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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

2011

**Open to Public
Inspection**

A For the 2011 calendar year, or tax year beginning , 2011, 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

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 the 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 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. ► \$ 59,509

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	26,926
	2	Program service revenue including government fees and contracts	11,614
	3	Membership dues and assessments	18,373
	4	Investment income	1,276
	5a	Gross amount from sale of assets other than inventory	
	5b	Less: cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6	Gaming and fundraising events	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
	6b	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)	995
6c	Less: direct expenses from gaming and fundraising events		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	995	
EXPENSES	7a	Gross sales of inventory, less returns and allowances	325
	7b	Less: cost of goods sold	384
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	-59
	8	Other revenue (describe in Schedule O)	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	59,125
	10	Grants and similar amounts paid (list in Schedule O)	
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	
	13	Professional fees and other payments to independent contractors	1,981
	14	Occupancy, rent, utilities, and maintenance	
ASSETS	15	Printing, publications, postage, and shipping	1,009
	16	Other expenses (describe in Schedule O)	39,308
	17	Total expenses. Add lines 10 through 16	42,298
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	16,827
	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)	118,696
	20	Other changes in net assets or fund balances (explain in Schedule O)	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	135,523

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

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		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)		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)?		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		X
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		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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
b Did the organization file Form 1120-POL for this year?		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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b		
39 Section 501(c)(7) organizations. Enter		
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 40a ; section 4912 40a ; section 4955 40a		
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
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 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
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. 41 <u>NJ</u>		
42a The organization's books are in care of 42a <u>See attachment #3</u> Telephone no 42a <u></u> Located at 42a <u></u> ZIP + 4 42a <u></u>		
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)? 42b		X
If "Yes," enter the name of the foreign country: 42b <u></u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside the U.S.? 42c		X
If "Yes," enter the name of the foreign country: 42c <u></u>		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here 43 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43 <u></u>		
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 <u>N/A</u>		
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
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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 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."

	Yes	No
47		
48		
49a		
49b		

(a) Name and title of each employee paid more than \$100,000	(b) Title and 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 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

SUSAN HOGAN

Type or print name and title

TREASURER

Date

5/18/2012

Paid Preparer Use Only

Print/Type preparer's name

John A Moulson, CPA

Preparer's signature

[Signature]

Date

5/13/12

Check ☒ if self-employed

PTIN

P80353761

Firm's name

Office 7868

Firm's EIN

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

2011

**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 2053

ANNUAL STATE FEE 25

BANK CHARGES 45

PROGRAM SERVICE EXPENSES 34306

POSTAGE AND OFFICE 897

BOARD MEETINGS 1242

DUES 740

TOTAL 39308

990 PROGRAM SERVICE ACCOMPLISHMENT

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

Open to Public		
Inspection	For calendar year 2011 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	6,598
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Exempt Purpose Achievements

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

990 PROGRAM SERVICE ACCOMPLISHMENT

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

Open to Public		
Inspection	For calendar year 2011 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	6,916
Exempt Purpose Achievements			

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

990 PROGRAM SERVICE ACCOMPLISHMENT

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

Open to Public Inspection	For calendar year 2011 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	11,501
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Exempt Purpose Achievements

SPONSOR AND MANAGE DOG SHOWS AND EVENTS PROMOTING THE FOX TERRIER BREED OF DOGS AND RECOGNIZE 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 2011 or tax period beginning	, and ending
Name of Organization	Employer Identification Number	
THE AMERICAN FOX TERRIER CLUB	23-6423580	

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	1,164
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Exempt Purpose Achievements

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

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 2011 or tax period beginning , and ending			
Name of Organization THE AMERICAN FOX TERRIER CLUB			Employer Identification Number 23-6423580	
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont to employee ben. plans & def comp	(E) Expense account & other compensation
SHERRY ELLIOTT 29979 SE HEIPLE ROAD Eagle Creek, OR 97022-9664	SECOND VICE PRES	0	0	0
MARY RAGGETT 1109 ESTATE DRIVE Memphis, TN 38119	FIRST VICE PRES	0	0	0
JAMES W SMITH P.O. BOX 696 North Collins, NY 14111	PRESIDENT	0	0	0
SUSAN HOGAN 135 WESTON ROAD Plainfield, CT 06374	TREASURER	0	0	0
JO HUBBS 2590 LOW DUTCH ROAD Gettysburg, PA 17325	SECRETARY	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 2011 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
or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (860) 564-4820

Fax Number