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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization

Tualatin Kennel Club

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

9012541 SE 131st Ct

Room/suite

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

Clackamas, OR 97086

D Employer identification number

23-7272993

E Telephone number

503-698-2617

F Group Exemption
Number ►G Accounting Method: Cash Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) — 501(c)(3) 501(c)(5) ◀ (insert no.) 4947(a)(1) or 527K 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 ► \$ 136,285

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 ►

1	Contributions, gifts, grants, and similar amounts received	1
2	Program service revenue including government fees and contracts	2 135,587
3	Membership dues and assessments	3 485
4	Investment income	4 213
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	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
b	Gross income from fundraising events (not including \$ [REDACTED] of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
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 ►	9 136,285
10	Grants and similar amounts paid (list in Schedule O)	10 27,950
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 62,080
15	Printing, publications, postage, and shipping	15 385
16	Other expenses (describe in Schedule O)	16 62,212
17	Total expenses. Add lines 10 through 16 ►	17 152,627
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 (-16,342)
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)	19 108,052
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 91,710

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	108,052	22 91,710
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	108,052	25 91,710
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)	108,052	27 91,710

Part III Statement of Program Service Accomplishments (see the instructions 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 O

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
5947(a)(1) trusts; optional
for others)

28	_____		
29	(Grants \$ _____) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	
30	(Grants \$ _____) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	
31	Other program services (describe in Schedule O)		
32	(Grants \$ _____) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32	Total program service expenses (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.

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

	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	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
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
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c 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	35c	X
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	A
b Did the organization file Form 1120-POL for this year?	37b	X
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
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40b	
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
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 ► _____		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► _____		
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
41 List the states with which a copy of this return is filed ► None		
42a The organization's books are in care of ► Anita Williams Telephone no. ► 503-698-2617 Located at ► 12541 SE 131st Ct, Clackamas, OR ZIP + 4 ► 97086-1684	42b	X
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)? If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42c	X
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 ► 43		
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
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
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
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)	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51

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

		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	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
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."		

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

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.

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	<i>Anita M. Williams</i>	<i>3-11-13</i>
	Signature of officer	Date
	<i>Anita M. Williams, Treasurer</i>	
	Type or print name and title	

Paid Preparer Use Only	Prnt/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►	Firm's EIN ►			
	Firm's address ►	Phone no. ►			

May the IRS discuss this return with the preparer shown above? See instructions

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.

Name of the organization

Employer identification number

Tualatin Kennel Club

23-7272993

Form 990-EA, 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) do all in its power to protect and advance the interest of all breeds of pure-bred dogs and to encourage sportsmanlike competition at dog shows and obedience trials
- (3) conduct sanctioned matches, dog shows and obedience trials under the rules of the American Kennel Club

2012 Schedule O – Supplemental Information – Page 2

Tualatin Kennel Club 23-7272993

Form 990-EZ, Part I, Line 10, Grants and Similar Amounts Paid:

\$20,000	Bonnie L Hays Small Animal Shelter
500	Oregon State University
5,000	Oregon State College of Veterinary Medicine
500	Clark College
200	Canine Health Foundation
250	WSU
250	WSU
250	NAIA
1,000	AKC Humane Fund
\$27,950	

Form 990-EZ, Part I, Line 16, Other Expenses:

\$25,619	Judges' fees and expenses
4,725	Stewards' fees
18,264	Other show expenses
3,848	Delegate expenses
2,652	Office expenses
7,105	Other expenses
\$62,212	Total

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

Name and Address	Title and Avg Hrs/Week	Compensation	Health Benefits & Contr to EBP & DC	Expense Acct and Other Allow
Lisa Dupre 685 NE 18 th Hillsboro, OR 97124	President 1 hr	\$0	\$0	\$0
Dawn Danner 12805 SW Barberry Dr Beaverton, OR 97008	Director 1 hr	\$0	\$0	\$0
Joan Savage 37641 NW Hahn Rd Banks, OR 97106	President 1 hr	\$0	\$0	\$0

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Tualatin Kennel Club 23-7272993

Form 990-EZ, Part IV (continued), List of Officers, Director, Trustees and Key Employees

Name and Address	Title and Avg Hrs/Week	Compensation	Health Benefits & Contr to EBP & DC	Expense Acct and Other Allow
Craig Bowen 18801 SW Boones Ferry Rd Tualatin, OR 97062	Vice Pres 1 hr	\$0	\$0	\$0
Thea Robinson PO Box 304 Scappoose, OR 97006	Rec Secr 1 hr	\$0	\$0	\$0
Pam Saunders 26825 NW West Union Hillsboro, OR 97124	Director 1 hr	\$0	\$0	\$0
Mark Strever 609 South A Street Washougal, WA 98671	Director 1 hr	\$0	\$0	\$0
Chuck Murray PO Box 2219 Estacada, OR 97023	Director 1 hr	\$0	\$0	\$0
Anita Williams 12541 SE 131 st Ct Clackamas, OR 97086	Director 1 hr	\$0	\$0	\$0
Kathy Hamilton 7270 NW Helvetia Rd Hillsboro, OR 97124	Treasurer 3 hrs	\$0	\$0	\$0
Kathy Corbett 20665 SW Johnson St Aloha, OR 97006	Corr Secr 1 hr	\$0	\$0	\$0