a response to any question in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u> </u>	1,1!	51.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	73	3, 24	<u>40.</u>			
3	Revenue less expenses Subtract line 2 from line 1	3	-19	9,0	<u>89.</u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	264	4,6	<u>37.</u>			
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	24!	5,5	48.			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			ŀ				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
b	Were the organization's financial statements audited by an independent accountant?		2b		X_			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O						
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	i on a		- 1	ì			
	separate basis, consolidated basis, or both.							
	Separate basis Consolidated basis Both consolidated and separate basis							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	igle Audit						
	Act and OMB Circular A-133?	-	3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		İ			

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2010 Open to Public Inspection

OMB No 1545-0047

Name of the organization

► Attach to Form 990. ► See separate instructions.

Employer identification number 58-1307594

	THE ATLANTA KENNEL	58-1307594	
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s 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 held in donor advi	sed funds
_	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	-	
_	for charitable purposes and not for the benefit of the donor of		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
	impermissible private benefit?	or donor advisor, or for any other purpose	Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or o		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		tilled filotofic structure
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conseniation easement on the last
_	day of the tax year	ned conservation contribution in the form	of a conservation easement on the last
	and the same year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
h	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
q	Number of conservation easements included in (c) acquired		
u	listed in the National Register	arter 6/17/00, and not on a historic struct	
3	Number of conservation easements modified, transferred, re	Joseph artinguished or terminated by th	2d
Ŭ	year	neased, extinguished, or terminated by th	e organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about		
	and section 170(h)(4)(B)(ii)?	,	Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements		3
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other 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 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descri	ibes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	at and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items	·	
	(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 tre	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

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Schedule D (Form 990) 2010

		ANTA KENNE							07594			
Par	t III Organizations Maintaining C					_						
3	Using the organization's acquisition, accessi	on, and other record	is, check	any of	the following tha	t are a si	ignificant us	e of its o	collection i	tems		
	(check all that apply).											
а	Public exhibition	c	י בייי	oan or	exchange progra	ams						
b	Scholarly research	€	, []	Other	_							
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	n how the	ey furth	er the organızatı	on's exe	mpt purpos	e ın Part	XIV			
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets											
	to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or												
	reported an amount on Form 990, Part X, line 21											
1a	Is the organization an agent, trustee, custod	an or other interme	diary for o	contribu	tions or other as	sets not	ıncluded		_			
	on Form 990, Part X?							L	Yes	No		
þ	If "Yes," explain the arrangement in Part XIV and complete the following table											
									Amount			
С	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						11			-		
2a	Did the organization include an amount on F	orm 990, Part X, line	217						Yes	No		
<u>b</u>	If "Yes," explain the arrangement in Part XIV											
Pai	t V Endowment Funds. Complete	f the organization ar	nswered '	"Yes" to	Form 990, Part	IV, line 1	0					
		(a) Current year	(b) Pi	rıor year	(c) Two yea	rs back	(d) Three ye	ars back	(e) Four y	ears back		
1a	Beginning of year balance											
b	Contributions			_								
С	Net investment earnings, gains, and losses											
đ	Grants or scholarships											
е	Other expenditures for facilities											
	and programs			_								
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the year	r end balance held	as									
а	Board designated or quasi-endowment		%									
b	Permanent endowment	%										
С	Term endowment	%										
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are he	ld and administe	ered for t	he organiza	tion				
	by	_					•		[\forall	es No		
	(i) unrelated organizations								3a(i)			
	(ii) related organizations								3a(ii)			
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Sched	fule R?					3b			
4	Describe in Part XIV the intended uses of the											
Par	t VI Land, Buildings, and Equipm						•					
	Description of investment	(a) Cost or o	other	(b) (Cost or other	(c) A	ccumulated	mulated (d) Book va		value		
•		basis (investi			depreciation			, ,				
	Land											
	Buildings											
C	Leasehold improvements											
d	Equipment				16,672.		16,67	2.		0.		
	Other											
	. Add lines 1a through 1e (Column (d) must e	qual Form 990. Part	X, colum	nn (B). In	ne 10(c))					0.		
				·····								

Schedule D (Form 990) 2010

	dule D (Form 990) 2010 THE ATLANTA KENNEL CLUB, IN		 		307594 Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	<u>Audite</u>	d Financial S	<u>statements</u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		54,151.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		73,240.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3_		-19,089.
4	Net unrealized gains (losses) on investments				
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net) Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10	D 4	-19,089.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	nts wi	in Revenue p	er Return	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		1	
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	_2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses	per Retur	n
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1	
	Other (Describe in Part XIV)	4b		·	
c	Add lines 4a and 4b	_ 	·····	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
	t XIV Supplemental Information				
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III a 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp				
		· · · · · · · · · · · · · · · · · · ·			
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Employer identification number 2 58-1307594 (h) Purpose of grant or assistance X Yes 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 recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant 8 000 INC. (c) IRC section if applicable CLUB, Enter total number of section 501(c)(3) and government organizations THE ATLANTA KENNEL General Information on Grants and Assistance (P) EIN 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 or government Name of the organization Part Part 30602

Schedule I (Form 990) (2010)

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

Page 2 (f) Description of non-cash assistance 58-1307594 (book, FMV, appraisal, other) (Form 990) (2010) THE ATLANTA KENNEL CLUB, INC.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated 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 (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2010) Part III

Schedule I (Form 990) (2010)

032102 01-13-11

SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

2010
Open to Public Inspection

Employer identification number Name of the organization 58-1307594 THE ATLANTA KENNEL CLUB, INC FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: **SHOWS**

120475 300020

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 1-2011)

 $\triangleright [X]$ If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization Type or **Employer identification number** print THE ATLANTA KENNEL CLUB, INC. 58-1307594 File by the Number, street, and room or suite no. If a P.O box, see instructions due date for filing your 210 NORTH QUAIL LANE return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions PINE MOUNTAIN, GA 31822 0 | 1 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Code Code Is For Form 990 07 01 Form 990-T (corporation) Form 990-BL 02 Form 1041-A Form 990-EZ 03 Form 4720 Form 990-PF 10 Form 5227 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 12 06 Form 8870 ANGELA W. STILLWELL The books are in the care of ► 210 NORTH QUAIL LANE - PINE MOUNTAIN, GA 31822 Telephone No ► 706-663-8093 FAX No > If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this If it is for part of the group, check this box 🕨 🔛 and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until JANUARY 15, 2012 to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year ► X tax year beginning JUN 1, 2010 ___, and ending MAY 31, If the tax year entered in line 1 is for less than 12 months, check reason. Initial return Final return ___ Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions 3а If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 0. 3b Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Paperwork Reduction Act Notice, see Instructions.