

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 black lung benefit trust or private foundation)

2011

Department of the Treasury Internal Revenue Service

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

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

B Check if applicable: X Address change C AMERICAN SPANIEL CLUB INC. 112 CARRIAGEHOUSE LANE AUBURN, AL 36830 D Employer identification number 11-6003398 E Telephone number (334) 821-9554 F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify) MODIF. ACCRUAL H Check X if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: HTTP://WWW.ASC-COCKERSPANIEL.ORG

J Tax-exempt status (ck only one) 501(c)(3) X 501(c) (7) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 150,348.

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 X

Table with 21 rows and 3 columns: Description, Line Number, Amount. Includes Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue: 150,348. Total expenses: 273,860. Net assets at end of year: 186,096.

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2011)

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. [X]

Table with 4 columns: Line number, Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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

Check if the organization used Schedule O to respond to any question in this Part III. [X]

What is the organization's primary exempt purpose? SEE SCHEDULE O
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 and section 4947(a)(1) trusts; optional for others.)

Table with 4 columns: Line number, Description, Line number, Expenses. Rows include THE AMERICAN SPANIEL CLUB FOUNDATION REQUESTED THAT THEIR RESTRICTED CD'S BE RETURNED TO THEM; SHOW EXPENSES & CONVENTION CENTER SITE EXPENSE FOR THE JULY, 2011 STURBRIDGE CONVENTION CENTER DOG SHOW IN STURBRIDGE, MA. OVER 2,000 ENTRIES AND OVER 2,000 DOGS EXHIBITED; SHOW EXPENSES & CONVENTION CENTER SITE EXPENSE FOR THE JANUARY, 2011 VALLEY FORGE CONVENTION CENTER VALLEY FORGE, PA DOG SHOW WITH OVER 2000 DOGS ENTRIES AND OVER 2,000 DOGS EXHIBITED; Other program services; Total program service expenses.

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. [X]

Table with 5 columns: (a) Name and address, (b) Title and average hours per week devoted to position, (c) Reportable compensation (Form 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. Row 1: SEE SCHEDULE O, 18,087., 0., 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.

Table with columns for question number, description, and Yes/No boxes. Includes questions 33 through 41 regarding organizational activities, financials, and reporting.

42a The organization's books are in care of BETH WILLIAMS Telephone no. (334) 821-9554 Located at 112 CARRIAGEHOUSE LANE AUBURN AL ZIP + 4 36830

Table for question 42b and 42c regarding foreign financial accounts and offices. Includes a 'See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.' note.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. 43 N/A

Table for questions 44a through 45b regarding donor advised funds, hospital facilities, controlled entities, and Form 720 reporting.

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

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

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. Yes No
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

b If "Yes," was the related organization a section 527 organization? 49b

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 address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|---|---|--|
| | | | | |
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| | | | | |

e Total number of other employees paid over \$100,000. ▶

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

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
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| | | |

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ▶ Yes No

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

| | | |
|------------------|---|------|
| Sign Here | Signature of officer JANE HARMON | Date |
| | Type or print name and title. TREASURER | |

| | | | | | |
|-------------------------------|---|---|------|---|--------------------------|
| Paid Preparer Use Only | Print/Type preparer's name MARK R. STANHOPE, CPA, MST | Preparer's signature MARK R. STANHOPE, CPA, MST | Date | Check <input type="checkbox"/> if self-employed | PTIN P00548382 |
| | Firm's name ▶ MARK R. STANHOPE, CPA PC | | | Firm's EIN ▶ 27-1564818 | |
| | Firm's address ▶ 213 MAIN ST HUDSON, MA 01749 | | | Phone no. (978) 568-9100 | |

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Department of the Treasury
Internal Revenue Service

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.

Open to Public
Inspection

Name of the organization

AMERICAN SPANIEL CLUB INC.

Employer identification number

11-6003398

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

ADVANCEMENT AND PROTECTION OF PUREBRED DOGS. THROUGH THE EDUCATION OF ITS MEMBERS
THROUGH QUARTERLY BULLETINS AND THROUGH THE PRESENTATION OF TWO DOG SHOWS ANNUALLY
ONE IN JANUARY AND ONE IN JULY.

AMERICAN SPANIEL CLUB INC.

11-6003398

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

| | | |
|-------------------------------------|----------|-----------------|
| ACS JANUARY DOG SHOW..... | \$ | 47,229. |
| BANK CHARGES..... | | 133. |
| CREDIT CARD FEES..... | | 1,003. |
| INSURANCE..... | | 3,351. |
| JUDGES PRESENTATION..... | | 1,088. |
| MEDIA EXPENSES (DVDS ETC)..... | | 8,020. |
| OFFICE EXPENSES..... | | 2,786. |
| RETURN OF DONOR CD (RESTRICT.)..... | | 96,144. |
| STURBRIDGE, MA JULY DOG SHOW..... | | 65,445. |
| SUPPLIES..... | | 2,414. |
| TELEPHONE..... | | 456. |
| WEBSITE..... | | 397. |
| | TOTAL \$ | <u>228,466.</u> |

FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

| | <u>BEGINNING</u> | <u>ENDING</u> |
|--|-------------------------|-------------------|
| ACCOUNTS RECEIVABLE..... | \$ 11,322. | \$ 745. |
| PLEDGES AND GRANTS RECEIVABLE..... | 7,490. | 6,905. |
| PREPAID EXPENSES AND DEFERRED CHARGES..... | 10,142. | 20,987. |
| | TOTAL \$ <u>28,954.</u> | \$ <u>28,637.</u> |

FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

| | <u>BEGINNING</u> | <u>ENDING</u> |
|--|-------------------------|----------------|
| ACCOUNTS PAYABLE AND ACCRUED EXPENSES..... | \$ 13,675. | \$ 999. |
| | TOTAL \$ <u>13,675.</u> | \$ <u>999.</u> |

FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

| <u>DESCRIPTION</u> | <u>GRANTS</u> | <u>PROGRAM SERVICE EXPENSES</u> |
|--|--------------------|---------------------------------|
| AMERICAN SPANIEL CLUB TEE SHIRTS & DVD'S OF DOG SHOWS AT THE TWO AMERICAN SPANIEL CLUB ANNUAL CONVENTIONS ONE IN JANUARY THE OTHER IN JULY. INCLUDES FOREIGN GRANTS: NO | | |
| AMERICAN SPANIEL CLUB DELEGATE ATTENDS AKC BOARD MEETING. INCLUDES FOREIGN GRANTS: NO | | |
| ANIMAL RELATED PROGRAMS- PROVIDED EDUCATION TO AKC JUDGES ABOUT SPANIEL BREEDS. INCLUDES FOREIGN GRANTS: NO | | |
| | TOTAL \$ <u>0.</u> | \$ <u>0.</u> |

CLIENT ASP3398

AMERICAN SPANIEL CLUB INC.

11-6003398

11/15/12

04:35PM

**FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

| <u>NAME AND ADDRESS</u> | <u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u> | <u>COMPEN- SATION</u> | <u>HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC</u> | <u>EXPENSE ACCOUNT & OTHER ALLOWANCES</u> |
|---|---|---------------------------|---|---|
| CHARLES P. BORN 105 STRATHMORE PLACE LOS GATOS, CA 95032-1758 | PRESIDENT 0 | \$ 0. | \$ 0. | \$ 0. |
| KATHLEEN L. PATTERSON P.O. BOX 4194 FRANKFORT, KY 40604-4194 | SECRETARY 40 | 18,087. | 0. | 0. |
| DAVID DONALDSON 103 MARINERS COVE HODGES, SC 29653 | VICE PRESIDENT 0 | 0. | 0. | 0. |
| BONNIE PIKE 275 PACKERS FALLS ROAD DURHAM, NH 03824-4402 | VICE PRESIDENT 0 | 0. | 0. | 0. |
| JANE HARMON 45 ONTARIO DRIVE HUDSON, MA 01749-3132 | TREASURER 0 | 0. | 0. | 0. |
| LINDA PITTS P.O. BOX 30269 KNOXVILLE, TN 37930 | DIRECTOR 2013 0 | 0. | 0. | 0. |
| MARILYN SPACHT 6033 TERRACE HILLS DRIVE BIRMINGHAM, AL 35242-7361 | DIRECTOR 2013 0 | 0. | 0. | 0. |
| BETTIE A. CAMPBELL 1088 UNION MILL ROAD MOUNT LAUREL, NJ 08054-9564 | DIRECTOR 2011 0 | 0. | 0. | 0. |
| DEE A. TORGERSON-RISMYHR 11 BAYBERRY DRIVE EAST GRANBY, CT 06026 | DIRECTOR 2011 0 | 0. | 0. | 0. |
| CALVIN WARD P.O. BOX 9 BENOIT, MS 38725-0009 | DIRECTOR 2011 0 | 0. | 0. | 0. |
| XIMOARA B. LARSON 1088 NEIPSIC ROAD GLASTONBURY, CT 06033-2604 | DIRECTOR ZONE 1 0 | 0. | 0. | 0. |
| KAREN ANN TONER 154 BENNETT ROAD HAMPDEN, MA 01036-9101 | DIRECTOR ZONE 1 0 | 0. | 0. | 0. |

CLIENT ASP3398

AMERICAN SPANIEL CLUB INC.

11-6003398

11/15/12

04:45PM

FORM 990-EZ, PART IV (CONTINUED)
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| <u>NAME AND ADDRESS</u> | <u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u> | <u>COMPEN- SATION</u> | <u>HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC</u> | <u>EXPENSE ACCOUNT & OTHER ALLOWANCES</u> |
|--|---|---------------------------|---|---|
| TONY SKINNER 3025 THREE BRIDGE ROAD POWHATAN, VA 23139 | DIRECTOR ZONE 2 0 | \$ 0. | \$ 0. | \$ 0. |
| GALE GORDON 3555 PHILWOOD AVENUE MEMPHIS, TN 38122-4557 | DIRECTOR ZONE 2 0 | 0. | 0. | 0. |
| LAURA HEIDRICH 13730 WEST BARR ROAD MANHATTAN, IL 60442-9727 | DIRECTOR ZONE 3 0 | 0. | 0. | 0. |
| NANCY J. GALLANT 7702 DIVISION DR. BATTLE CREEK, MI 49014-9562 | DIRECTOR ZONE 3 0 | 0. | 0. | 0. |
| QUINN RUVACA 13831 EDWARDS STREET WESTMINSTER, CA 92683 | DIRECTOR ZONE 4 0 | 0. | 0. | 0. |
| JEANNETTE BRUCE 21439 BEAR CREEK ROAD LOS GATOS, CA 95033 | DIRECTOR ZONE 4 0 | 0. | 0. | 0. |
| BARBARA SHAW 322 RUSSELL LANE DENISON, TX 75021-4242 | DIRECTOR ZONE 5 0 | 0. | 0. | 0. |
| JULIE VIROSTECK 4424 VERMONT ROAD WELLSVILLE, KS 66092 | DIRECTOR ZONE 5 0 | 0. | 0. | 0. |
| | TOTAL | \$ 18,087. | \$ 0. | \$ 0. |

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2011, or fiscal year beginning _____, 2011, and ending _____

▶ Do not send to the IRS. Keep for your records.
▶ See instructions.

2011

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

AMERICAN SPANIEL CLUB INC.

11-6003398

Name and title of officer
JANE HARMON

TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

| | | | | |
|---------------------------------------|-------------------------------------|--|----|----------|
| 1a Form 990 check here | <input type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | |
| 2a Form 990-EZ check here | <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b | 150,348. |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) | 5b | |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MARK R. STANHOPE, CPA PC to enter my PIN 19633 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2011 electronically filed return, if I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Jane Harmon

Date ▶

11/15/12

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN

04498113586

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

MARK R. STANHOPE, CPA, MST

Date ▶

11-15-12

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2011)

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2011

For calendar year 2011 or other tax year beginning _____, 2011,
and ending _____, _____

▶ See separate instructions.

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

| | | | |
|--|----------------------|--|--|
| A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(7) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 408A <input type="checkbox"/> <input type="checkbox"/> 529(a) | Print or Type | (<input type="checkbox"/> Check box if name changed and see instructions.) AMERICAN SPANIEL CLUB INC. 112 CARRIAGEHOUSE LANE AUBURN, AL 36830 | D Employer identification number (Employees' trust, see instructions.) 11-6003398 E Unrelated business activity codes (See instructions.) |
|--|----------------------|--|--|

| | |
|---|--|
| C Book value of all assets at end of year 187,095. | F Group exemption number (See instructions.) ▶ G Check organization type: ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust |
|---|--|

H Describe the organization's primary unrelated business activity.
▶

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ Yes No
If 'Yes,' enter the name and identifying number of the parent corporation . . ▶

J The books are in care of ▶ **BETH WILLIAMS** Telephone number ▶ **(334) 821-9554**

| Part I Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|---|------------|--------------|---------|
| 1 a Gross receipts or sales | | | |
| b Less returns and allowances c Balance ▶ | 1 c | | |
| 2 Cost of goods sold (Schedule A, line 7) | 2 | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | | |
| 4 a Capital gain net income (attach Schedule D) | 4 a | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4 b | | |
| c Capital loss deduction for trusts | 4 c | | |
| 5 Income (loss) from partnerships and S corporations (attach statement) | 5 | | |
| 6 Rent income (Schedule C) | 6 | | |
| 7 Unrelated debt-financed income (Schedule E) | 7 | | |
| 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) | 8 | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G) | 9 | | |
| 10 Exploited exempt activity income (Schedule I) | 10 | | |
| 11 Advertising income (Schedule J) | 11 | | |
| 12 Other income (See instructions; attach schedule.) SEE STATEMENT 1 | 12 | | |
| 13 Total. Combine lines 3 through 12 | 13 | 4,071. | 4,071. |

| Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) | | | |
|---|-------------|--|--------|
| 14 Compensation of officers, directors, and trustees (Schedule K) | 14 | | |
| 15 Salaries and wages | 15 | | |
| 16 Repairs and maintenance | 16 | | |
| 17 Bad debts | 17 | | |
| 18 Interest (attach schedule) | 18 | | |
| 19 Taxes and licenses | 19 | | |
| 20 Charitable contributions (See instructions for limitation rules.) | 20 | | |
| 21 Depreciation (attach Form 4562) | 21 | | |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22 a | | |
| 23 Depletion | 23 | | |
| 24 Contributions to deferred compensation plans | 24 | | |
| 25 Employee benefit programs | 25 | | |
| 26 Excess exempt expenses (Schedule I) | 26 | | |
| 27 Excess readership costs (Schedule J) | 27 | | |
| 28 Other deductions (attach schedule) | 28 | | |
| 29 Total deductions. Add lines 14 through 28 | 29 | | |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | | 4,071. |
| 31 Net operating loss deduction (limited to the amount on line 30) | 31 | | |
| 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | 32 | | 4,071. |
| 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.) | 33 | | 1,000. |
| 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34 | | 3,071. |

Part III Tax Computation

| | | | |
|---|--|------------|------|
| 35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> . See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34 | | 35c | 461. |
| 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | | 36 | |
| 37 Proxy tax. See instructions | | 37 | |
| 38 Alternative minimum tax. | | 38 | |
| 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies | | 39 | 461. |

Part IV Tax and Payments

| | | | |
|--|------------|--|-------------|
| 40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)..... | 40a | | |
| b Other credits (see instructions)..... | 40b | | |
| c General business credit. Attach Form 3800 (see instructions)..... | 40c | | |
| d Credit for prior year minimum tax (attach Form 8801 or 8827)..... | 40d | | |
| e Total credits. Add lines 40a through 40d..... | 40e | | 0. |
| 41 Subtract line 40e from line 39..... | 41 | | 461. |
| 42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611.. <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)..... | 42 | | |
| 43 Total tax. Add lines 41 and 42..... | 43 | | 461. |
| 44a Payments: A 2010 overpayment credited to 2011..... | 44a | | STATEMENT 2 |
| b 2011 estimated tax payments..... | 44b | | 126. |
| c Tax deposited with Form 8868..... | 44c | | |
| d Foreign organizations: Tax paid or withheld at source (see instructions)..... | 44d | | |
| e Backup withholding (see instructions)..... | 44e | | |
| f Credit for small employer health insurance premiums (Attach Form 8941)..... | 44f | | |
| g Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ... | 44g | | |
| 45 Total payments. Add lines 44a through 44g..... | 45 | | 0. |
| 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached..... <input type="checkbox"/> | 46 | | |
| 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed..... | 47 | | 587. |
| 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid..... | 48 | | |
| 49 Enter the amount of line 48 you want: Credited to 2012 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> | 49 | | |

Part V Statements Regarding Certain Activities and Other Information (see instructions)

| | | |
|---|-----|----|
| 1 At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here. | Yes | No |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?.. If YES, see instructions for other forms the organization may have to file. | | X |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year \blacktriangleright \$ 0. | | |

Schedule A - Cost of Goods Sold. Enter method of inventory valuation \blacktriangleright

| | | | | | |
|---|-----------|--|--|----------|----|
| 1 Inventory at beginning of year..... | 1 | | 6 Inventory at end of year..... | 6 | |
| 2 Purchases..... | 2 | | 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2..... | 7 | |
| 3 Cost of labor..... | 3 | | | | |
| 4a Additional section 263A costs (attach schedule) | 4a | | | | |
| b Other costs (attach sch) | 4b | | | | |
| 5 Total. Add lines 1 through 4b..... | 5 | | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?..... | 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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: _____ Date: _____ Title: **TREASURER**
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

| | | | | |
|--|---|------|---|-----------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| MARK R. STANHOPE, CPA, MST | MARK R. STANHOPE, CPA, MST | | | P00548382 |
| Firm's name \blacktriangleright MARK R. STANHOPE, CPA PC | Firm's EIN \blacktriangleright 27-1564818 | | | |
| Firm's address \blacktriangleright 213 MAIN ST HUDSON, MA 01749 | Phone no. (978) 568-9100 | | | |

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

| 1 Description of property | | |
|--|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| 2 Rent received or accrued | | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | Total | |
| (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ | | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ |

Schedule E – Unrelated Debt-Financed Income (see instructions)

| 1 Description of debt-financed property | | 2 Gross income from or allocable to debt-financed property | 3 Deductions directly connected with or allocable to debt-financed property | |
|--|--|--|---|--|
| | | | (a) Straight line depreciation (attach sch) | (b) Other deductions (attach schedule) |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5 Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6 Column 4 divided by column 5 | 7 Gross income reportable (column 2 x column 6) | 8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| Totals ▶ | | | Enter here and on page 1, Part I, line 7, column (A). | Enter here and on page 1, Part I, line 7, column (B). |
| Total dividends-received deductions included in column 8. ▶ | | | | |

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1 Name of controlled organization | 2 Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|--|--|---|--|---|
| | | 3 Net unrelated income (loss) (see instructions) | 4 Total of specified payments made | 5 Part of column 4 that is included in the controlling organization's gross income | 6 Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| Nonexempt Controlled Organizations | | | | | |
| 7 Taxable Income | 8 Net unrelated income (loss) (see instructions) | 9 Total of specified payments made | 10 Part of column 9 that is included in the controlling organization's gross income | 11 Deductions directly connected with income in column 10 | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| Totals ▶ | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). | |

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1 Description of income | 2 Amount of income | 3 Deductions directly connected (attach schedule) | 4 Set-asides (attach schedule) | 5 Total deductions and set-asides (column 3 plus column 4) |
|-------------------------|---|---|--------------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | Enter here and on page 1, Part I, line 9, column (A). | | | Enter here and on page 1, Part I, line 9, column (B). |

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1 Description of exploited activity | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business income | 4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7. | 5 Gross income from activity that is not unrelated business income | 6 Expenses attributable to column 5 | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|-------------------------------------|--|--|---|--|-------------------------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals | Enter here and on page 1, Part I, line 10, column (A). | Enter here and on page 1, Part I, line 10, column (B). | | | | Enter here and on page 1, Part II, line 26. |

Schedule J – Advertising Income (See instructions.)

Part I Income From Periodicals Reported on a Consolidated Basis

| 1 Name of periodical | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7. | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4). |
|---|----------------------------|----------------------------|---|----------------------|--------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)). | | | | | | |

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1 Name of periodical | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7. | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4). |
|-------------------------------------|--|--|---|----------------------|--------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) Totals from Part I | | | | | | |
| Totals, Part II (lines 1-5) | Enter here and on page 1, Part I, line 11, column (A). | Enter here and on page 1, Part I, line 11, column (B). | | | | Enter here and on page 1, Part II, line 27. |

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

| 1 Name | 2 Title | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|--|---------|---------------------------------------|---|
| | | % | |
| | | % | |
| | | % | |
| | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | | |

STATEMENT 1
FORM 990-T, PART I, LINE 12
OTHER INCOME

| | | |
|------------------------------|----|---------------|
| OTHER INVESTMENT INCOME..... | \$ | 4,071. |
| TOTAL | \$ | <u>4,071.</u> |