

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-1150
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

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

C Name of organization
FAIRFIELD COUNTY HOUNDS
% W GRABEL
Number and street (or P O box, if mail is not delivered to street address) Room/suite
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) (insert no) 4947(a)(1) or 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 ▶ \$ 146,360

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	
1	Contributions, gifts, grants, and similar amounts received
2	Program service revenue including government fees and contracts 31,660
3	Membership dues and assessments 114,700
4	Investment income
5a	Gross amount from sale of assets other than inventory 5a
b	Less cost or other basis and sales expenses 5b
5c	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)
6	Gaming and fundraising events
a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 0
c	Less direct expenses from gaming and fundraising events 6c
d	6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)
7a	Gross sales of inventory, less returns and allowances 7a
b	Less cost of goods sold 7b
7c	7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
8	8 Other revenue (describe in Schedule O)
9	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 146,360
Expenses	
10	10 Grants and similar amounts paid (list in Schedule O)
11	11 Benefits paid to or for members
12	12 Salaries, other compensation, and employee benefits 33,321
13	13 Professional fees and other payments to independent contractors 4,160
14	14 Occupancy, rent, utilities, and maintenance 19,811
15	15 Printing, publications, postage, and shipping 343
16	16 Other expenses (describe in Schedule O) 79,352
17	17 Total expenses. Add lines 10 through 16 ▶ 136,987
18	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 9,373
Net Assets	
19	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 373,836
20	20 Other changes in net assets or fund balances (explain in Schedule O)
21	21 Net assets or fund balances at end of year Combine lines 18 through 20 383,209

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	56,292	22	43,686
23 Land and buildings	341,502	23	335,879
24 Other assets (describe in Schedule O)	7,270	24	22,040
25 Total assets	405,064	25	401,605
26 Total liabilities (describe in Schedule O).	31,228	26	18,396
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	373,836	27	383,209

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 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29		29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
30		30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
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) <input type="checkbox"/>		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	1 00	0		
MASTER , PRESIDENT				
CHRIS LINEN	2 00	0		
DIRECTOR				
DO HEE KIM	1 00	0		
DIRECTOR				
JOANNA DUNN SAMSON	2 00	0		
MASTER, HONOR SEC				
JO MAYER	3 00	0		
MASTER, V PRESIDENT				
CAROL MAKOVICH	1 00	0		
DIRECTOR				
ALICE KANG	1 00	0		
DIRECTOR				
RACHEL MEDBERY	1 00	0		
DIRECTOR				

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

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

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 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
49b If "Yes," was the related organization a section 527 organization? 49b No

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 "

Table with 5 columns: (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. Row 1 contains '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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains '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 2017-05-08 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 2017-05-08 Check if self-employed PTIN P00049830
Firm's name H AND R BLOCK Firm's EIN
Firm's address 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

Additional Data

Software ID:

Software Version:

EIN: 06-0945653

Name: FAIRFIELD COUNTY HOUNDS

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>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 \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
FAIRFIELD COUNTY HOUNDS**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

2016**Open to Public Inspection**

Employer identification number

06-0945653

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART I LINE 20 GENERAL PROGRAM EXPENSES	MEMBERSHIP AND DUES \$253

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART I LINE 20	MISCELLANEOUS ADVERTISING MEETS \$1877

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART I LINE 20	OFFICE EXPENSES \$803

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART I LINE 20	ACCUMULATED DEPRECIATION \$10399

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART I LINE 20	EQUIPMENT MAINTENANCE \$3746

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART I LINE 20	GENERAL MAINTENANCE \$12026

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART I LINE 20	HUNT BALL EXPENSE \$14789

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART 1 LINE 20	HUNTER PACE \$531

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART I LINE 20	INSURANCE \$12462

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART I LINE 20	KENNELS EXPENSES \$22466

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART II LINE 24 OTHER ASSETS	DUES RECEIVABLE \$22040

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART II LINE 26 TOTAL LIABILITIES	MORTGAGES PAYABLE \$15097

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART II LINE 26	OTHER PAYABLES \$3299