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Fèm 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 black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2011

Open to Public Inspection

ΑI	For the 2011 calendar year, or tax year beginning		January 1	January 1 , 2011, and ending		cember 3	1 , 20 11			
В	Check if applicable C Name of organization				D Em	ployer iden	tification number			
	Address c	hange American Ferret Association, Inc	:	_		521718033				
=	Name cha		is not delivered to street address	is)	Room/suite E Tele	te E Telephone number				
_	Inrtial retui Terminate	IPO DOX 334				1-888	-FERRET1			
=	Amended	City or town state or country and ZIP	+ 4		F Gro	oup Exem	otion			
		rederick, MD 21705-0554			Nu	mber 🕨				
G	Account	ting Method: Cash Accrual Other	(specify) ▶		H Check	▶ If t	he organization is not			
1 '	Websit	te: ► www.ferret.org					h Schedule B			
JT	ax-exen	npt status (check only one) — 🗸 501(c)(3) 🔲 50	1(c) () ◀ (insert no.) ☐ 4	4947(a)(1) or	☐ 527 (Form	990, 990-	EZ, or 990-PF)			
	Check ▶		<u>'</u>		527 organization and	ıts aross r	eceipts are normally			
	not more	e than \$50,000 A Form 990-EZ or Form 990 retu	.,		•	•	•			
		unization chooses to file a return, be sure to file a			, , ,					
L/	dd lines	s 5b, 6c, and 7b, to line 9 to determine gross receipt	s If gross receipts are \$200,0	00 or more, o	or if total assets (Part I	l,				
h	ne 25, c	olumn (B) below) are \$500,000 or more, file Form 99	0 instead of Form 990-EZ			► s	44341.76			
P	art I	Revenue, Expenses, and Changes	in Net Assets or Fun	d Balanc	es (see the instru	uctions f				
		Check if the organization used Schedu								
	1	Contributions, gifts, grants, and similar am				11	3896.72			
	2	Program service revenue including govern				2	28538.23			
	3					3	4641.00			
	4	Investment income				4	1630.56			
	5a	Gross amount from sale of assets other th	on inventory	5a	1225.9		1030.30			
	b	Less: cost or other basis and sales expens	•	5b	1223.5	⁴				
	1	Gain or (loss) from sate of assets other than			Fa\	┥ _{╾╸} ╽	1225.94			
	C	Gaming and fundrating property	minventory (Subtract line	e od irom il	ne sa)	5c	1223.94			
	6	Gaming and fundraising events VED Gross income from gaming (attach—Sehedule G if greater than								
ø	a	\$15,000) . (G)	i greater ti	1 1	2445.0					
Revenue	١.			6a	2415.0	0				
ě	þ	Gross income grom fundraising events (no			contributions	1 1				
Ě		from fundraising events reported on line		1 1						
		sum of such gross income and contributed Less: direct expenses from gaming and fu	ins exceeds \$15,000).	· 6b		_				
	C				1200.0	<u> </u>				
	d	Net income or (loss) from gaming and fu	ndraising events (add iir	nes ba and	66 and subtract					
	<u> </u>	line 6c)				6d	1215.00			
	7a	Gross sales of inventory, less returns and			1239.6					
	b	S .		لـــــا	197.3					
	С	Gross profit or (loss) from sales of invento	• •	•		7c	1042.27			
	8	Other revenue (describe in Schedule O) .				8	754.66			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d				9	42944.38			
	10	Grants and similar amounts paid (list in Sc	hedule O)			10	532.00			
	11					11				
ės	12	Salaries, other compensation, and employ	ee benefits			12	· · · · · · · · · · · · · · · · · · ·			
Expenses	13	Professional fees and other payments to it	ndependent contractors			13	28026.26			
ĝ	14	Occupancy, rent, utilities, and maintenance	e			14				
ũ	15	Printing, publications, postage, and shippe	ng			15	5994.85			
	16	Other expenses (describe in Schedule O)				16	25252.54			
	17	Total expenses. Add lines 10 through 16				17	59805.65			
<u> </u>	18	Excess or (deficit) for the year (Subtract Iir	e 17 from line 9)			18	(16861.27)			
ě	19	Net assets or fund balances at beginning					<u>·</u>			
Ass	i	end-of-year figure reported on prior year's				19	109216.45			
Net Assets	20	Other changes in net assets or fund balan	•			20	(3253.79)			
ž	21	Net assets or fund balances at end of year	• •	•		21	89101.39			
For		work Reduction Act Notice, see the separate			No 10642I		Form 990-EZ (2011)			

Pai	t II Balance Sheets. (see the instructions	•				
	Check if the organization used Schedule	O to respond to ar	ny question in this		<u> </u>	<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			109216.45	-	89101.39
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			109216.45		89101.39
26	Total liabilities (describe in Schedule O)		L		26	
27	Net assets or fund balances (line 27 of column			109216.45	27	89101.39
Pari	<u> </u>	•		•		Expenses
	Check if the organization used Schedule			Part III \square		uired for section
		public education on				c)(3) and 501(c)(4) nizations and section
	ribe the organization's program service accompli-					7(a)(1) trusts, optional
	easured by expenses. In a clear and concise m		services provided	i, the number of	for a	thers)
	ons benefited, and other relevant information for ea				<u> </u>	
28	sponsored 3 championship ferret shows, sanctioned	8 otner snows, run a	Judges training pro	gram and		
	maintain a championship Title system.					
	(Grants \$) If this amount	includes foreign are	nto shook horo		28a	\$39,140.80
29	publish a quarterly newsletter, develop and distribut	includes foreign gra		o oducational	204	\$35,140.00
29	booths at other ferret events. Maintain a website, ge					
	product line	nerate a support men	iller ships, develop a	ienet		
		includes foreign are	nto chock horo		29a	\$19,865.65
30	support conservation efforts for the endangered Bla	includes foreign gra		nov/nouter fund	230	\$15,005.05
30	support a titer study for Canine Distemper vaccination		nop and maintain a s	paymenter fund,		
	support a mer study for Calline Disterriper vaccination					
	(Grants \$ 532.00) If this amount	30a	532.00			
	Other program services (describe in Schedule O)	includes foreign gra	into, check here .	· · ·	- COA	332.00
٥.		includes foreign gra	nte chack hara		31a	
32	Total program service expenses (add lines 28a t	through 31a)	into, check here .	· · · · · ·	32	\$59,538.45
Pari						
	Check if the organization used Schedule					
	Chock if the digamentation about Contourie	<u> </u>	(c) Reportable	(d) Health benefits,	Ť	<u> </u>
	(a) Name and address	(b) Title and average hours per week	compensation	contributions to employ		
	• •	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)	 benefit plans, and deferred compensation 		other compensation
Sally	Heber	Care Bad Transcer		<u> </u>	+-	
	Fish Hatchery Rd., Thurmont MD 21788	Gov. Brd, Treasurer (10 hours)	-0-	.	n-	-0-
	e McKimmey	Dir. Shows, Office	=		_	
	B Powell Rd., Thurmont MD 21788	Mgr (15 hours)	13000.00	,	0-	-0-
	y Hendrix	Pres. (1)				
	Madison Dr., Shrewsbury PA 17361	Pies. (1)	-0-	. .	0-	-0-
	Hamilton	Vice-Pres. (8 hrs)			+	
6300	Westview Loop, West Richland WA 99353	VICE-F165. (6 III 5)	-0-	.	0-	-0-
Patty	Asheuer	Newsletter (10 hrs)				
	Vilsmeier Rd., Lansdale PA 19446	Newsietter (10185)	-0-	. .	0-	-0-
	K. G. Bazilwich, DVM	Dir. Health Affairs	· - · · · - · · · · · · · · · · · · · ·			
	Town Lane, Grand Isle, VT	(3)	-0-		0-	-0-
		,,	· .,			
-			· 			
						1-1
			_			
		1	1	1	- 1	

Part				_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No ✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	/	
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		/
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	Soa		
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9		•	
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ► Maryland			
42a		301 89		B
b	Located at ► 6517 Fish Hatchery Rd. Thurmont, MD ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	217	Yes	No
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	103	1
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		√
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

								1	/es	No
4 6	Did th	ne organization engage, directly or i	ndirectly, in political c	ampaign activities on	behalf of or	ın opposit	tion [
		indidates for public office? If "Yes,"						46		1
Part \		Section 501(c)(3) organization							on	
		501(c)(3) organizations and sect					_			,
		and 52, and complete the tables			2515 111U51 U	nower qu	COLIO	10 47	701	,
		Check if the organization used So			hic Dort \/I					
		Check if the organization used Sc	nedule O to respond	to any question in t	ilis Fait VI		• •	•	es	No.
47	D:4 A				in affaat e	lumina sha	 Г		es	NO
47		he organization engage in lobbying		section 501(n) electio	n in enect c	uring the	tax	1	- 1	,
	-	If "Yes," complete Schedule C, Pa			_ • • • • • •		.	47	1	<u>√</u>
		organization a school as described					.	48		<u>√</u>
		ne organization make any transfers	•	•	zation?			49a		
b		s," was the related organization a s						49b		
50		olete this table for the organization'								i key
	emple	oyees) who each received more tha	n \$100,000 of comper	nsation from the orgai	nization. If th	ere is non	e, ente	er "No	ne."	
	4-3.51		(b) Title and average	(c) Reportable	(d) Health					
	(a) Na	ame and address of each employee paid more than \$100,000	hours per week	compensation	contributions to benefit plans,			timated a		
		,	devoted to position	(Forms W-2/1099-MISC)	compen		•			
None										
			-							
					· · · · · · · · · · · · · · · · · · ·					
			1							
•					-					
			1							
					1					
			1							
					ŀ					
	Takal			▶ 0	<u> </u>					
		number of other employees paid ov								41
51		plete this table for the organization ,000 of compensation from the org			contractors	wno eacr	ı rece	ivea n	nore	tnan
—-	\$100,	,000 or compensation from the org	anization. Il there is no	The, enter None.	 					
(a) l	Name a	nd address of each independent contractor p	aid more than \$100,000	(b) Type of serv	/ice	(c)	Comp	ensation	1	
None										
None				-	ĺ					
				<u> </u>						
					1					
				ļ						
		 		1						
đ		number of other independent contr	•				0			
52		ne organization complete Schedule			s and 4947(a)(1)			_	
	none	xempt charitable trusts must attach	a completed Schedul	<u>e A</u>		<u> </u>	▶ 🗸	Yes	<u> </u>	lo
Under pe		of perjury, I declare that I have examined this	return, including accompan-	ying schedules and stateme	ents, and to the	best of my kr	nowledg	e and b	celief,	ıt ıs
TP10	enalties	d-complete Declaration of preparer tother the	n orricler is based on all info	rmation of which preparer i	nas any knowle:	L. / ·	7.7	121)/-	7
uue, con	enalties rect , an		() X lever 1 1 /aya						10	<u> </u>
-(enalties rect , an	1 Sally	xelles.							
Sign	enalties rect . an	Signature of officer	John -		Date					
Sign	enalties rect , an	1 Sally	leber.	Treasu	Date	-				
Sign	enalties rect-an	1 Sally	leber,	Treasu	Date	-				
Sign Here	enalties rect , an	Signature of officer Scally	Preparer's signature	Treasu	res	<u> </u>	/ 	TIN		
Sign Here Paid	rect, an	Signature of officer Type or print name and title	Preparer's signature	Treasu	res	Check self-emplo	l (f	TIN		<u> </u>
Sign Here Paid Prepa	arer	Signature of officer Type or print name and title Print/Type preparer's name	Preparer's signature	Treasu	nte .	Check	l (f	TIN		
Sign Here Paid	arer	Signature of officer Type or print name and title	Preparer's signature	Treasu	ate Firm	Check self-emplo	l (f	TIN		

Form 990-EZ (2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

omplete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2011
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **Employer identification number** American Ferret Association, Inc. 521718033 Reason for Public Charity Status (All organizations must complete this part.) See instructions. 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.) 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, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. **b** Type II c Type III-Functionally integrated e 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 II, Type III, or Type III supporting 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 Yes No (iii) below, the governing body of the supported organization? ✓ 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (iv) Is the organization (vii) Amount of (ii) EIN (iii) Type of organization (v) Did you notify (vi) Is the the organization in organization (described on lines 1-9) in col. (i) listed in your organization in col support col (i) of your governing document? (i) organized in the above or IRC section support? 1152 (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E)

Total

Schedu	lle A (Form 990 or 990-EZ) 2011						Page 2
Pari	(Complete only if you checked the Part III. If the organization fails to	e box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Sect	ion A. Public Support	quality und	<u> </u>	sted below, p	icase compi	oto i artiii.j	
	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 include any "unusual grants.")	(4) 2001	(3) 2000	(6) 2000	(4) 2010	(6) 20.1	(1) . O.C.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	· · · · · · · · · · · · · · · · · · ·					
5	The portion of total contributions 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, column (f)						
6_	Public support. Subtract line 5 from line 4.						
	ion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	_			-		
Coat	organization, check this box and stop her ion C. Computation of Public Support				· · · · ·		▶ 🗌
14	Public support percentage for 2011 (line 6			1 column (fl)		14	%
15	Public support percentage from 2010 Sch		•			15	%
16a	331/3% support test-2011. If the organiz						
	box and stop here. The organization quali	ifies as a pub	licly supported	organization			. ▶ 🗆
b	331/3% support test—2010. If the organic check this box and stop here. The organization					9 15 is 33½% 	or more, ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts- acts-and-circu	and-circumsta umstances" tes	nces" test, cho st. The organiz	eck this box ai ation qualifies	nd stop here. I as a publicly s	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizati Explain in Part IV how the organization me supported organization	10. If the orga on meets the eets the "fact	anızation dıd ne e "facts-and-cı s-and-cırcums	ot check a box rcumstances" tances" test. T	on line 13, 16 test, check to he organization	6a, 16b, or 17a his box and st on qualifies as a	op here. a publicly

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

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 qualify under the tests listed below, please complete Part II.)

C4:	an A Dublic Company			iti, piodos oo		,	-
	on A. Public Support		#10000 T		4 7 22 4 2	T	
	dar 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				ł		
•	received. (Do not include any "unusual grants.")	20844	21431	13966	16110	8538	80889
2	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	27989	35132	29416	39781	28538	160856
3	Gross receipts from activities that are not an unrelated trade or business under section 513				,		
4	Tax revenues levied for the organization'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						
6	Total. Add lines 1 through 5	48833	58563	43382	55891	37076	241745
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			·			
с 8	Add lines 7a and 7b						241745
Secti	on B. Total Support			1			241743
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	48833	58563	43382	55891	37073	241745
10a	Gross income from interest, dividends,	40033	30303	43302	33031	37073	241743
IVa	payments received on securities loans, rents,			i			
	royalties and income from similar sources .	1489	1557	707	835	1631	6219
b	Unrelated business taxable income (less	1403	1337	707	633	1031	0213
	section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	1489	1557	707	835	1631	6219
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.)	50322	58120	44089	56726	38704	247961
14	First five years. If the Form 990 is for the organization, check this box and stop her	•			=	ear as a section	
Secti	on C. Computation of Public Suppor						<u></u>
15	Public support percentage for 2011 (line 8			3. column (fl)		15	97 %
16	Public support percentage from 2010 Sch		-			16	98 %
	on D. Computation of Investment Inc			<u> </u>	<u> </u>	1 1	
17	Investment income percentage for 2011 (I			/ line 13. colun	nn (fl)	17	2 %
18	Investment income percentage from 2010					18	2 %
19a	331/3% support tests—2011. If the organi						
	17 is not more than 331/2%, check this box						
b	331/a% support tests—2010. If the organiz line 18 is not more than 331/a%, check this b	ation did not ch	neck a box on l	ine 14 or line 1	9a, and line 16	is more than 3	3 ¹ /3%, and
20	Private foundation. If the organization di		_				

Scriedule A (r	-cini 990 di 990-E2) 2011	Page 🕶
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2011 Open to Public

Internal Revenue Service Inspection Name of the organization Employer identification number American Ferret Association, Inc. 521718033 Part I line #8 - proceeds of sales through affiliates - iGive, Amazon.com, Custom Direct line #10 - grants to other organizations; \$466.00 to the Prairie Wildlife Research for the Black Footed Ferret Recovery project; and \$66.00 to the Canine Distemper Titer Study Line # 16 - expenses to support ferret shows, membership support, and public education line #20 - shows the unrealized losses from AFA's endowment fund for the year 2011. Part IV - compensations shown are as contractors, not employees. Amounts have been submitted to IRS on 1099-misc. Part V - 35b The organization held a cash raffle. The raffle was carried out by volunteer labor at organization events and over the organization's website.