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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 03-01-2010, and ending 02-28-2011

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

C Name of organization: Tibetan Terrier Club of America Inc. Number and street (or P O box, if mail is not delivered to street address): 12 Sandhurst Drive. City or town, state or country, and ZIP + 4: West Hartford, CT 06107

D Employer identification number: 06-1100733. E Telephone number: (860) 561-3723. F Group Exemption Number

G Accounting method: Cash. I Website: www.TTCAonline.com. J Tax-Exempt status: 501(c)(3)

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

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

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

Table with 21 rows and 3 columns: Line number, Description, and Amount. Rows include Revenue (Contributions, Program service, etc.), Expenses (Grants, Salaries, etc.), and Net Assets (Excess or deficit, beginning/end of year).

Part II Balance Sheets

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

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	60,795	22 67,360
23 Land and buildings		23
24 Other assets (describe in Schedule O)	5,847	24 9,476
25 Total assets	66,642	25 76,836
26 Total liabilities (describe in Schedule O)		26 420
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	66,642	27 76,416

Part III Statement of Program Service Accomplishments

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

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

What is the organization's primary exempt purpose?

To encourage and promote the quality breeding of purebred Tibetan Terriers, through education, showing and promotion

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

28 To encourage and promote the quality breeding of purebred Tibetan Terriers, through education, showing and promotion (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

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

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

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

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

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, tax returns, and financial accounts. Includes fields for Yes/No and numerical amounts.

Yes No

Table with 3 columns: Question (45, 45a, 46), Yes, No. Questions about controlled entities and political activities.

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

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

Yes No

Table with 3 columns: Question (47, 48, 49a, 49b), Yes, No. Questions about lobbying, school status, and related organizations.

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"

Table with 5 columns: (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.

50(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"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation.

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

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer (*****), Date (2011-08-04), Type or print name and title (Gale Mattison Treasurer).

Paid Preparer's Use Only: Preparer's signature (Krsty K Armstrong CPA), Date, Check if self-employed, Preparer's taxpayer identification number, Firm's name (Krsty K Armstrong CPA Inc), address, and ZIP + 4 (88 Hilltop Drive, Charlestown, RI 028134002), EIN, Phone no ((401) 364-3500).

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

Open to Public Inspection

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Tibetan Terrier Club of America Inc

Employer identification number

06-1100733

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1001	Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$0 Accounts Payable and Accrued Expenses - Ending \$420

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1011	Other Assets 1011	Prepaid Expenses and Deferred Charges - Beginning \$995 Prepaid Expenses and Deferred Charges - Ending \$1220

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1010	Other Assets 1010	Inventories - Beginning \$4852 Inventories - Ending \$8256

Identifier

Return Reference

Explanation

Form 990-EZ, Part I, Line 16 15

Other Expenses 15

Books, Subscriptions, Referenc \$65

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 14	Other Expenses 14	AKC Fees \$78

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 13	Other Expenses 13	Advertising \$167

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 12	Other Expenses 12	Outside computer services \$191

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 11	Other Expenses 11	Membership dues - organization \$225

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	Speaker Fees - education \$250

Identifier

Return Reference

Explanation

Form 990-EZ, Part I, Line 16 9

Other Expenses 9

Other Expenses \$439

Identifier

Return Reference

Explanation

Form 990-EZ, Part I, Line 16 8

Other Expenses 8

Bank Fees, finance charges \$492

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	Equipment and supplies \$526

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	Miscellaneous \$1380

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	Charitable Donations \$2858

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	Rescue Expenses \$6257

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	Special Events \$19388

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$1575

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$391

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 8 7	Other Revenue 7	Program service - other \$60

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 8 6	Other Revenue 6	Program Fees - Futurity \$325

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 8 5	Other Revenue 5	Miscellaneous Revenue \$854

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 8 4	Other Revenue 4	Program Fees - referral \$2600

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 8 3	Other Revenue 3	Entry Fees \$3793

Identifier

Return Reference

Explanation

Form 990-EZ, Part I, Line 8 2

Other Revenue 2

Advertising Fees \$3862

Identifier

Return Reference

Explanation

Form 990-EZ, Part I, Line 8 1

Other Revenue 1

Meals, Seating Sales Nat \$9488

Additional Data

Software ID: 10000105
Software Version: 2010v3.2
EIN: 06-1100733
Name: Tibetan Terrier Club of America Inc

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Betsy Richards 36 Nichter Road Lancaster, NY 14086	Director 0	0		
Jackie Kaar 22 Raintree Place The Woodlands, TX 773815152	Director 0	0		
Jean Allen 55-1/2 North Main Street South Hadley, MA 01075	Director 0	0		
Nancy Stanford 73 N River Road Sewalls Point, FL 34996	Director 0	0		
Karen Sponable 166 Bulson Road Troy, NY 12180	Director 0	0		
Stacey LaForge 87 Pleasantview Avenue New Providence, NJ 07974	AKC Delegate 0	0		
Gale Mattison 12 Sandhurst Drive West Hartford, CT 06107	Treasurer 0	0		
Michael McLoughlin 281 Silver Hill Lane Stamford, CT 06905	Recording Sec 0	0		
Lisa Hethcox 3291 Warrior Valley Road Altoona, AL 35952	Corr Secretary 0	0		
Terry Dennison PO Box 870908 Wasilla, AK 99687	2nd VP 0	0		
Ron Pankiewicz 1645 Seaks Run Road Glen Rock, PA 173278484	1st VP 0	0		
Ken Edmonds 945 Clairmont Avenue Decatur, GA 30030	President 0	0		