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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	r the 2	011 calendar	year, or tax year beginning , 2011, and endir	ng			, 20
E	B Check if applicable			C Name of organization	D	Employ	er Ide	entification number
	Add	dress ch	ange	THE AMERICAN FOX TERRIER CLUB				23-6423580
	Nan	ne chan	ge	Number & street (or PO box, if mail is not delivered to street addr.)	oom/ suite E	Telepho	ne nu	mber
	Initi	al returi	า					
	Teri	minated		135 WESTON ROAD			(8)	<u>60)564-4820</u>
	_	ended r		City or town, state or country, and ZIP + 4	F	Group (Exemp	tion
	App pen	lication ding		Plainfield CT 06374		Numbe		
Ō	Acc	countir	ng Method:	X Cash	H Che	ck ▶ 🏋 if	the or	ganization is not
1	W	ebsit	e:▶ <u>AFTC</u>	. ORG	requ	ired to at	tach S	chedule B
_	Tax	x-exer	npt status (ch	eck only one) 501(c)(3) X 501(c)(7) ◀ (insert no.) 4947(a)(1) or 527	(For	m 990, 99	90-EZ	or 990-PF)
ŀ	(Ch	eck 🕨	if the organ	nization is not a section 509(a)(3) supporting organization or a section 527	organiza	tion and	ıts gro	ss receipts are normally
	no	t more	than \$50,000	A Form 990-EZ or Form 990 return is not required though Form 990-N ((e-postca	rd) may b	e req	uired (see instructions).
	But	t if the	organization o	chooses to file a return, be sure to file a complete return.				
l	. Ad	ld lines	5b, 6c, and 7	7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more, or i	f total ass	ets (P	art II,
_	lin	e 25, c	olumn (B) bel	ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u> </u>	•	▶ \$	59,509
[Par	t 1	Revenue,	Expenses, and Changes in Net Assets or Fund Balance	ces (see	the instru	ctions	for Part I.)
_			Check if the	organization used Schedule O to respond to any question in this Part I				, [
_		1	Contributions	s, gifts, grants, and similar amounts received	,		1	26,926
		2	Program serv	vice revenue including government fees and contracts		ĺ	2	11,614
		3	Membership	dues and assessments		[3	18,373
		4	Investment in	ncome ,		. [4	1,276
		5a	Gross amour	nt from sale of assets other than inventory 5a				
		b	Less: cost or	other basis and sales expenses				
	R	С	Gain or (loss)) from sale of assets other than inventory (Subtract line 5b from line 5a) .			5c	
~:	Ë	6	Gaming and	fundraising events				
30	Ě	a	Gross income	e from gaming (attach Schedule G if greater than				
\$ 2012	REVENU		\$15,000)					
64	Ē	b	Gross income	e from fundraising events (not including \$ of co	ntribution	s		
			from fundras	sing events reported on line 1) (attach Schedule G if the				
705			sum of such	gross income and contributions exceeds \$15,000) 6b		995	.	
		С	Less direct e	expenses from gaming and fundraising events 6c				
		d	Net income of	or (loss) from gaming and fundraising events (add lines 6a and 6b and su	ubtract			
۳			line 6c)				6d	995
SCANNEL		7a	Gross sales of	of inventory, less returns and allowances		325		
8		b	Less cost of	goods sold		384		
Š		С	Gross profit of	or (loss) from sales of inventory (Subtract line 7b from line 7a)	VED		7c	-59
		8	Other revenu	ie (describe in Schedule O)	" <u></u>	_· · · } · }	8	
		9	Total revenu	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		<u> </u>	9	59,125
		10	Grants and s	ımılar amounts paid (list in Schedule O)		.Õl	10	
	Ε	11	Benefits paid	I to or for members		SS.	11	<u>. </u>
	X	12	Salaries, other	er compensation, and employee benefits	· 1:17:	' - .	12	
	EXPERSES	13	Professional	fees and other payments to independent contractors	, 01	! · ·	13	1,981
	N S	14	Occupancy,	rent, utilities, and maintenance			14	
	E	15	Printing, pub	lications, postage, and shipping			15	1,009
	•	16		ses (describe in Schedule O)			16	39,308
		17		ses. Add lines 10 through 16		<u>,, ▶ </u>	17	42,298
	Δ	18	-	eficit) for the year (Subtract line 17 from line 9)			18	16,827
	ASSETS	19		r fund balances at beginning of year (from line 27, column (A)) (must agre	e with			
	ξĔ		•	figure reported on prior year's return)			19	118,696
	Š	20	_	es in net assets or fund balances (explain in Schedule O)			20	
	_	21	Net assets or	r fund balances at end of year. Combine lines 18 through 20	<u> </u>	▶	21	135,523

	Check if the organization used Schedi	•	guestion in this Part II			
		,		seginning of year	T	(B) End of year
22	Cash, savings, and investments			118,696	22	135,523
23				0	23	0
24	Other assets (describe in Schedule O)			0	24	0
25	Total assets			118,696	25	135,523
26	Total liabilities (describe in Schedule O) .			0	26	0
27	Net assets or fund balances (line 27 of col			118,696	27	135,523
P	art III Statement of Program Serv	ice Accomplishme	nts (see the instructi		<u>.</u>	Expenses
Des	Check if the organization used Schedat is the organization's primary exempt purpose scribe the organization's program service according measured by expenses. In a clear and concise sons benefited, and other relevant information	e? mplishments for each of i manner, describe the se				Required for section 501(c)(4) 501(c
28	See attachment #1					
20	(Grants \$) If this am	ount includes foreign gra	nts, check here		28a	6,598
29						
20	(Grants \$) If this am	ount includes foreign gra	nts, check here		29a	6,916
30						
	(Grants \$) If this am	ount includes foreign gra	nts, check here		30a	11,501
31	Other program services (describe in Schedule	∋ O)		_		
	(2012)	ount includes foreign gra	ints, check here	<u></u> ▶	31a	1,164
32	Total program service expenses (add lines				32	26,179_
P	art IV List of Officers, Directors, Trustee					
	Check if the organization used Sche (a) Name and address	(b) Title and Average hours per week devoted to position	(c) Reportable (compensation (Form W-2/1099 MIS)	(d) Health benef	its, to plans &	(e) Estimated amount of other compensation
S	ee attachment #2	goroted to position	(II not paid, enter	deterred comper	isation	
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Form	990-EZ (2011)		Pi	age 3
Pa	TY 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		Х
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
35 a				
JJ 4	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
	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		X
D		330		<u> </u>
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	25-		X
	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			3,5
	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]	F		
b	Did the organization file Form 1120-POL for this year?	37b	ļ	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	[]		1
39	Section 501(c)(7) organizations. Enter	. !	1	1
а	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 ▶]		[
ь	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			ŧ
	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		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,			1
	4955, and 4958	ļ ;		-
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			ł
_	reimbursed by the organization			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
Ū	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ► NJ	·····	-	
42a	The organization's books are in care of ▶ See attachment #3 Telephone no ▶			
720	Located at ► ZIP + 4 ►			
5	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	<u> </u>	X
	If "Yes," enter the name of the foreign country:			<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	1		
				ŀ
	and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside the U.S ?	42c	ĺ.	X
С		720	Щ	1 2
	If "Yes," enter the name of the foreign country.			٠ ٦
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		Yes	No
		F	162	INO
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		1	‡
	completed instead of Form 990-EZ	44a	ļ	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	<u> </u>	X
¢		44c	<u> </u>	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			1
	explanation in Schedule O N/A	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b	Did the organization receive ant payment from or engage in any transaction with a controlled entity within the			1
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			1
	Form 990-EZ (see instructions)	45b		X

JVA

orm	990-EZ ((2011)							Pa	age (
•	 _								Yes	No
	Did the c	organization engage, directly or indirect	tly, in political ca	ampaign ac	ctivities on behalf of	or in oppos	ition			
		dates for public office? If "Yes," comple						46	·	X
a	rt VI	Section 501(c)(3) organization 501(c)(3) organizations and section 4 and 52, and complete the tables for the section 10 and 10 a	4947(a)(1) none	xempt chai	17(a)(1) nonexe	mpt char	itable trusts	s only. A	All secti	on
		Check if the organization used Sched	dule O to respo	nd to any o	question in this Part	VI		., <u></u>	<u></u>	
									Yes	Ň
		organization engage in lobbying activiti 'Yes," complete Schedule C, Part II				-		47		
		ganization a school as described in sec								
a		organization make any transfers to an ϵ								-
b		was the related organization a section							-	
		e this table for the organization's five h								
)	-	_	_							
		es) who each received more than \$100		nd Average			benefits, contruib-			
	(4	a) Name and title of each employee	hours	oer week	compensation (Forms	utions to emp	loyee benefit plans,	(e) Estim		
		paid more than \$100,000	devoted	to position	W-2/1099-MISC)	and deferre	d compensation	otherco	mpensa	tion
						1				
										-
								<u> </u>		
						 				
			<u></u>			 	·	<u> </u>		
						1		ı		
f		mber of other employees paid over \$1	-	_		<u> </u>				
f 1	Complet	te this table for the organization's five h	- highest compen	sated inde	pendent contractors	- s who each r	eceived more t	han	-	
f 1	Complet	• • •	- highest compen	sated inde	pendent contractors	- s who each r	eceived more t	han		
	Complet \$100,00	te this table for the organization's five h 0 of compensation from the organization	nighest compen on. If there is no	ne, enter "	'None."				n a	
	Complet \$100,00	te this table for the organization's five h	nighest compen on. If there is no	ne, enter "	pendent contractors 'None." (b) Type of service			han	ın	
(a)	Complet \$100,00	te this table for the organization's five h 0 of compensation from the organization	nighest compen on. If there is no	ne, enter "	'None."				ın	
(a)	Complet \$100,00	te this table for the organization's five h 0 of compensation from the organization	nighest compen on. If there is no	ne, enter "	'None."				ın	
(a)	Complet \$100,00	te this table for the organization's five h 0 of compensation from the organization	nighest compen on. If there is no	ne, enter "	'None."				ın	
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(a)	Complet \$100,00	te this table for the organization's five h 0 of compensation from the organization	nighest compen on. If there is no	ne, enter "	'None."				ın	
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(a)	Complet \$100,00	te this table for the organization's five h 0 of compensation from the organization	nighest compen on. If there is no	ne, enter "	'None."				n	
(a)	Complet \$100,00	te this table for the organization's five h 0 of compensation from the organization	nighest compen on. If there is no	ne, enter "	'None."				n	
(a)	Complet \$100,00	te this table for the organization's five h 0 of compensation from the organization	nighest compen on. If there is no	ne, enter "	'None."				n	
(a)	Complet \$100,00	te this table for the organization's five h 0 of compensation from the organization	nighest compen on. If there is no	ne, enter "	'None."				n	
(a)	Complet \$100,00 Name and NE	te this table for the organization's five h 0 of compensation from the organization address of each independent contractor paid	nighest compen on. If there is no more than \$100,00	one, enter "	'None." (b) Type of service				ın	
(a)	Complet \$100,00 Name and NE	te this table for the organization's five h 0 of compensation from the organization address of each independent contractor paid	nighest compen on. If there is no more than \$100,00	g over \$100	(b) Type of service				ın	
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(a)	Total nu Did the ononexer	te this table for the organization's five hoo of compensation from the organization address of each independent contractor paid address of each independent contractor paid imber of other independent contractors organization complete Schedule A? No mpt charitable trusts must attach a compost perjury, I declare that I have examined this results and the seamined the sea	nighest compen on. If there is no more than \$100,00 s each receiving ote: All section s inpleted Schedu	g over \$100 501(c)(3) ole A	(b) Type of service 0,000	47(a)(1)	(c) C	ompensation Y€	98	No
(a)	Total nu Did the ononexer	te this table for the organization's five h 0 of compensation from the organization address of each independent contractor paid imber of other independent contractors organization complete Schedule A? No mpt charitable trusts must attach a com	nighest compen on. If there is no more than \$100,00 s each receiving ote: All section s inpleted Schedu	g over \$100 501(c)(3) ole A	(b) Type of service 0,000	47(a)(1)	(c) C	ompensation Y€	98	No.
(a) [O]	Total nu Did the nonexer r penalties correct, and	te this table for the organization's five hoo of compensation from the organization address of each independent contractor paid address of each independent contractor paid imber of other independent contractors organization complete Schedule A? No mpt charitable trusts must attach a compost perjury, I declare that I have examined this results and the seamined the sea	nighest compen on. If there is no more than \$100,00 s each receiving ote: All section s inpleted Schedu	g over \$100 501(c)(3) ole A	(b) Type of service 0,000	47(a)(1)	(c) C	ompensation Y€	98	No.
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d 2	Total nu Did the onexer r penalties occurrect, and	imber of other independent contractors organization complete Schedule A? No mpt charitable trusts must attach a complete. Declaration of preparer (other than separation of other than sep	nighest compen on. If there is no more than \$100,00 s each receiving ote: All section s inpleted Schedu	g over \$100 501(c)(3) ole A	(b) Type of service 0,000	47(a)(1)ts, and to the	(c) C	► Ye	98	No /
d 2	Total nu Did the onexer r penalties occurrect, and	imber of other independent contractor paid address of each independent contractor paid address of each independent contractor paid address of each independent contractor paid in the paid address of each independent contractor paid organization complete. Schedule A? No mpt charitable trusts must attach a complete. Declaration of preparer (other than a complete.)	s each receiving the All section suppleted Schedureturn, including ach officer) is based of the Schedureturn including achieves	g over \$100 501(c)(3) or le A	(b) Type of service 0,000	47(a)(1) nts, and to the has any knowle	(c) C	► Ye	98	No /
d 2	Total nu Did the nonexer r penalties correct, and	imber of other independent contractors organization complete Schedule A? Not mpt charitable trusts must attach a compose perjury, I declare that I have examined this recomplete. Declaration of preparer (other than the complete Susan Hogan Type or print name and title	nighest compen on. If there is no more than \$100,00 s each receiving ote: All section s inpleted Schedu	g over \$100 501(c)(3) or le A	(b) Type of service 0,000	47(a)(1) nts, and to the has any knowle	best of my knowledge	► Yeedge and be	es [lief, it is	10
d 2 silg	Total nu Did the connexer r penalties correct, and	imber of other independent contractors organization complete Schedule A? Not mpt charitable trusts must attach a compose perjury, I declare that I have examined this recomplete. Declaration of preparer (other than the complete Susan Hogan Type or print name and title Print/Type preparer's name	s each receiving ote: All section suppleted Schedureturn, including ach officer) is based of the section of the	g over \$100 501(c)(3) or le A	(b) Type of service 0,000	47(a)(1) nts, and to the has any knowle	best of my knowledge Check If self- employed	► Ye	es [lief, it is	10
d 2 ndeque,	Total nu Did the correct, and	imber of other independent contractor paid address of each independent contractor paid in the paid address of each independent contractor paid organization complete Schedule A? No mpt charitable trusts must attach a complete complete. Declaration of preparer (other than the print that the print to prepare the paid to print the print to preparer of the print to prepare the print to prepare the print to preparer of the print to prepare the prepare the prepareth to prepare the prepareth to prepare the print to prepare the prepareth to prepareth	s each receiving ote: All section suppleted Schedureturn, including ach officer) is based of the section of the	g over \$100 501(c)(3) or le A	(b) Type of service 0,000	47(a)(1) nts, and to the has any knowle	best of my knowledge Check X if self-employed Firm's EIN ▶	Yedge and be	es [lief, it is]	1
d 2 Sig	Total nu Did the connexer r penalties correct, and	imber of other independent contractors organization complete Schedule A? Not mpt charitable trusts must attach a compose perjury, I declare that I have examined this recomplete. Declaration of preparer (other than the complete Susan Hogan Type or print name and title Print/Type preparer's name	s each receiving ote: All section suppleted Schedureturn, including ach officer) is based of the section of the	g over \$100 501(c)(3) or le A	(b) Type of service 0,000	47(a)(1) nts, and to the has any knowle	best of my knowledge Check X if self-employed Firm's EIN ▶	► Yeedge and be	es [lief, it is]	

SCHEDULE 0

(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

: 1: page	990)-EZ Page 3, E	art II.	<u>L</u>		
	ear 2011 or tax	perioa peginning			anloyer I don't -	otion Number
	משדממשי	מוו.זי				
				<u></u>	0423300	
			gn grants	Program service expe	nses	6,598
						<u> </u>
					ED IN TH	HE FOX
	For calendar you con CAN FOX To the following state of the following	For calendar year 2011 or tax on CAN FOX TERRIER Cont of Program Service Accomptions	For calendar year 2011 or tax period beginning on CAN FOX TERRIER CLUB Int of Program Service Accomplishments Ions Amount includes forei Exempt Purpos ONTHLY NEWSLETTER TO MEMBERS A	For calendar year 2011 or tax period beginning on CAN FOX TERRIER CLUB Int of Program Service Accomplishments Ions Amount includes foreign grants Exempt Purpose Achievement ONTHLY NEWSLETTER TO MEMBERS AND OTHER	For calendar year 2011 or tax period beginning , and ending on Em CAN FOX TERRIER CLUB 23 Int of Program Service Accomplishments Ions Amount includes foreign grants Program service experience Exempt Purpose Achievements ONTHLY NEWSLETTER TO MEMBERS AND OTHERS INTEREST	For calendar year 2011 or tax period beginning , and ending CAN FOX TERRIER CLUB 23-6423580 Int of Program Service Accomplishments Ions Amount includes foreign grants Program service expenses Exempt Purpose Achievements ONTHLY NEWSLETTER TO MEMBERS AND OTHERS INTERESTED IN THE

ttachment	1: pag	ge 2 -	990-E	Z Page	3, Par	t II	I				
pen to Public				-					_		
spection	For calenda	r year 2011	or tax perio	d beginning			, aı	nd ending			
me of Organizatio											on Number
IE AMERIC									23-64		
rt III - Statemen		n Service A									
ants and allocation	ns				ides foreign g			m service	expenses	_	6,916
					pt Purpose Ad						
ROVIDE RE	SCUE A1	ND PLA	CEMENT	' SERVI	CES FOR	RES	CUED	DOGS	OF TH	E FOX	TERRIER
REEDS.											

Attachment	1: page	3 - 99	90-EZ	Page 3	, Pa	rt II	I					
Open to Public												
Inspection	For calendar ye	ar 2011 or ta	x period b	eginning			, an	d endin				
Name of Organization THE AMERICAN FOX TERRIER CLUB										er Identification	on Number	
Part III - Stateme	nt of Program Se	rvice Accor										
Grants and allocat	ons		Am	ount includes				n service	expenses		11,50	1
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OGS AND F		INOSE	TMDT	LIDOALS	WILO	BUCC.	ESSFC	11111	DREED,	IIVAII	, WID	CAIC
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Atta	chmen	t	1: page 4	- 990-	EZ Pa	ge 3,	Part I	[I]	<u> </u>			
	to Public											
Inspec			For calendar year 20	11 or tax pe	riod beginr	ning			, and endir			•
	ame of Organization									Employer Ide		Number
			N FOX TERR				· · · · · · · · · · · · · · · · · · ·	23-6423580				
		_	of Program Service	Accompile		makedaa f	eroien eronto	П	Drogram congo	0 0VD0D000	*	1 164
Grants	and alloca	tion	18				oreign grants rpose Achieve		Program servic	e expenses		1,164
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990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment	2: page 1 - 9	90-EZ Page 2,	Part IV					
Open to Public								
Inspection	For calendar year 2011 or to	ax period beginning	, and	ending	· · · · · · · · · · · · · · · · · · ·			
Name of Organization THE AMERIC	on CAN FOX TERRIER	CLUB	Employer Identification Number 23-6423580					
(A)	Name and Title	(B) Average hours per week devoted to postion	(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 ELI 29979 SE H	LIOTT HEIPLE ROAD	SECOND VICE PRES						
Eagle Cree 97022-9664 MARY RAGGE	<u> </u>	FIRST VICE	0	О	0			
1109 ESTAT	TE DRIVE	PRES	0	0	0			
JAMES W SN P.O. BOX 6	NITH	PRESIDENT			·			
North Coll SUSAN HOGA	lins, NY 14111 AN	TREASURER	0	o	0			
135 WESTON Plainfield JO HUBBS	N ROAD 1, CT 06374	SECRETARY	O	o	0			
	OUTCH ROAD J, PA 17325		0	О	o			
		•						
	(Coffware Only) 2011 TW	1.05215		<u> </u>	11 FOEZPVA			

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 e	ending .
Name of Organization		Employer Identification Number
	AN FOX TERRIER CLUB	23-6423580
Part V - Line 42a		
Individual Name or Business Name	<u>SUSAN HOGAN</u>	
Street Address	<u>135 WESTON</u>	ROAD
U S Address:		
Zıp code or	06374 City Plainfield	State <u>CT</u>
Foreign Address		
City	······· ···· · · · · · · · · · · · · ·	
Province or	State	
Country .		<u>_</u>
Postal code		
Phone Num	ber	(860) 564-4820
Fax Number	·	
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