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Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning

, 2013, 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)

D Employer identification number

23-7272993

c/o 12541 SE 131st Ct

Room/suite

503-698-2617

City or town, state or province, country, and ZIP or foreign postal code

Clackamas, OR 97086

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 Form of organization: Corporation Trust Association Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2 174471
	3 Membership dues and assessments	3 270
	4 Investment income	4 72
	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 \$ 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 174813
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 9025
	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 56496
	15 Printing, publications, postage, and shipping	15 714
	16 Other expenses (describe in Schedule O)	16 133345
	17 Total expenses. Add lines 10 through 16 ►	17 199580
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 (24767)
	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 91710
	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 66943

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2013)

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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	91710	22
23	Land and buildings		66943
24	Other assets (describe in Schedule O)		
25	Total assets	91710	25
26	Total liabilities (describe in Schedule O)	0	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	91710	27
			66943

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 4947(a)(1) trusts; optional for others)

28 _____

(Grants \$) If this amount includes foreign grants, check here

(Grants \$) If this amount includes foreign grants, check here

30

(Grants \$) If this amount includes foreign grants, check here . . . ►

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ▶

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 Q 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	✓
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	✓
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	✓
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	✓
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37a	0
b Did the organization file Form 1120-POL for this year?	37b	✓
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	✓
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	39b	
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	40b	
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	40b	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	40b	
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	40b	
41 List the states with which a copy of this return is filed ► None	40e	✓
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	
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: ►	42b	✓
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ►	42c	✓
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	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	✓
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	✓
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	✓

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

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

100

		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 business address of each independent contractor	(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	 <u>Anita M. Williams</u> Signature of officer  <u>Anita M Williams</u> <u>Treasurer</u> <small>Type or print name and title</small>	<u>10-25-14</u> Date
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Paid Preparer Use Only	Print/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 for details.

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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization

Tualatin Kennel Club

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) 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 ~~trial~~ ^{trials} ~~rule~~ ^{rules} under the rule of the American Kennel Club

2013 Schedule O – Supplemental Information – Page 2
Tualatin Kennel Club 23-7272993

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

\$ 1,500	Oregon Dog Judges Association
250	Portland State University
5,000	Oregon State College of Veterinary Medicine
250	College of Idaho
200	Canine Health Foundation
975	Multiple regional fire departments (pet oxygen masks)
850	NAIA
\$ 9,025	Total

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

\$ 30,302	Judges' fees and expenses
4,875	Stewards' fees
58,697	Show superintendent expenses
29,929	Other show expenses
1,857	Delegate expenses
1,845	Office expenses
5,840	Other expenses
\$133,345	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	Director 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

2013 Schedule O – Supplemental Information – Page 3

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
Jan Sturm 11965 SW Manzanita Ct Tigard, OR 97223	Director 1 hr	\$0	\$0	\$0
Coby Whitehead 30980 NW Cottage St PO Box 43 North Plains, OR 97133	Director 1 hr	\$0	\$0	\$0
Anita Williams 12541 SE 131 st Ct Clackamas, OR 97086	Treasurer 1 hr	\$0	\$0	\$0
Kathy Corbett 20665 SW Johnson St Aloha, OR 97006	Corr Secr 1 hr	\$0	\$0	\$0