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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: FAIRFIELD COUNTY HOUNDS
Number and street (or P O box, if mail is not delivered to street address): W GRABEL 28 BANK ST
City or town, state or province, country, and ZIP or foreign postal code: New Milford, CT 06776

D Employer identification number: 06-0945653
E Telephone number: (860) 354-0660
F Group Exemption Number

G Accounting Method: Cash, Accrual, Other (specify)

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

I Website: N/A

J Tax-exempt status (check only one): 501(c)(3), 501(c)(7), 4947(a)(1), 527

K Form of organization: Corporation, Trust, Association, Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$195,569

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows and 3 columns. Rows are categorized into Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Includes sub-rows for gaming and fundraising events (6a-c) and inventory sales (7a-c). Total revenue is 195,569 and total expenses is 151,373.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | | (B) End of year |
|--|-----------------------|-----------|-----------------|
| 22 Cash, savings, and investments | 41,275 | 22 | 72,172 |
| 23 Land and buildings | 358,182 | 23 | 349,377 |
| 24 Other assets (describe in Schedule O) | 4,114 | 24 | 12,920 |
| 25 Total assets | 403,571 | 25 | 434,469 |
| 26 Total liabilities (describe in Schedule O) | 58,465 | 26 | 45,997 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 345,106 | 27 | 388,472 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?

SPORT CLUB SERVING 50-70 MEMBERS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

| | | |
|--|---|------------|
| 28 PROVIDE VENUE FOR MEMBERS TO ENJOY THEIR SPORT BY MAINTAINING AND ENHANCING COUNTRYSIDE ON CLUB FACILITIES AND NEIGHBORING PROPERTIES AS WELL AS CARING FOR HOUNDS (Grants \$) | If this amount includes foreign grants, check here <input type="checkbox"/> | 28a |
| 29 | If this amount includes foreign grants, check here <input type="checkbox"/> | 29a |
| 30 | If this amount includes foreign grants, check here <input type="checkbox"/> | 30a |
| 31 Other program services (describe in Schedule O) (Grants \$) | If this amount includes foreign grants, check here <input type="checkbox"/> | 31a |
| 32 Total program service expenses (add lines 28a through 31a) | | 32 |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|--|--|---|--|
| WILLIAM STUART MASTER, PRESIDENT | 1 00 | 0 | | |
| ADELE OKANE DIRECTOR | 2 00 | 0 | | |
| KARIN ROUMANIS DIRECTOR | 1 00 | 0 | | |
| JOANNA DUNN SAMSON MASTER, HONOR SEC | 2 00 | 0 | | |
| JO MAYER MASTER, V PRESIDENT | 3 00 | 0 | | |
| CATHY LANGUERAND DIRECTOR | 1 00 | 0 | | |
| CAROL MAKOVICH DIRECTOR | 1 00 | 0 | | |
| ALICE KANG DIRECTOR | 1 00 | 0 | | |
| RACHEL MEDBERY DIRECTOR | 1 00 | 0 | | |
| DO HEE KIM DIRECTOR | 1 00 | 0 | | |
| CHRISTOPHER LINEN DIRECTOR | 1 00 | 0 | | |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2014) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, and organizational structure. Includes fields for Form 990-T, Form 1120-POL, and foreign account information.

| | | |
|----|-----|----|
| | Yes | No |
| 46 | | |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

| | | |
|-----|-----|----|
| | Yes | No |
| 47 | | |
| 48 | | |
| 49a | | |
| 49b | | |

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

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

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

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000

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

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | |
|------------------|---|--------------------|
| Sign Here | ***** Signature of officer | 2014-08-12 Date |
| | JO MAYER VICE PRESIDENT TREASURER Type or print name and title | |

| | | | | | |
|-------------------------------|---|----------------------|--------------------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name DOROTHY STEIN | Preparer's signature | Date 2015-08-13 | Check <input type="checkbox"/> if self-employed | PTIN P00049830 |
| | Firm's name <input type="checkbox"/> H AND R BLOCK | | | Firm's EIN <input type="checkbox"/> | |
| | Firm's address <input type="checkbox"/> 30 BANK ST NEW MILFORD, CT 06776 | | | Phone no (860) 354-0660 | |

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization
FAIRFIELD COUNTY HOUNDS

Employer identification number

06-0945653

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------------|---|
| PART 1 LINE 16 OTHER EXPENSES | DUES, OFFICE, GENERAL AND BUILDING MAINTENANCE, KENNELS, PROGRAM AND LANDOWNER RELATIONS |
| PART 1 LINE 20 OTHER CHANGES | DUES, OFFICE, GENERAL AND BUILDING MAINTENANCE, KENNELS, PROGRAM AND LANDOWNER RELATIONS ACCOUNTS RECEIVABLE WRITTEN OFF AS UNCOLLECTIBLE |
| PART 2 LINE 24 OTHER ASSETS | DUES, OFFICE, GENERAL AND BUILDING MAINTENANCE, KENNELS, PROGRAM AND LANDOWNER RELATIONS AC COUNTS RECEIVABLE WRITTEN OFF AS UNCOLLECTIBLE ACCOUNTS RECEIVABLE DUES \$12920 |
| PART 2 LINE 26 TOTAL LIABILITIES | DUES, OFFICE, GENERAL AND BUILDING MAINTENANCE, KENNELS, PROGRAM AND LANDOWNER RELATIONS AC COUNTS RECEIVABLE WRITTEN OFF AS UNCOLLECTIBLE ACCOUNTS RECEIVABLE DUES \$12920 DUES TAX PA YABLE \$1084, PAYROLL TAXES PAYABLE \$259, MORTGAGE \$44654 |
| PART 3 ORGANIZATION EXEMPT PURPOSE | DUES, OFFICE, GENERAL AND BUILDING MAINTENANCE, KENNELS, PROGRAM AND LANDOWNER RELATIONS AC COUNTS RECEIVABLE WRITTEN OFF AS UNCOLLECTIBLE ACCOUNTS RECEIVABLE DUES \$12920 DUES TAX PA YABLE \$1084, PAYROLL TAXES PAYABLE \$259, MORTGAGE \$44654 SPORT CLUB SERVING 50-70 MEMBERS |
| PART 3 LINE 28 | DUES, OFFICE, GENERAL AND BUILDING MAINTENANCE, KENNELS, PROGRAM AND LANDOWNER RELATIONS AC COUNTS RECEIVABLE WRITTEN OFF AS UNCOLLECTIBLE ACCOUNTS RECEIVABLE DUES \$12920 DUES TAX PA YABLE \$1084, PAYROLL TAXES PAYABLE \$259, MORTGAGE \$44654 SPORT CLUB SERVING 50-70 MEMBERS PROVIDE VENUE FOR MEMBERS TO ENJOY THEIR SPORT BY MAINTAINING AND ENHANCING COUNTRY SIDE ON CLUB FACILITIES AND NEIGHBORING PROPERTIES AS WELL AS CARING FOR HOUNDS |

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

**Depreciation and Amortization
 (Including Information on Listed Property)**

OMB No 1545-0172

2014

Attachment
 Sequence No **179**

▶ **Attach to your tax return.**

▶ **Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.**

| | | |
|--|--|----------------------------------|
| Name(s) shown on return FAIRFIELD COUNTY HOUNDS | Business or activity to which this form relates FOR | Identifying number 06-0945653 |
|--|--|----------------------------------|

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | |
|---|----------|
| 1 Maximum amount (see instructions) | 1 |
| 2 Total cost of section 179 property placed in service (see instructions) | 2 |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 |
| 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- | 4 |
| 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 |

| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|-----------|---|------------------------------|------------------|
| 7 | Listed property Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2013 Form 4562 | 10 | |
| 11 | Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | |
| 12 | Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2015 Add lines 9 and 10, less line 12 | 13 | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

| | |
|---|-----------|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 |
| 15 Property subject to section 168(f)(1) election | 15 |
| 16 Other depreciation (including ACRS) | 16 |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

| | | |
|--|-----------|-------|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2014 | 17 | 9,541 |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | | |

Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---------------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | 859 | 7 0 | HY | 200 DB | 123 |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27 5 yrs | MM | S/L | |
| | | | 27 5 yrs | MM | S/L | |
| i Nonresidential real property | | | 39 yrs | MM | S/L | |
| | | | | MM | S/L | |

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|-----------------------|--|--|--------|----|-----|--|
| 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 line 28 | 21 | |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 9,664 |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation/deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25
26 Property used more than 50% in a qualified business use
27 Property used 50% or less in a qualified business use
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal(noncommuting) miles driven
33 Total miles driven during the year Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
Yes No Yes No Yes No Yes No Yes No Yes No

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
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 vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part 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 2014 tax year (see instructions)
43 Amortization of costs that began before your 2014 tax year 43
44 Total. Add amounts in column (f) See the instructions for where to report 44