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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 private foundations)

OMB No. 1545-1150

2015**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

▶ 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.**A** For the 2015 calendar year, or tax year beginning

, 2015, and ending

, 20

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final 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)

c/o 12541 SE 131st Ct

Room/suite

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

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: ▶**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (check only one) – ☐ 501(c)(3) ☒ 501(c)(5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K** 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 ▶ \$**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	175532
	3	Membership dues and assessments	3	1310
	4	Investment income	4	95
	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	176936	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	2500
	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	58930
	15	Printing, publications, postage, and shipping	15	123
	16	Other expenses (describe in Schedule O)	16	113952
	17	Total expenses. Add lines 10 through 16 ▶	17	175505
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1431
	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	59296
	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	60727

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2015)

JAN 25 2016



Revenue

Expenses

Net Assets

24

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		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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		
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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		<input checked="" type="checkbox"/>
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 ▶ c/o 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: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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: ▶		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
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		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
b 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)		<input checked="" type="checkbox"/>

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
46		<input checked="" type="checkbox"/>

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 ☐

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

	Yes	No
47		
48		
49a		
49b		

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

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

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

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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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 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 ▶ Anita Williams Signature of officer Date 1-01-16
 ▶ Anita Williams, Treasurer Type or print name and title

Paid Preparer Use Only Preparer's name ▶ Preparer's signature ▶ Date ▶ Check ☐ 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 ☐ Yes ☐ No

2015 Schedule O – Supplemental Information – Page 1

Tualatin Kennel Club 23-7272993

THE 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

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

\$ 2,000	Oregon State College of Veterinary Medicine
500	Oregon Dog Judges Association
\$ 2,500	Total

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

\$ 21,550	Judges' fees and expenses
3,525	Stewards' fees
60,171	Show superintendent expenses
22,697	Other show expenses
2,109	Delegate expenses
2,392	Office expenses
1,508	Other expenses
\$113,952	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
Curt Curtis 7255 Bates Road S Salem, OR 97306	Director 1 hr	\$0	\$0	\$0
Dawn Danner 12805 SW Barberry Dr Beaverton, OR 97008	Director 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

Joan Savage 37641 NW Hahn Rd Banks, OR 97106	Director 1 hr	\$0	\$0	\$0
Craig Bowen 18801 SW Boones Ferry Rd Tualatin, OR 97062	President 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 23525 NW Howell Dr Banks, OR 97106	Corr Secr 1 hr	\$0	\$0	\$0
Karen Walker 9000 SW Sunstead Lane Portland, OR 97225	Director 1 hr	\$0	\$0	\$0