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Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning

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)

and ending

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

	В с	neck if	C Name of organization		D Employer identifi	cation number
	ap	plicabl	AMATEUR FIELD TRIAL CLUBS			
	X]Addre]chang	• OF AMERICA, INC.			
		Name chang	Doing Business As	64-0	345180	
]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
		Termii ated	2073 WHIPPOORWILL ROAD		662-	223-0126
		Amen return	City or town, state or country, and ZIP + 4		G Gross receipts \$	206,231.
		Application	- MICHIGAN CITY, MB 38047		H(a) Is this a group re	
		pendi	F Name and address of principal officer MRS. PIPER HUFFMAN		for affiliates?	– - <u>- </u> Yes <u>X</u> No _
			2873 WHIPPOORWILL ROAD, MICHIGAN CITY,	MS	H(b) Are all affiliates inc	
			empt status: X 501(c)(3) 501(c)() ((Insert no.) 4947(a)(1) c	or 527	⊣ '	list. (see instructions)
			te: > AFTCA.ORG		H(c) Group exemption	
			organization: X Corporation Trust Association Other	L Year	of formation: 1948	M State of legal domicile: TN
	Ра		Summary			
	စ္ပ	1	Briefly describe the organization's mission or most significant activities. TO RI			
	Activities & Governance	_	UPLAND GAME BIRDS ON THE NORTH AMERICAN		•	OMOTE,
	J.		Check this box If the organization discontinued its operations or dispos	sed of more		
	် ဗိ	3	Number of voting members of the governing body (Part VI, line 1a)		3	29
	<u>مح</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0 1
	ţi.		Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	115
	Ę.		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12		6 7a	
	¥		Net unrelated business taxable income from Form 990-T, line 34		7 <u>a</u> 7b	
	\rightarrow	D	Net difference business taxable income from Form 990-1, line 34		Prior Year	Current Year
		8	Contributions and grants (Part VIII, line 1h)		87,430.	
	Jue	9	Program service revenue (Part VIII, line 2g)		77,605.	
	Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		28,287.	
	8	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	0.	0.
		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		193,322.	
		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		21,500.	
		14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	υ	15	Salaries, other compensation, employee, perefits (Part IX, column (A), lines 5-10)		51,853.	52,406.
	Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	ğ	b	Total fundraising expenses (Part IX, column (D), line (25)	<u>0.</u>		
	Ψ.	17	Other expenses (Partyx, column (A) lines (1)2-11d, Pif-24e)		129,777.	
		18	Total expenses Addings 13-17 (must equal Part X column (A), line 25)	<u></u>	203,130.	196,294.
		19	Revenue less expenses Subtract-line 18 from-line 12		<9,808.	9,937.
	let Assets or and Balances		OGDEN, UT	В	eginning of Current Year	
2	Sset	20	Total assets (Part X, Ime T6)		716,481.	714,639.
2012	ad A	21	Total liabilities (Part X, line 26)		0.	0.
0	<u> </u>	22	Net assets or fund balances Subtract line 21 from line 20		716,481.	714,639.
إحمو		ırt II	Signature Block			
⋛			alties of perjury, I declare that I have examined this return, including accompanying schedule			ny knowledge and belief, it is
MAY	true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	er has any knowledge	117
			Signal relyf officer	-	Date	114
当	Sign				Dato	
Ź	Her	е	MRS. PIPER HUFFMAN, SECETARY Type or print name and title			
Ϋ́		Date Check	X PTIN			
SCANNED	Paid		Date Check [if self-emplo			
		arer	Firm's name DONALD R. HUNDLEY, CPA	nee	Firm's EIN	Aen EOOOTALIO
	•	Only	Firm's address P. O. BOX 58146		, , , , , , , , , , , , , , , , , , , ,	
		. ,	NASHVILLE, TN 37205-8146		Phone no. ((615)356-5695
	May	the l	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

AMATEUR FIELD TRIAL CLUBS

a1	t III Statement of Program Service Accomplishments	<u></u>
-	Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission None	L
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program service.	es? Yes X
	If-Yes,"-describe-these changes on Schedule O	s, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount others, the total expenses, and revenue, if any, for each program service reported.	at of grants and allocations to
	(Code) (Expenses \$103,764. Including grants of \$15,400.) (FOUND NATIONAL AMATEUR FIELD TRIAL CHAMPIONSHIPS	Revenue \$ 116,146
	(Code) (Expenses \$ including grants of \$) (F	Revenue \$
	(Code) (Expenses \$ including grants of \$) (F	Revenue \$
	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)

INC. Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A Х 2 is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes." complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X 4 during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 6 - Did-the organization-maintain-any donor advised-funds or any similar-funds-or accounts for-which-donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide Х credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VII X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total \mathbf{X}_{-} assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in X 11d Part X, line 16? If "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D. Parts XI, XII, and XIII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 X or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals Х located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

Form **990** (2011)

20b

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2011) Part IV Checklist of Required Schedules (continued)

OF AMERICA, INC.

	,		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	İ		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	-Schedule-K:-If-"No", go to-line-25 —	-24a-	-	_X_
р	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	:		4.5
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			1
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	0.4		х
20	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u> </u>
32	Schedule N, Part II	20		X
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32_	 	
33	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity?	33		Δ.
34	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
252	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	33a		- 22
U	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
50	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50	 	
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<u> </u>		
~	Note. All Form 990 filers are required to complete Schedule O	38	х	
	tracette and and and radiation to administration and analysis of a			(2011)

	990 (2011) OF AMERICA, INC. 64-0345	T80	Р	age 5
Par				
	Check if Schedule O contains a response to any question in this Part V			للل
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
—3a-	-Did-the organization-have-unrelated-business-gross-income-of-\$1,000 or-more-during-the-year?-	–3a−		_X_
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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)?	4a		х
h	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	· · · · · · · · · · · · · · · · · · ·	50		\vdash
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	C-		x
	any contributions that were not tax deductible?	6a		┢┻
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	٠.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	1	٠,,
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>	ļ	ļ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		—
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>		ــــــ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		↓
9	Sponsoring organizations maintaining donor advised funds.	ļ		İ
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		1
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders]		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)]		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b				
~	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1		
142	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	
~			990	(2011)
				· · · ·

AMATEUR FIELD TRIAL CLUBS

Form 990 (2011)

OF AMERICA, INC.

64-0345180

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI					<u>LX</u>
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2	<u>9</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b_		<u>이</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp with	any other			
	officer, director, trustee, or key employee?			2		X
—3 —	-Did-the organization delegate-control-over-management-duties-customarily_performed_by_or_under_tl	ne_direc	t_supe <u>rvision</u>			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	is filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		_5_		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or			
	more members of the governing body?			7a		<u>X</u> _
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b	ļ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	e following:			}
	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the		3,5	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		0 ()	9	X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	revenu	e Coae)		1	
	Dut the assessment of house board about the second of the			400	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	shantai	o offiliatos	10a		^
D	If "Yes," did the organization have written policies and procedures governing the activities of such and branches to ensure their operations are consistent with the organization's exempt purposes?	Jiaptei	s, annates,	10b		
44-	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dv hefo	re filing the form?	11a	 	X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	uy beic	ile illing the lotti.	110	 	
b 125	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	ļ	x
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	se to cor	iflicts?	12b	i i	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			12.0		1
·	In Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		Х
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and appro-	val by I	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		·			İ
а	The organization's CEO, Executive Director, or top management official			15a		X
_	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation		1	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anızatıd	n's		1	İ
	exempt status with respect to such arrangements?			16b	<u> </u>	<u></u>
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ TN					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Sec	tion 501(c)(3)s onl	/) avaıla	ble	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	conflict	of interest policy,	and fina	ncial	
	statements available to the public during the tax year					
20	State the name, physical address, and telephone number of the person who possesses the books	and red	ords of the organ	zation.	_	
	MRS. PIPER HUFFMAN - 662-223-0126					
13200	2873 WHIPPOORWILL ROAD, MICHIGAN CITY, MS 38647	-		r	. 000	(0011)
01-23	-12			Forr	n 990	(2011)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter ·0· in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization-and-any-related-organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

(A) Name and Title	(B) Average hours per week	box	(do not check r box, unless per officer and a di			than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHAEL SHEARS									_	
TRUSTEE		X				ļ		0.	0.	0,
(2) MIKE HUSENITS									•	
TRUSTEE		X				-		0.	0.	0.
(3) JOHN D. MILTON, JR.									•	_
PRESIDENT		X		X	ļ		_	0.	0.	0.
(4) PRESTON TRIMBLE		,,							0	
TRUSTEE		X	<u> </u>		<u> </u>	\vdash		0.	0.	0.
(5) DR. ROBERT RANKIN		3,5		i	l				0	
TRUSTEE		X				-		0.	0.	0.
(6) DR. HUNTER WILCOX		v							0.	_
TRUSTEE		X		_		-		0.	0.	0.
(7) JOHN Q. ATKINSON		x						0.	0.	0.
TRUSTEE		┢						0.	<u></u>	<u>_</u>
(8) LARRON COPELAND		X			ļ			0.	0.	0.
TRUSTEE (9) GARY WINALL		 ^	-		-			•	· · ·	
TRUSTEE		x						0.	0.	0.
(10) JAMES CROUSE		1	-					0.	<u> </u>	
1ST VICE-PRESIDENT		x		x				0.	0.	0.
(11) JOHN IVESTER										
TRUSTEE		X		ŀ				0.	o.	ο.
(12) STAN HOWTON		1								
TRUSTEE		X						0.	0.	0.
(13) SEAN DERRIG										
TRUSTEE		X						0.	0.	0.
(14) DAVID WILLIAMS										
3RD VICE-PRESIDENT		X		x				0.	0.	0.
(15) ALBERT NECAISE										
TRUSTEE		X					L	0.	0.	ο.
(16) BOB BAYLIS										
TRUSTEE		Х		L	L		L	0.	0.	0.
(17) CONRAD PLEVNIC										
TRUSTEE		X	<u> </u>	L	L	<u></u>		0.	0.	0.

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(18) Name and title Average Pours per week (describe week) (describe week (describe week (describe week) (describe week (describe week) (describe week (describe week) (describe week (describe week) (describe week) (describe week) (describe week) (describe			Siees, Ney Li	npic	yee	s, a	nd F	ugn	est	Compensated Employ		,	
Compension Co	Name and title		hours per	box.	not ci	Pos heck ss pe	ntion more rson	than s bot	h an	compensation	compensation	1	nount (
TRUSTEE			(describe hours for related organizations in Schedule	ial trusi	stitutional trustee	flicer	y employee	ighest compensated nployee	ormer	the organization	organizations	fi org an	pensa om the anizat d relat
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	Inne 1a? If "Yes," complete So For any individual listed on lire and related organizations gre Did any person listed on line rendered to the organization' Section B. Independent Contract Complete this table for your the organization Report complete the second complete the organization or the organization or the organization or the organization or the second complete the second complete the organization or the organization or the organization or the second complete secon	schedule J for some 1a, is the superator than \$150 and 1a receive or an area of the superators five highest compensation for (A)	uch individual im of reportab 0,000? If "Yes, accrue comper plete Schedul mpensated ind the calendar y	le co " co nsat e J f depe	mple ion f ior su ende endii	ete S rom uch ent c	any pers	unr on acto	e <i>J fi</i> elate	or such individual ed organization or indivi- nat received more than the organization's tax (B)	the organization dual for services \$100,000 of compensivear	4 5 sation)
	Inne 1a? If "Yes," complete So. For any individual listed on lire and related organizations gree Did any person listed on line rendered to the organization? Section B. Independent Contract Complete this table for your the organization Report complete the complete complete the complete complete complete the organization.	schedule J for some 1a, is the superator than \$150 and 1a receive or an area of the superators five highest compensation for (A)	uch individual im of reportab 0,000? If "Yes, accrue comper plete Schedul mpensated ind the calendar y	le co " co nsat e J f depe	mple ion f ior su ende endii	ete S rom uch ent c	any pers	unr on acto	e <i>J fi</i> elate	or such individual ed organization or indivi- nat received more than the organization's tax (B)	the organization dual for services \$100,000 of compensivear	4 5 sation)
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	Ine 1a? If "Yes," complete So. 4 For any individual listed on line and related organizations gree 5 Did any person listed on line rendered to the organization? Section B. Independent Contract 1 Complete this table for your of the organization Report complete the organization of the	schedule J for some 1a, is the subsect than \$150 and 1a receive or an in the subsect of the subs	uch individual im of reportab 0,000? If "Yes, accrue compet plete Schedul impensated ind the calendar y address	le co " co nsati de J f depe	mple ion f ior su ende ende	ete S rom uch ent c ng w	any pers ontr	r unr son ractc or w	elate	or such individual ed organization or individual mat received more than the organization's tax (B) Description of s	the organization dual for services \$100,000 of compens year services	4 5 sation)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated E (A) (B) Average hours per week Average hours p	64-0345180						
Name and title Name and title Average hours per week Dough Position (check all that apply) Position	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)						
week by the organization (W-2/1099-Missing partial properties of the organization (W-2/1099-Missing partial properties of the organization (W-2/1099-Missing partial properties of the organization (W-2/1099-Missing partial properties of the organization (W-2/1099-Missing partial properties of the organization (W-2/1099-Missing partial properties of the organization (W-2/1099-Missing partial properties of the organization (W-2/1099-Missing partial properties of the organization (W-2/1099-Missing partial properties of the organization (W-2/1099-Missing partial properties of the organization (W-2/1099-Missing partial properties of the organization (W-2/1099-Missing partial properties of the organization (W-2/1099-Missing partial	le	(E) Reportable compensation	(F) Estimated amount of				
TRUSTEE	on (V	from related organizations (W·2/1099·MISC)	other compensation from the organization and related organizations				
(28) FRANK LaNASA TRUSTEE (29) ELIAS RICHARDSON TRUSTEE (30) MRS. LINDA HUNT SECRETARY-TREASURER (31) PIPER HUFFMAN X 48,6	0.	0.	0				
TRUSTEE X X (29) ELIAS RICHARDSON X (30) MRS. LINDA HUNT SECRETARY-TREASURER 40.00 X 48,6			<u> </u>				
TRUSTEE	0.	0.	0.				
SECRETARY-TREASURER 40.00 X 48,6	0.	0.	0				
(31) PIPER HUFFMAN	500						
	582.	0.	0				
	084.	0.	0.				
			_				
		·					
		757					
		<u> </u>					
Total to Part VII, Section A, line 1c 51,7	766.						

64-0345180 Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue ts, Grants Amounts 1 a Federated campaigns 1a 40,715. b Membership dues 1b c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 49-, 370--similar-amounts not-included-above Noncash contributions included in lines 1a-1f \$ 90,085 h Total. Add lines 1a-1f Business Code 87,781. 900099 87,781 2 a FIELD TRIALS Program Service Revenue f All other program service revenue 87,781. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 28,365. 28,365. other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (II) Personal 6 a Gross rents **b** Less rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d 0.

Total revenue. See instructions.

OF AMERICA, INC.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

comp	olete columns (B), (C), and (D)				
	Check if Schedule O contains a respon-	se to any question in this	s Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	15,400.	15,400.		
2	Grants and other assistance to individuals in				
2	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			-	
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	40, 600		40, 600	
	persons described in section 4958(c)(3)(B)	48,682.		48,682.	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
9	section 401(k) and section 403(b) employer contributions) Other employee benefits				
10	Payroll taxes	3,724.		3,724.	
11	Fees for services (non-employees)				
а	Management				
b	Legal	959.		959.	
С	Accounting	6,400.		6,400.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	53,070.	53,070.		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	3,600.		3,600.	
17	Travel	12,679.	8,946.	3,733.	
18	Payments of travel or entertainment expenses	1			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	101.		101.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OTHER FIELD TRIAL EXPEN	26,348.	26,348.		
b	MISCELLANEOUS	17,133.		17,133.	
c	INSURANCE	3,786.		3,786.	
d	POSTAGE	2,380.		2,380.	
e	All other expenses	2,032.		2,032.	
25	Total functional expenses. Add lines 1 through 24e	196,294.	103,764.	92,530.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

OF AMERICA, INC.

	t X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
-	2	Savings and temporary cash investments	637,619.	2	634,826
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
_ _		_4958(f)(1)),.persons.described_in_section_4958(c)(3)(B),.and.contributing			
_		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	20,959.	8	19,99
	9	Prepaid expenses and deferred charges	1,903.	9	1,90
	_	Land, buildings, and equipment, cost or other			
		basis Complete Part VI of Schedule D 10a 2,016			
	h	Less: accumulated depreciation 10b 101.		10c	1,91
	11	Investments - publicly traded securities	0.	11	1,31.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments · program-related See Part IV, line 11 Intangible assets		13	
	14	• • • • • • • • • • • • • • • • • • • •	F.C. 000	14	F.C. 0.0
	15	Other assets See Part IV, line 11	56,000.	15	56,00
+	16	Total assets. Add lines 1 through 15 (must equal line 34)	716,481.	16	714,63
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	·	21	······································
	22	Payables to current and former officers, directors, trustees, key employees,			
		highest compensated employees, and disqualified persons. Complete Part II			
		of Schedule L		22	
1	23	Secured mortgages and notes payable to unrelated third parties	`	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
-		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	
\dashv	26	Total liabilities. Add lines 17 through 25	0.	26	
		Organizations that follow SFAS 117, check here X and complete			
		lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	547,432.	27	543,30
-	28	Temporarily restricted net assets	169,049.	28	171,33
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here and			
		complete lines 30 through 34.			
- 1	30	Capital stock or trust principal, or current funds		30	
		Paid-in or capital surplus, or land, building, or equipment fund		31	
	31		L	٠	
	31 32			30	
	31 32 33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	716,481.	32 33	714,63

Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

X

За

Form 990 (2011)

separate basis, consolidated basis, or both: X Separate basis Consolidated basis

Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization

AMATEUR FIELD TRIAL CLUBS

OF AMERICA, INC.

Employer identification number 64-0345180

Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated b Type II d ____ Type III · Other __ Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (III) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) organized in the U.S.? organization in col. (i) listed in your organization in col. organization support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Total

Pa	rt II Support Schedule for	•					
	(Complete only if you checked				n failed to qualify	under Part III. If th	e organization
	fails to qualify under the tests	listed below, plea	ase complete Part	III }			
	tion A. Public Support		Т.	ı			
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")			<u> </u>			<u> </u>
2	Tax revenues levied for the organ-		ļ		i		
	ization's benefit and either paid to						
	or expended on its behalf						
3 -	_The_value of services or facilities						
	furnished by a governmental unit to			-		-	ļ
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions						1
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,			1			
	column (f)						1
_	***				 		
	Public support. Subtract line 5 from line 4 ction B. Total Support	<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>
		(-) 2007	(h) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(6) 2009	(0) 2010	(6) 2011	(I) Total
•			·	-	1		
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the					1	
	business is regularly carried on						
10	Other income Do not include gain		1				
10	or loss from the sale of capital						
	assets (Explain in Part IV.)						
44	Total support. Add lines 7 through 10			-			
	Gross receipts from related activities	etc (see instruct	ions)	<u> </u>		12	
	First five years. If the Form 990 is fo			rd fourth or fifth t	ax vear as a sect		
13	organization, check this box and sto		o mot, occorra, am	. 4, 1041, 01	,		▶
Se	ction C. Computation of Pub	ic Support Pe	ercentage				
14	Public support percentage for 2011 (column (f))		14	Ç
15	Public support percentage from 2010					15	Ç
	a 33 1/3% support test - 2011. If the			on line 13, and line	14 is 33 1/3% or		oox and
.00	stop here. The organization qualifies					. ,	▶□
,	33 1/3% support test - 2010. If the				d line 15 is 33 1/3	% or more, check	this box
•	and stop here. The organization qua				· · ·	, ========	▶□
17:	a 10% -facts-and-circumstances tes				e 13, 16a. or 16b	, and line 14 is 109	6 or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					3	▶□
	100/ facts and sireumstaness tos	-	•		-	r 17a and line 15 i	e 10% or

Schedule A (Form 990 or 990-EZ) 2011

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990 EZ) 2011 OF AMERICA, INC.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to
gualify under the tests listed below places complete Dort II.)

<u></u>	quality under the tests listed b	elow, please comp	lete Part II)				
	ction A. Public Support	T					T
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and			}			
	membership fees received. (Do not	140 010	115 004	105 056	05 400		460 000
	include any "unusual grants ")	140,810.	115,294.	125,276.	87,430.		468,810
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	66,346.	67,079.	72,661.	77,605.		283,691
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge	207 156	100 272	107 005	165 005		750 501
	Total. Add lines 1 through 5	207,156.	182,373.	197,937.	165,035.		752,501
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3 received						0
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
	Add lines 7a and 7b						Ů Ö
	Public support (Subtract line 7c from line 6)						752,501
	ction B. Total Support				-·	·	
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	207,156.	182,373.	197,937.	165,035.		752,501
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,365.	34,412.	26,266.	28,287.		108,330
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					_	
	Add lines 10a and 10b	19,365.	34,412.	26,266.	28,287.	 -	108,330
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)	226,521.	<u> 216,785.</u>	224,203.	193,322.		860,831
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ıx year as a sectioi	n 501(c)(3) organ	nization,
	check this box and stop here						<u> </u>
	ction C. Computation of Publ						0.5.40
	Public support percentage for 2011 (-	column (f))		15	87.42
	Public support percentage from 2010					16	88.97
	ction D. Computation of Inve			. 10 1 ":		[10 50
17	·			ne 13, column (f))		17	12.58
18	Investment income percentage from				45	18	11.03
19:	a 33 1/3% support tests - 2011. If the						
ı	more than 33 1/3%, check this box a 3 3 1/3% support tests - 2010. If the	e organization did n	not check a box or	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%	·
00	line 18 is not more than 33 1/3%, che		•	•		-	on • [
ンロ	- Private foundation II the otdanizatio	ат оватиот спеск А	DUX UITIIIIB 14. 19	a. or iso check if	us dux ado see ins	HULLIOUS	

SCHEDULE D

(Form 990)

Department of the Treasury internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

AMATEUR FIELD TRIAL CLUBS

Employer identification number

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		. 71000 arriver Complete in the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
-	Did the organization inform all donors and donor advisors in	writing that the assets hold in donor advised	funds
-0	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	-	
U	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?	or donor advisor, or for any other purpose co	Yes No
Par	t II Conservation Easements. Complete if the org	nanization answered "Yes" to Form 990. Parl	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certifie	
	Preservation of open space	T reservation of a sertific	a filstone structure
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	a conservation easement on the last
_	day of the tax year		a constration casement on the last
	out or the tax your		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
ď	Number of conservation easements included in (c) acquired	• • • • • • • • • • • • • • • • • • • •	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the oi	
	year >	, ,	3
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	ng the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during th	e year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	e organization's accounting for
	conservation easements		
Par	t III Organizations Maintaining Collections o		er Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemer	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherance	e of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		aın, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items.	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2011

AMATEUR FIELD TRIAL CLUBS

Sche	dule D (Form 990) 2011 OF AMERIC	CA, INC.					64-	-034518	0 Page 2	
Par	t III Organizations Maintaining Coll		rt, Hist	torical Tr	easures, c	or Othe	er Similar A	ssets (cont	inued)	
3	Using the organization's acquisition, accession,	and other record	is, check	any of the	following tha	t are a s	ignificant use c	of its collection	n items	
	(check all that apply)									
а	Public exhibition	d	י עַעַי	Loan or exc	hange progra	ams				
b	Scholarly research	е	, 🗀 (Other						
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV									
5	During the year, did the organization solicit or re	ceive donations	of art, his	storical trea	sures, or oth	er sımılaı	r assets			
	to be sold to raise funds rather than to be maint							Yes	No_	
Par	t IV Escrow and Custodial Arrange	ments. Comple	ete if the	organizatio	n answered	"Yes" to	Form 990, Par	t IV, line 9, or	•	
	reported an amount on Form 990, Part X	, line 21.								
1a	Is the organization an agent, trustee, custodian	or other intermed	diary for	contribution	s or other as	sets not	ıncluded			
	on Form 990, Part X?							Yes	L∐ No	
b	If "Yes," explain the arrangement in Part XIV and	d complete the fo	llowing t	table.						
								Amoun	it	
С	Beginning balance						1c			
d	Additions during the year						1d		 	
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Form	n 990, Part X, line	21?					Yes	L No	
	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete if th	e organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 1	0			
	(3	a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three years	back (e) Fou	r years back	
1a	Beginning of year balance				<u> </u>					
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships			_						
е	Other expenditures for facilities									
	and programs						 			
f	Administrative expenses									
g	End of year balance				ļ					
2	Provide the estimated percentage of the current	t year end baland	ce (line 1	g, column (a	a)) held as.					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should	equal 100%.							•	
За	Are there endowment funds not in the possessi	on of the organiz	ation tha	at are held a	nd administe	red for t	he organizatioi	n		
	by								Yes No	
	(i) unrelated organizations							3a(ı)		
	(ii) related organizations							3a(ıı)	 	
b	If "Yes" to 3a(II), are the related organizations lis	sted as required o	on Sched	dule R?				3b	<u> </u>	
4	Describe in Part XIV the intended uses of the or				·		<u> </u>			
Pai	t VI Land, Buildings, and Equipmer			1			 	1		
	Description of property	(a) Cost or o			or other		ccumulated	(d) Boo	ok value	
		basis (investi	inent)	Dasis	(other)	ue	preciation			
	Land			<u> </u>				1		
b	Buildings			ļ				+		
C	Leasehold improvements				2 016		1 0 1	 	1 015	
d	Equipment	——			2,016.		101	•	1,915 <u>.</u>	
e	Other	15 522 5		(D) :	10())			+	1 015	
<u>Tota</u>	I. Add lines 1a through 1e (Column (d) must equi	ai Form 990, Part	X, colur	<u>nn (B), line 1</u>	IU(C))				<u>1,915.</u>	

Schedule D (Form 990) 2011

(6)(7)(8) (9)(10)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740)

132053 01-23-12

Schedule D (Form 990) 2011

AMATEUR FIELD TRIAL CLUBS

Sche	dule D (Form 990) 2011 OF AMERICA, INC.			64-03	345180	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990	to Audited	Financial Stat			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		206,	231.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			294.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			937.
4	Net unrealized gains (losses) on investments		4			779.>
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net) Add lines 4 through 8		9		<11,	779.>
10_	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and 9	10		<1,	842.>
Par	t XII Reconciliation of Revenue per Audited Financial Stater	ments With	Revenue per l	Return		
1_	Total revenue, gains, and other support per audited financial statements			1	<u>194,</u>	<u>452.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			+		
а	Net unrealized gains on investments	2a	<11,779	<u>.</u> ⊳		
b	Donated services and use of facilities	2b		-		
С	Recoveries of prior year grants	2c		-		
d	Other (Describe in Part XIV)	. 2d		⊣ ∣		
е	Add lines 2a through 2d			2e		<u>779.</u> >
3	Subtract line 2e from line 1			3	206,	231.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	÷ (
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_		
b	Other (Describe in Part XIV)	4b		4		_
С	Add lines 4a and 4b			4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	F	5		231.
	t XIII Reconciliation of Expenses per Audited Financial State	ements with	expenses pe			204
1	Total expenses and losses per audited financial statements			1-1-	196,	294.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.					
a	Donated services and use of facilities			-		
b	Prior year adjustments	2b		-		
C	Other losses Other (Describe in Part XIV)	2c 2d		-		
d	,			۱ ۵۰		Λ
	Add lines 2a through 2d Subtract line 2e from line 1			2e 3	106	294.
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			3	100,	474.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIV)	4b		-		
	Add lines 4a and 4b	_ 40 _		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	196	294.
	t XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pa	ırt III, lines 1a ar	nd 4; Part IV, lines	1b and 2b	; Part V, line	4; Part
	e 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XII, lines 2d and 4b Also co					
	(
					-	
						
					· · · · · · · · · · · · · · · · · · ·	
		<u> </u>			=:= =::	
						
				Calada	D /F	00) 0044

recipient that received more than \$5,000. Check this box if no one recipient traceived more than \$5,000. Part II can be duplicated if additional space is needed more and address of organization (b) EIN (c) IRC section (d) Amount of non-cash or government assistance assistance assistance or government (e) Amount of non-cash assistance assistance assistance or government assistance assistance assistance or government (e) EIN (f) Method of IV (g) Description of non-cash assistance assistance or government assistance assistance or government (f) EIN (f) Method of IV (g) Description of non-cash assistance or government (f) Method of IV (g) Description of non-cash assistance or government (f) Method of IV (g) Description of non-cash assistance or government (f) EIN (f) Method of IV (g) Description of non-cash assistance or government (f) Method of IV (g) Description of non-cash assistance or government (f) Method of IV (g) Description of non-cash assistance or government (f) EIN (f
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64-0345180 Page 2	•	(f) Description of non-cash assistance								Schedule I (Form 990) (2011)
	Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	(e) Method of valuation (book, FMV, appraisal, other			additional information					
	zation answered "Yes'	(d) Amount of non- cash assistance			, line 2, and any other					
BS	nplete if the organiz	(c) Amount of cash grant			n required in Part I					26
IAL C	nited States. Con	(b) Number of recipients			ide the information					
AMATEUR FIELD TR. Schedule I (Form 990) (2011) OF AMERICA, INC.	r Assistance to Individuals in t plicated if additional space is ne	(a) Type of grant or assistance			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information					132102 01-27-12

SCHEDULE M (Form 990)

Noncash Contributions

2011

Department of the Treasury Internal Revenue Service ➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

Open to Public Inspection

Name of the organization

AMATEUR FIELD TRIAL CLUBS

OF AMERICA, INC.

Employer identification number 64-0345180

Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part V	ted on	Method of noncash contr			s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -						•		
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial	,							
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies						_		
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► (PROMOTIONAL I)	X	3	34,	573.	ESTIMATED	RETA:	IL_	VAL
26	Other ()								
27	Other ()								
28	Other (
29	Number of Forms 8283 received by the organiz	ation durin	g the tax year for o	contributions					
	for which the organization completed Form 828	33, Part IV,	Donee Acknowled	gement	29				
								Yes	No
30a	During the year, did the organization receive by	contribution	on any property re	ported in Part I, lin	es 1-28 th	at it must hold for			
	at least three years from the date of the initial of	ontribution	, and which is not	required to be use	ed for exen	npt purposes for			
	the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II								
31	Does the organization have a gift acceptance p	olicy that r	equires the review	of any non-standa	ard contrib	utions?	31		X
32a	Does the organization hire or use third parties of	or related o	rganizations to sol	ıcıt, process, or se	II noncash			7	
	contributions?						32a		X
b	If "Yes," describe in Part II.							7	
33	If the organization did not report an amount in	column (c) 1	for a type of prope	rty for which colur	nn (a) is ch	necked,			
	describe in Part II								<u> </u>
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	ю.		Schedule	M (Form	990) ((2011)

132141 01-23-12

SCHEDULE 0

(Form 990 or 990-EZ)

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMATEUR FIELD TRIAL CLUBS OF AMERICA, INC.

Employer identification number 64-0345180

Form 990, Part I, Line 1, Description of Organization Mission:
CARRY ON, CONDUCT AND FOSTER RESEARCH, EDUCATION, TRAINING IN
ORNITHOLOGICAL SCIENCES
Form 990, Part VI, Section B, line 11: THE RETURN IS REVIEWED BY THE
SECERTARY-TREASURER AND DISCUSSED WITH THE PREPARER BEFORE SUBMISSION TO
THE INTERNAL REVENUE SERVICE. ANY UNUSUAL ITEMS WOULD BE DISCUSSED WITH THE
OTHER OFFICERS BEFORE FILING.
Form 990, Part VI, Section C, Line 19: THE PUBLIC MAY REQUEST IN WRITING
AT THE ORGINAZITION'S OFFICE A COPY OF THE GOVERNING DOCUMENTS, ANY
CONFLICT OF INTEREST POLICIES AND ITS FINANCIAL STATEMENTS.
Form 990, Part VII Contact Addresses for Officers, Directors, Etc:
MICHAEL SHEARS - 1660 OLD HILLSBORO ROAD, FRANKLIN, TN 37064
MIKE HUSENITS - P O BOX 53, WEST LEBANON, PA 15783
JOHN D. MILTON, JR 9707 OAK HAMMOCK TRAIL, JACKSONVILLE, FL 32256
PRESTON TRIMBLE - 231 S PETERS, NORMAN, OK 73069
DR. ROBERT RANKIN - 2502 NW 235th, EDMOND, OK 73025-9138
DR. HUNTER WILCOX - 84 ARK ROAD, LUMBERTON, NJ 08048
JOHN Q. ATKINSON - P O BOX 1140, MARION, SC 29571
LARRON COPELAND - 1031 SPIER ROAD, BRONWOOD, GA 31726
GARY WINALL - 4163 OLD RIVER TRAIL, POWHATAN, VA 23139
JAMES CROUSE - 2829 HWY 41 A N, DIXON, KY 42409
JOHN IVESTER - P O BOX 2457, HUNTERSVILLE, NC 28070
STAN HOWTON - P O BOX 7583, BAINBRIDGE, GA 39818
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization AMATEUR FIELD TRIAL CLUBS OF AMERICA, INC.	Employer identification number 64-0345180
SEAN DERRIG - 1750 HALF DAY ROAD, BANNOCKBURN, IL 60015	
DAVID WILLIAMS - 10224 MACON ROAD, CORDOVA, TN 38118	
ALBERT NECAISE - P O BOX 717, GULF PORT, MS 39501	
BOB BAYLIS - 3825 BRYAN STREET, DALLAS, TX 75204	
CONRAD PLEVNIC - 7419 CR 315, TERRELL, TX 75161	
GARY YOUNG - P O BOX 6067, LAWTON, OK 73506	
HAROLD CHADWICK - 2 WEST APPLE, GRANTSVILLE, UT 84029	
HERB ANDERSON - 19289 NECK ROAD, DAYTON, OR 97112	
TORBEN HANSEN - 1295 GOLDSTONE ROAD, RENO, NV 89506	
RIC PETERSON - 185 S 163RD STREET, GILBERT, AZ 85296	
DON FRIGO - 19098 AIRPORT ROAD, CALEDON EAST, ONTARIO, CA	NADA L7K 2H2
LOU QUALTIERE - BOX 15 RR # 5, SASKATOON, SASKATCHEWAN, C	ANADA S7K 3J8
RAY WHEELER - 4338 GANGES FIVE POINT ROAD, SHELBY, OH 448	75
RICHARD STALLINGS - P O DRAWER 70040, MONTGOMERY, AL 3610	7
DR. PAT McINTEER - 1619 SCHOENHEIT, FALLS CITY, NE 68355	
FRANK Lanasa - 1997 269TH AVE NE, ISANTI, MN 55040	
ELIAS RICHARDSON - 314 CHESTNUT STREET, UXBRIDGE, MA 0156	9
PIPER HUFFMAN - 2873 WHIPPOOORWILL ROAD, MICHIGAN CITY, M	IS 38647
Form 990, Part XI, line 5, Changes in Net Assets:	
Net unrealized losses on investments:	-11,779.
	· · · · · · · · · · · · · · · · · · ·
	-

Depreciation and Amortization (Including Information on Listed Property)

za	III	O	n	9	9	U
		-	A			

Department of the Treasury Internal Revenue Service

➤ See separate instructions.

► Attach to your tax return.

tanojoj anotivi avi ratavi				,			
AMATEUR FIELD TRIAL C	LUBS				_		
OF AMERICA, INC.					Page 10		64-0345180
Part I Election To Expense Certain Prope	rty Under Section 17	9 Note: If yo	u have any lis	ted property	, complete Part		
1 Maximum amount (see instructions)						1 1	500,000.
2 Total cost of section 179 property plac)			3	2 000 000
3 Threshold cost of section 179 property			0			4	2,000,000.
4 Reduction in limitation Subtract line 3		-				5	
5 Dollar limitation for tax year Subtract line 4 from line		-0- If married file			(a) Floates		
6 (a) Description of pr			(b) Cost (busin	ess use only)	(c) Elected	2 0051	
							
7 Lested property. Enter the amount from	line 20		 	7			
7 Listed property. Enter the amount from8 Total elected cost of section 179 property.		ın column (a) lines 6 and				
9 Tentative deduction Enter the smaller	•	in column (c	J, 1111 0 5 0 and	<i>'</i>		9	
10 Carryover of disallowed deduction from		110 Form 45	.62			10	
11 Business income limitation. Enter the s	•			ro) or line 5		11	
12 Section 179 expense deduction Add I		•		•		12	
13 Carryover of disallowed deduction to 2	· ·			▶ 13	-	1. 12	
Note: Do not use Part II or Part III below for				P 13			
Part II Special Depreciation Allows				de listed pro	perty)		
14 Special depreciation allowance for qua		-	•		·		
the tax year	amou property (our		o property, pr	2000 III 001 VI	oo damig	14	
15 Property subject to section 168(f)(1) el	ection					15	
16 Other depreciation (including ACRS)	301.311					16	
Part III MACRS Depreciation (Do no	ot include listed pr	operty.) (See	e instructions)			
		Se	ection A				
17 MACRS deductions for assets placed	in service in tax ye	ars beginnir	ng before 201	1		17	
18 If you are electing to group any assets placed in ser	vice during the tax year i	nto one or more	general asset acc	ounts, check her	. ▶ □] ["""	
Section B - Assets	Placed in Service	e During 20	11 Tax Year	Using the G	eneral Depreci	ation Syste	em
(a) Classification of property	(b) Month and year placed in service	(business/ii	or depreciation nvestment use instructions)	(d) Recover period	y (e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property							
b 5-year property	-		2,016.	5 Yrs	. MO	200DB	101.
c 7-year property	7 (
d 10-year property	7						
e 15-year property							
f 20-year property							
g 25-year property				25 yrs		S/L	
	/			27 5 yrs	MM	S/L	
h Residential rental property	/			27 5 yrs	MM	S/L	
: Nonreadential real property	/			39 yrs	MM	S/L	
i Nonresidential real property	/				ММ	S/L	
Section C - Assets	Placed in Service	During 201	1 Tax Year U	sing the Alte	ernative Depre	ciation Sys	tem
20a Class life						S/L	
b 12-year				12 yrs		S/L	
c 40-year	/			40 yrs.	MM	S/L	
Part IV Summary (See instructions)							
21 Listed property Enter amount from lin	e 28					21	
22 Total. Add amounts from line 12, lines	14 through 17, lin	es 19 and 2	0 ın column (g	g), and line 2	1.		
Enter here and on the appropriate line	•	-		itions - <u>see in</u>	str	22	101.
23 For assets shown above and placed in	-	e current yea	ar, enter the			Ì	
portion of the basis attributable to sec	tion 263A costs			23	<u> </u>		
116251 11-21-11 LHA For Paperwork Reductio	n Act Notice, see	separate in	structions.				Form 4562 (2011)

O,	Do you manifest a mitton pener of accomplish state promotes and percentage of translating of mitton and of the	1	
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		
Р	eart VI Amortization		

P	art VI Amortization					
	(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42	Amortization of costs that begins during your	2011 tax year				
		<u> </u>		<u> </u>		
43	3 Amortization of costs that began before your 2011 tax year					
44	44 Total, Add amounts in column (f) See the instructions for where to report					

116252 11-18-11

Form 4562 (2011)