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Short Form  
Return of Organization Exempt From Income TaxUnder 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

2011

Open to Public  
Inspection

A For the 2011 calendar year, or tax year beginning

, 2011, and ending

B Check if applicable

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

C  
TUALATIN KENNEL CLUB, INC.  
7270 NW HELVETIA RD  
HILLSBORO, OR 97124

D Employer identification number

23-7272993

E Telephone number

(503) 647-0946

F Group Exemption  
NumberG Accounting Method  Cash  Accrual Other (specify) ►

I Website: ► N/A

J Tax-exempt status (ck only one) —  501(c)(3)  501(c) ( 5 ) ►(insert no)  4947(a)(1) or  527H 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 or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 123,625.

## 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 

R E V E N U E	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	122,571.
	3 Membership dues and assessments	3	500.
	4 Investment income	4	554.
	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	
	6 Gaming and fundraising events	6d	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	of contributions
	c Less direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	123,625.
E X P E N S E S	10 Grants and similar amounts paid (list in Schedule O)	10	9,322.
	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	62,034.
	15 Printing, publications, postage, and shipping	15	182.
	16 Other expenses (describe in Schedule O)	16	58,906.
	17 Total expenses. Add lines 10 through 16	17	130,444.
A S S E T T S	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,819.
	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	114,871.
	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	108,052.

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

Form 990-EZ (2011)

**Part II Balance Sheets.** (see the instructions for Part II.)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	114,871.	22 108,052.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	114,871.	25 108,052.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	114,871.	27 108,052.

**Part III Statement of Program Service Accomplishments (see the instrs for Part III.)**

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

What is the organization's primary exempt purpose? **SEE SCHEDULE Q**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

## Expenses

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

28	-----		
	-----		
	(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	<b>Total program service expenses</b> (add lines 28a through 31a)		► <input type="checkbox"/> 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) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SEE SCHEDULE Q -----		0.	0.	0.

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 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

	Yes	No
33	X	

34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

34	X
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35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

35a	X
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35b	
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35c	X
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36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N

36	X
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.

37b	X
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38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

38a	X
-----	---

38b	N/A
-----	-----

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

39a	N/A
-----	-----

39 Section 501(c)(7) organizations Enter

39b	N/A
-----	-----

a Initiation fees and capital contributions included on line 9

40a	N/A
-----	-----

b Gross receipts, included on line 9, for public use of club facilities

40b	0.
-----	----

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

40c	0.
-----	----

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization

40d	0.
-----	----

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T

40e	X
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41 List the states with which a copy of this return is filed ► NONE

42a The organization's books are in care of ► KATHRYN HAMILTON Telephone no ► (503) 647-0946  
Located at ► 7270 NW HELVETIA RD, HILLSBORO, OR ZIP + 4 ► 97124

42b	X
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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)?

42c	X
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42d	
-----	--

42e	
-----	--

42f	
-----	--

42g	
-----	--

42h	
-----	--

42i	
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42j	
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43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year

43	N/A
----	-----

44a	X
-----	---

44b	X
-----	---

44c	X
-----	---

44d	
-----	--

45a	X
-----	---

45b	X
-----	---

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

44a	X
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44b	X
-----	---

44c	X
-----	---

44d	
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45a	X
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45b	X
-----	---

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

44b	X
-----	---

44c	X
-----	---

44d	
-----	--

c Did the organization receive any payments for indoor tanning services during the year?

44c	X
-----	---

44d	
-----	--

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

44d	
-----	--

e Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?

45a	X
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45b	X
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**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.

**2011**Open to Public  
Inspection

Name of the organization

TUALATIN KENNEL CLUB, INC.

Employer identification number

23-7272993**FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE**THE OBJECT OF THE CLUB IS TO:(1) FURTHER THE ADVANCEMENT OF ALL BREEDS OF PURE-BRED DOGS(2) TO DO ALL IN ITS POWER TO PROTECT AND ADVANCE THE INTEREST OF ALL BREEDS OFPURE-BRED DOGS AND TO ENCOURAGE SPORTSMANLIKE COMPETITION AT DOG SHOWS ANDOBEDIENCE TRIALS(3) TO CONDUCT SANCTIONED MATCHES, DOG SHOWS, AND OBEDIENCE TRIALS UNDER THE RULESOF THE AMERICAN KENNEL CLUB.

TUALATIN KENNEL CLUB, INC.

23-7272993

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

DELEGATE FEES	\$ 3,857.
INSURANCE	2,139.
JUDGES FEES	23,850.
MEETINGS/ENTERTAINMENT	3,483.
OFFICE EXPENSES	826.
SHOW EXPENSE	17,175.
STEWARD FEES	4,215.
SUPPLIES AND MISCELLANEOUS	3,361.
<b>TOTAL</b>	<b>\$ 58,906.</b>

**FORM 990-EZ, PART IV**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
AMY VANDEHEY 21565 SW BLAINE CT BEAVERTON, OR 97006	REC SECRETARY 1	\$ 0.	\$ 0.	0.
KYLE ROBINSON PO BOX 304 SCAPPOOSE, OR 97006	VICE PRESIDENT 1	0.	0.	0.
LISA DUPRE' 685 NE 18TH HILLSBORO, OR 97124	PRESIDENT 1	0.	0.	0.
DAWN DANNER 12805 SW BARBERRY DR BEAVERTON, OR 97008	DIRECTOR 1	0.	0.	0.
KATHY HAMILTON 7270 NW HELVETIA RD HILLSBORO, OR 97124	TREASURER 3	0.	0.	0.
KATHY CORBETT 20665 SW JOHNSON ST ALOHA, OR 97006	CORR SECRETARY 1	0.	0.	0.
MARK STREVER 609 SOUTH A STREET WASHOUGAL, WA 98671	DIRECTOR 1	0.	0.	0.
CHUCK MURRAY PO BOX 2219 ESTACADA, OR 97023	DIRECTOR 1	0.	0.	0.

TUALATIN KENNEL CLUB, INC.

23-7272993

**FORM 990-EZ, PART IV (CONTINUED)**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
ANITA WILLIAMS 12541 SE 131ST CT CLACKAMAS, OR 97086	DIRECTOR 1	\$ 0.	\$ 0.	\$ 0.
JOAN SAVAGE 37641 NW HAHN RD BANKS, OR 97106	DIRECTOR 1	0.	0.	0.
DR. CRAIG BOWEN 18801 SW BOONES FERRY RD TUALATIN, OR 97062	DIRECTOR 1	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.