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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

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.

OMB No 1545-1150

2010

Open to Public  
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**A** For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

**B** Check if applicable:

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

**C** Name of organization: THE AMERICAN FOX TERRIER CLUB

Number & street (or P O box, if mail is not delivered to street addr): 135 WESTON ROAD

Room/suite:

City or town, state or country, and ZIP + 4: Plainfield CT 06374

**D** Employer identification number: 23-6423580

**E** Telephone number: (860)-564-4820

**F** Group Exemption Number:

**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►

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

**I** Website: ► AFTC.ORG

**J** Tax-exempt status (check only one) -- ☐ 501(c)(3) ☒ 501(c)(7) (insert no.) 4947(a)(1) or 527

**K** Check ☐ if the organization is not a section 509(a)(3) supporting 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. ► \$ 53,332

**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	15,714
	2	Program service revenue including government fees and contracts	2	9,326
	3	Membership dues and assessments	3	17,541
	4	Investment income	4	7,448
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
EXPENSES	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 6a. Attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b	2,190
	6c	Less: direct expenses from gaming and fundraising events	6c	4,013
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-1,823
	7a	Gross sales of inventory, less returns and allowances	7a	1,113
	7b	Less: cost of goods sold	7b	75
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	1,038
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	49,244
	ASSETS	10	Grants and similar amounts paid (list in Schedule O)	10
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	500
14		Occupancy, rent, utilities, and maintenance	14	
15		Printing, publications, postage, and shipping	15	2,738
16		Other expenses (describe in Schedule O)	16	23,712
17		Total expenses. Add lines 10 through 16	17	26,950
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	22,294
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	96,011
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	118,305

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

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**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
<b>33</b> 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.		X
<b>34</b> 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).		X
<b>35</b> 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.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		X
<b>36</b> 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.		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions.		
<b>b</b> Did the organization file Form 1120-POL for this year?		X
<b>38a</b> 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?		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved.		
<b>39</b> Section 501(c)(7) organizations. Enter.		
<b>a</b> Initiation fees and capital contributions included on line 9.		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities.		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911; section 4912; section 4955.		
<b>b</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.		X
<b>c</b> 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.		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.		
<b>e</b> 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.		X
<b>41</b> List the states with which a copy of this return is filed. <b>NONE</b>		
<b>42a</b> The organization's books are in care of <b>See attachment #3</b> . Telephone no. Located at ZIP + 4.		
<b>b</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.		X
<b>c</b> 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:		X
<b>43</b> 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.		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
<b>b</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.		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		X

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a 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 must be completed instead of Form 990-EZ (see instructions)	45a	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	46	X

**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, 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? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	X

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, .. ►

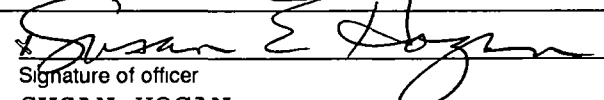
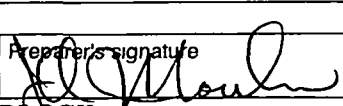
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(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		Date <u>5/12/2011</u>	
	SUSAN HOGAN Type or print name and title		TREASURER	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed
	JOHN A. MOULSON, CPA		5/11/11	PTIN P00353761
	Firm's name	H AND R BLOCK		Firm's EIN
	Firm's address	506 NORWICH RD PLAINFIELD CT 06374		Phone no. 860-564-5018

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**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.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

THE AMERICAN FOX TERRIER CLUB

Employer identification number

23-6423580

FORM 990-EZ PART I LINE 16, OTHER EXPENSES

INSURANCE 2014

ANNUAL STATE FEE 25

BANK CHARGES 103

PROGRAM SERVICE EXPENSES 19484

TELLER FEES AND BALLOTS 1487

BOARD MEETINGS 364

DUES 235

TOTAL 23712

## 990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 1: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending
Name of Organization THE AMERICAN FOX TERRIER CLUB	Employer Identification Number 23-6423580

### Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	5,547
Exempt Purpose Achievements			

PROVIDE MONTHLY NEWSLETTER TO MEMBERS AND OTHERS INTERESTED IN THE FOX TERRIER BREEDS OF DOG.

## 990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 1: page 2 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending
Name of Organization THE AMERICAN FOX TERRIER CLUB	Employer Identification Number 23-6423580

**Part III - Statement of Program Service Accomplishments**

Grants and allocations	Amount includes foreign grants	Program service expenses	2,824
Exempt Purpose Achievements			

PROVIDE RESCUE AND PLACEMENT SERVICES FOR RESCUED DOGS OF THE FOX TERRIER BREED.



## 990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 1: page 3 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending
Name of Organization THE AMERICAN FOX TERRIER CLUB	Employer Identification Number 23-6423580

**Part III - Statement of Program Service Accomplishments**

Grants and allocations	Amount includes foreign grants	Program service expenses	8,372
Exempt Purpose Achievements			

SPONSOR AND MANAGE DOG SHOWS AND EVENTS TO PROMOTE THE FOX TERRIER BREED OF DOGS AND RECOGNIZE AND AWARD THOSE INDIVIDUALS WHO SUCCESSFULLY BREED, TRAIN AND CARE FOR THESE ANIMALS.

## 990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 1: page 4 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending
Name of Organization THE AMERICAN FOX TERRIER CLUB	Employer Identification Number 23-6423580

### Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	1,624
Exempt Purpose Achievements			

PROVIDE A WEBSITE FOR EDUCATIONAL AND BREED PROMOTION PURPOSES CONCERNING FOX TERRIER DOGS.

## 990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 1: page 5 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending
Name of Organization THE AMERICAN FOX TERRIER CLUB	Employer Identification Number 23-6423580

**Part III - Statement of Program Service Accomplishments**

Grants and allocations	Amount includes foreign grants	Program service expenses	258
Exempt Purpose Achievements			

PROVIDE EDUCATIONAL SERVICES TO THOSE WILLING TO BECOME JUDGES FOR EVENTS AND SHOWS AND FOR GENERAL EDUCATION AND BREED PROMOTION.

## 990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 1: page 6 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending
Name of Organization THE AMERICAN FOX TERRIER CLUB	Employer Identification Number 23-6423580

### Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	859
Exempt Purpose Achievements			

PROMOTE AND EDUCATE THE PUBLIC ABOUT THE FOX TERRIER BREED OF DOG THROUGH THE AMERICAN KENNEL CLUB.

# 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 2: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending
---------------------------	-------------------------------------------------------------

Name of Organization <b>THE AMERICAN FOX TERRIER CLUB</b>	Employer Identification Number <b>23-6423580</b>
--------------------------------------------------------------	-----------------------------------------------------

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
SHERRY ELLIOTT 29979 SE HEIPLE ROAD Eagle Creek, OR 97022-9664	SECOND VICE PRES 15.00			
MARY RAGGETT 1109 ESTATE DRIVE Memphis, TN 38119	FIRST VICE PRES 10.00	0	0	0
JAMES W SMITH P.O. BOX 696 North Collins, NY 14111	PRESIDENT 15.00	0	0	0
SUSAN HOGAN 135 WESTON ROAD Plainfield, CT 06374	TREASURER 15.00	0	0	0
JO HUBBS 2590 LOW DUTCH ROAD Gettysburg, PA 17325	SECRETARY 10.00	0	0	0

# 990 BOOKS ARE IN CARE OF

Attachment 3 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending
Name of Organization THE AMERICAN FOX TERRIER CLUB	Employer Identification Number 23-6423580
Part V - Line 42a	

Individual Name ..... SUSAN HOGAN  
or  
Business Name:

Street Address ..... 135 WESTON ROAD

U S Address:

Zip code 06374 City Plainfield State CT

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (860) 564-4820

Fax Number .....