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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 03-01-2011, and ending 02-29-2012

- 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) Room/suite: 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: [X] Cash [] Accrual [] Other (specify)

H Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: www.ttac-online.org

J Tax-Exempt status (check only one): [] 501(c)(3) [X] 501(c)(7) (insert no) [] 4947(a)(1) or [] 527

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. \$ 97,713

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 [X]

Table with 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 95,870 and total expenses is 82,011, resulting in net assets of 90,275 at the end of the 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	67,360	22 82,418
23 Land and buildings		23
24 Other assets (describe in Schedule O)	9,476	24 7,957
25 Total assets	76,836	25 90,375
26 Total liabilities (describe in Schedule O)	420	26 100
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	76,416	27 90,275

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 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

28 To encourage and promote the quality breeding of purebred Tibetan Terriers, through education, showing and promotion (Grants \$ 67,552) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	13,333
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	67,552

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
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)		No
35	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		
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)?		No
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		No
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a _____		
37b	Did the organization file Form 1120-POL for this year?		No
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?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	<i>Section 501(c)(7) organizations.</i> Enter		
39a	Initiation fees and capital contributions included on line 9		0
39b	Gross receipts, included on line 9, for public use of club facilities		0
40a	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
40b	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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		
40c	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____		
40d	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
40e	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		No
41	List the states with which a copy of this return is filed <input type="checkbox"/> _____		
42a	The organization's books are in care of <input type="checkbox"/> <u>Gale Mattison</u> Telephone no <input type="checkbox"/> <u>(860) 561-3723</u> 12 Sandhurst Drive Located at <input type="checkbox"/> <u>West Hartford, CT</u> ZIP + 4 <input type="checkbox"/> <u>061073644</u>		
42b	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)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 _____		
44a	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	Yes	No
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44c	Did the organization receive any payments for indoor tanning services during the year?		No
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
45b	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 may need to be completed instead of Form 990-EZ (see instructions)		No

Yes **No**

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

46		No
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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**

47 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

47		
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48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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 "

(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	***** Signature of officer	2012-08-20 Date
	Gale Mattison Treasurer Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ▶ Kristy K Armstrong CPA	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Kristy K Armstrong CPA Inc 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

Additional Data

Software ID: 11000144
Software Version: 2011v1.2
EIN: 06-1100733
Name: Tibetan Terrier Club of America Inc

Form 990-EZ, Special Condition Description:**Special Condition Description****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		
Tammy Marshall 4614 Jarvis Street Lubbock, TX 79416	Director 0	0		
Mikki DeMers 2411 Ripplewood Drive Conroe, TX 77384	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		
Jean Allen 551/2 North Main Street South Hadley, MA 01075	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		

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

**Open to Public
Inspection**

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 \$420 Accounts Payable and Accrued Expenses - Ending \$100
Form 990-EZ, Part II, Line 24 1011	Other Assets 1011	Prepaid Expenses and Deferred Charges - Beginning \$1220 Prepaid Expenses and Deferred Charges - Ending \$1161
Form 990-EZ, Part II, Line 24 1010	Other Assets 1010	Inventories - Beginning \$8256 Inventories - Ending \$6796
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	Advertising \$30
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	Outside computer services \$317
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	Membership dues - organization \$400
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	Bank Fees, finance charges \$918
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	Miscellaneous \$1095
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	Charitable Donations \$8919
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	Program Expenses \$67552
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$1635
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$214
Form 990-EZ, Part I, Line 8 5	Other Revenue 5	Miscellaneous Revenue \$60
Form 990-EZ, Part I, Line 8 4	Other Revenue 4	Program Fees \$2380
Form 990-EZ, Part I, Line 8 3	Other Revenue 3	Advertising Fees \$4340
Form 990-EZ, Part I, Line 8 1	Other Revenue 1	Meals, Seating Sales Nat \$13240