See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 2/1/2011 , and ending 1/31/2012

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Anthropormorphic Arts & Education
Doing Business As: Further Confusion
Number and street (or P O box if mail is not delivered to street address): 105 Serra Way, PMB 236
Room/suite:
City or town, state or country, and ZIP + 4: Milpitas CA 95035

D Employer identification number: 77-0479860

E Telephone number: (510) 209-5988

G Gross receipts $: 213,053

F Name and address of principal officer: Jeff Ferris East Evelwyn, Sunnyvale, CA 94086

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☒ 501(c) (3,7) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www anthroarts org

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1998

M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Educational Convention and Charitable Donation to other persons and organizations of interest to anthrpomorphic fandom Educational Convention and Charitable Donation to other persons and organizations of interest to anthrpomorphic fandom

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	150
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	8,620
b	Net unrelated business taxable income from Form 990-T, line 34	7b	7,620

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	55,496	58,125
9	Program service revenue (Part VIII, line 2g)	120,123	154,928
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,256	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	173,363	213,053
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,200	8,000
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	164,136	219,374
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	175,336	227,374
19	Revenue less expenses Subtract line 18 from line 12	-1,973	-14,321

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	183,825	169,504
21	Total liabilities (Part X, line 26)	0	0
22	Net assets or fund balances Subtract line 21 from line 20	183,825	169,504

RECEIVED
NOV 28 2012
OGDEN, UT

Part II Signature Block

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: Samuel D Cooksey — Date: 6/1/2012

Type or print name and title: Samuel D Cooksey — Dir Legal Affairs

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	SELF-PREPARED RETURN			

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate Instructions.

(HTA)

Form **990** (2011)

SCANNED FEB 13 2013