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# SCANNED APR 2 4 2013

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)

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.

20**12**Open to Public

OMB No. 1545-1150

Inspection Department of the Treasury Internal Revenue Service 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. A For the 2012 calendar year, or tax year beginning 2012, and ending , 20 C Name of organization B Check if applicable D Employer identification number Address change American Ferret Association, Inc. 521718033 Number and street (or P.O box, if mail is not delivered to street address) Room/suite Name change E Telephone number Initial return 1-888-FERRET1 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Frederick, MD 21705-0554 Number > Application pending ☐ Cash H Check ▶ ☑ if the organization is not G Accounting Method: ✓ Accrual Other (specify) I Website: ► www.ferret.org required to attach Schedule B ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) — ✓ 501(c)(3) ☐ 501(c) ( 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 45315.21 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I . Contributions, gifts, grants, and similar amounts received . . . . . 2400.32 Program service revenue including government fees and contracts 2 22930.90 3 Membership dues and assessments . . . . . . . . . . . . . 3 15303.00 4 4 1880.83 Gross amount from sale of assets other than inventory . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . .71 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a 1375.00 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 Less: direct expenses from gaming and fundraising events . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 250.00 7а Gross sales of inventory, less returns and allowances . 7a 988.15 Less: cost of goods sold . . . . . . . . . . 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 440.93 Я Other revenue (describe in Schedule O) . . . . . 8 436.30 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 43642.99 10 Grants and similar amounts paid (list in Schedule O) 10 175.00 11 Benefits paid to or for members . . . . . . . 12 Salaries, other compensation, and employee benefits . . . 12 R 1 2 2013 ΉЗ 13 Professional fees and other payments to independent contractors 19082.24 2 14 14 Occupancy, rent, utilities, and maintenance . . . . . OGDEN. UT 15 Printing, publications, postage, and shipping . . . . . . 8969.96 16 Other expenses (describe in Schedule O) . . . 16 18245.96 17 Total expenses. Add lines 10 through 16 . 17 46473.1<u>6</u> 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . 18 (2830.17)Net Assets 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) . . . . . . . . 19 89101.39 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 4316.99

Net assets or fund balances at end of year. Combine lines 18 through 20

|  | 990-EZ (2012)  |  |   |   |                 |                                   |
|--|--|--|---|---|-----------------|-----------------------------------|
| ⊕Pai   | rt II Balance Sheets (see the instructions   | for Part II)                           |   |   |                 |                                   |
|  | Check if the organization used Schedule  | e O to respond to ar                   | ny question in this                               |   |                 | <u> </u>                          |
|  |  |  |   | (A) Beginning of year                         |                 | (B) End of year                   |
| 22   | Cash, savings, and investments   |  |   | 89101.39                                      | 22              | 90588.21                          |
| 23   | Land and buildings   |  |   |   | 23              |                                   |
| 24   | Other assets (describe in Schedule O)  |  |   |   | 24              |                                   |
| 25   | Total assets   |  |   | 89101.39                                      | 25              | 90588.21                          |
| 26   | Total liabilities (describe in Schedule O)   | . <i></i>                              | [   |   | 26              |                                   |
| 27   | Net assets or fund balances (line 27 of colum  | ក់ (B) <b>must</b> agree with          | า line 21)  | 89101.39                                      | 27              | 90588.21                          |
| Par  | t III Statement of Program Service Accord  | pplishments (see th                    | e instructions for F                              | Part III)                                     |                 | Expenses                          |
|  | Check if the organization used Schedul   | O to respond to ar                     | ny question in this                               | Part III                                      | (Re             | quired for section                |
| What   | t is the organization's primary exempt purpose?  | public education on                    | ferrets   |   | 501             | (c)(3) and 501(c)(4)              |
| Desc   | cribe the organization's program service accomp  | lishments for each o                   | f its three larnest n                             | rogram services                               |                 | anizations and section            |
|  | neasured by expenses. In a clear and concise in  |  |   |   |                 | 7(a)(1) trusts, optional others.) |
|  | ons benefited, and other relevant information for e  |  | •   |   |                 | - u,                              |
| 28   | sponsored 3 championship ferret shows, sanctione   | d 7 other shows, run a                 | judges training prog                              | ram and                                       |                 | T                                 |
|  | maintain a championship Title system.  |  |   |   |                 |                                   |
|  |  |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,           |   |                 |                                   |
|  | (Grants \$ ) If this amoun   | t includes foreign gra                 | ints, check here .                                | ▶ 🗆   | 28a             | 23,419.94                         |
| 29   | publish a quarterly newsletter, develop and distribu   |  |   | eve educational                               |                 |                                   |
|  | booths at other ferret events. Maintain a website an   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   |   |                 | ļ                                 |
|  |  |  |   | 119.6.1.1919.1                                |                 |                                   |
|  | (Grants \$ ) If this amoun   | t includes foreign gra                 | ints, check here                                  | • 🗖   | 298             | 21,823.81                         |
| 30   | support conservation efforts for the endangered Bla  |  |   | Shelter fund                                  |                 | <u> </u>                          |
|  | Develop a ferret related product line.   |  | , op and montain a c                              |   |                 |                                   |
|  | Develop a larret related product line.   | <u> </u>                               |   |   |                 | ,                                 |
|  | (Grants \$ 175.00) If this amoun   | t includes foreign gra                 | ints, check here                                  | ▶ □   | 308             | 900.88                            |
| 31   | Other program services (describe in Schedule O)  |  | inta, onook nore .                                | <u> </u>                                      | -               | 300.00                            |
| •  |  | t includes foreign gra                 | ints check here                                   |   | 316             | <u>.</u>                          |
| 32   |  |  | · · · · · ·                                       |   | 32              |                                   |
|  | LIV List of Officers, Directors, Trustees, and Ke  |  |   |   |                 |                                   |
|  | Check if the organization used Schedul   | 7 -                                    |   | •   |                 |                                   |
|  |  | TI .                                   | (c) Reportable                                    | (d) Health benefits,                          | Ť               | <u> </u>                          |
|  | (a) Name and title   | (b) Average<br>hours per week          | compensation                                      | contributions to employ<br>benefit plans, and |                 |                                   |
|  | •  | devoted to position                    | (Forms W-2/1099-MISC)<br>(if not paid, enter -0-) | deferred compensation                         |                 | other compensation                |
| vile2  | Heber - Governing Brd and Treasurer  | <u> </u>                               |   |   | +-              |                                   |
|  | Fish Hatchery Rd., Thurmont MD 21788   | <br>10 hours                           | -0-   |   |                 | -0-                               |
|  | e McKimmey - Dir Shows & Events, Office Mgr  | l                                      |   |   |                 | <del>-v-</del>                    |
|  | 8 Powell Rd. Thurmont MD 21788   | <u> </u>                               |   |   | <del>*</del>  - |                                   |
| _  | 3 FUMEN RU. INUNNUL MID 2 1700   | 25 hours                               | 12000 00  |   |                 | 0                                 |
| Jai a  | Hamilton Dracidant   | 25 hours                               | 13000.00  |   |                 | -0-                               |
|  | Hamilton - President   |  |   |   | )-              |                                   |
| 6300   | Westview Loop, West Richland WA 99353  | 25 hours<br>5 hours                    | 13000.00  |   | )-              | -0-                               |
| 6300<br>Patty                                  | Westview Loop, West Richland WA 99353<br>Asheuer   | 5 hours                                | -0-   | -   | )-              | -0-                               |
| 6300<br>Patty<br>1127                          | Westview Loop, West Richland WA 99353<br>Asheuer<br>Vilsmeier Rd., Lansdale PA 19446   |  |   | -4  | )-              |                                   |
| 6300<br>Patty<br>1127<br>Anne                  | Westview Loop, West Richland WA 99353<br>Asheuer<br>Vilsmeier Rd., Lansdale PA 19446<br>K. G. Bazilwich, DVM - Dir Health Affairs  | 5 hours                                | -0-   | -   | )-              | -0-                               |
| 6300<br>Patty<br>1127<br>Anne<br>3 Old         | Westview Loop, West Richland WA 99353<br>Asheuer<br>Vilsmeier Rd., Lansdale PA 19446<br>K. G. Bazilwich, DVM - Dir Health Affairs<br>I Town Lane, Grand Isle, VT                   | 5 hours                                | -0-   | -   | )-              | -0-                               |
| 6300<br>Patty<br>1127<br>Anne<br>3 Old<br>Mary | Westview Loop, West Richland WA 99353 Asheuer Vilsmeier Rd., Lansdale PA 19446 K. G. Bazilwich, DVM - Dir Health Affairs Town Lane, Grand Isle, VT McCarty - Dir Shelter Committee | 5 hours 10 hours 5 hours               | -0-<br>-0-  | -4  | )-<br>)-<br>)-  | -0-<br>-0-                        |
| 6300<br>Patty<br>1127<br>Anne<br>3 Old<br>Mary | Westview Loop, West Richland WA 99353<br>Asheuer<br>Vilsmeier Rd., Lansdale PA 19446<br>K. G. Bazilwich, DVM - Dir Health Affairs<br>I Town Lane, Grand Isle, VT                   | 5 hours                                | -0-   | -4  | )-<br>)-<br>)-  | -0-                               |
| 6300<br>Patty<br>1127<br>Anne<br>3 Old<br>Mary | Westview Loop, West Richland WA 99353 Asheuer Vilsmeier Rd., Lansdale PA 19446 K. G. Bazilwich, DVM - Dir Health Affairs Town Lane, Grand Isle, VT McCarty - Dir Shelter Committee | 5 hours 10 hours 5 hours               | -0-<br>-0-  | -4  | )-<br>)-<br>)-  | -0-<br>-0-                        |
| 6300<br>Patty<br>1127<br>Anne<br>3 Old<br>Mary | Westview Loop, West Richland WA 99353 Asheuer Vilsmeier Rd., Lansdale PA 19446 K. G. Bazilwich, DVM - Dir Health Affairs Town Lane, Grand Isle, VT McCarty - Dir Shelter Committee | 5 hours 10 hours 5 hours               | -0-<br>-0-  | -4  | )-<br>)-<br>)-  | -0-<br>-0-                        |
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| 6300<br>Patty<br>1127<br>Anne<br>3 Old<br>Mary | Westview Loop, West Richland WA 99353 Asheuer Vilsmeier Rd., Lansdale PA 19446 K. G. Bazilwich, DVM - Dir Health Affairs Town Lane, Grand Isle, VT McCarty - Dir Shelter Committee | 5 hours 10 hours 5 hours               | -0-<br>-0-  | -4  | )-<br>)-<br>)-  | -0-                               |
| 6300<br>Patty<br>1127<br>Anne<br>3 Old<br>Mary | Westview Loop, West Richland WA 99353 Asheuer Vilsmeier Rd., Lansdale PA 19446 K. G. Bazilwich, DVM - Dir Health Affairs Town Lane, Grand Isle, VT McCarty - Dir Shelter Committee | 5 hours 10 hours 5 hours               | -0-<br>-0-  | -4  | )-<br>)-<br>)-  | -0-<br>-0-                        |
| 6300<br>Patty<br>1127<br>Anne<br>3 Old<br>Mary | Westview Loop, West Richland WA 99353 Asheuer Vilsmeier Rd., Lansdale PA 19446 K. G. Bazilwich, DVM - Dir Health Affairs Town Lane, Grand Isle, VT McCarty - Dir Shelter Committee | 5 hours 10 hours 5 hours               | -0-<br>-0-  | -4  | )-<br>)-<br>)-  | -0-<br>-0-                        |
| 6300<br>Patty<br>1127<br>Anne<br>3 Old<br>Mary | Westview Loop, West Richland WA 99353 Asheuer Vilsmeier Rd., Lansdale PA 19446 K. G. Bazilwich, DVM - Dir Health Affairs Town Lane, Grand Isle, VT McCarty - Dir Shelter Committee | 5 hours 10 hours 5 hours               | -0-<br>-0-  | -4  | )-<br>)-<br>)-  | -0-                               |
| 6300<br>Patty<br>1127<br>Anne<br>3 Old<br>Mary | Westview Loop, West Richland WA 99353 Asheuer Vilsmeier Rd., Lansdale PA 19446 K. G. Bazilwich, DVM - Dir Health Affairs Town Lane, Grand Isle, VT McCarty - Dir Shelter Committee | 5 hours 10 hours 5 hours               | -0-<br>-0-  | -4  | )-<br>)-<br>)-  | -0-<br>-0-                        |
| 6300<br>Patty<br>1127<br>Anne<br>3 Old<br>Mary | Westview Loop, West Richland WA 99353 Asheuer Vilsmeier Rd., Lansdale PA 19446 K. G. Bazilwich, DVM - Dir Health Affairs Town Lane, Grand Isle, VT McCarty - Dir Shelter Committee | 5 hours 10 hours 5 hours               | -0-<br>-0-  | -4  | )-<br>)-<br>)-  | -0-<br>-0-                        |

| Part         | · · · · · · · · · · · · · · · · · · ·   |            |       |            |
|--------------|---|------------|-------|------------|
|              | instructions for Part V) Check if the organization used Schedule O to respond to any question in this   | s Pan      | Yes   | No         |
| 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         |       | <b>√</b>   |
| 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         |       | 1          |
| 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        | 1     |            |
|              | 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<br>35c |       | 1          |
| 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          |
|              | Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?   | 37b        |       | <b>√</b>   |
| 39<br>a<br>b | If "Yes," complete Schedule L, Part II and enter the total amount involved  |            | •     |            |
| 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                      | -<br>40b   |       |            |
|              | 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   |            |       |            |
|              | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization   |            |       |            |
|              | 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        | . ,   | <u>√</u>   |
|              | List the states with which a copy of this return is filed Maryland  The approximation is based on the copy of this return is filed Transported.   | 204 90     | 0 222 |            |
|              | The organization's books are in care of ▶ Sally Heber, Treasurer  Located at ▶ 6517 Fish Hatchery Rd. Thurmont, MD  ZIP + 4 ▶   | 301 89     | 788   | D          |
| h            | At any time during the calendar year, did the organization have an interest in or a signature or other authority over   |            | Yes   | No         |
|              | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 42b        |       | <b>√</b>   |
|              | 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.  | İ<br>İ     |       |            |
|              | At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶  | 42c        |       | ✓          |
|              | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year   |            | ا .   | <b>▶</b> □ |
|              | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  | 44a        | Yes   | No         |
|              | 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        | -     |            |
| d            | Did the organization receive any payments for indoor tanning services during the year?  | 44c<br>44d |       | <b>✓</b>   |
| 45b          | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 45a        |       | ✓          |
|              | 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°       |

| Form 990  | 0-EZ (2   | 012)   |                         |                     |  |                                 |                     |                           |                  |                    | P            | age 4       |
|-----------|---|--|-------------------------|---------------------|--|---------------------------------|---------------------|---------------------------|------------------|--------------------|--------------|-------------|
| 46        | Did t   | he organization engage, directly or in   | ndirect                 | lly, in political c | ampaign activities                                 | on behalf                       | of or               | in opposit                | tion             |                    | Yes          | No          |
|           |   | ndidates for public office? If "Yes," of   |                         |                     | Parti  |                                 | • •                 |                           | •                | 46                 |              | ✓           |
| Part \    |   | Section 501(c)(3) organizations  |                         |                     |  |                                 |                     |                           |                  |                    |              |             |
|           |   | All section 501(c)(3) organization   | s mus                   | st answer que       | stions 47–49b ar                                   | nd 52, and                      | d con               | nplete th                 | e tat            | oles f             | or line      | es          |
|           |   | 50 and 51  |                         |                     |  |                                 |                     |                           |                  |                    |              |             |
|           |   | Check if the organization used Sci   | hedule                  | e O to respond      | to any question i                                  | n this Par                      | t VI                |                           |                  |                    |              |             |
|           |   | =  |                         |                     |  |                                 |                     |                           |                  |                    | Yes          | No          |
| 47        |   | he organization engage in lobbying<br>If "Yes," complete Schedule C, Par                           |                         | ties or have a      | section 501(h) elec                                | tion in eff                     | ect d               | uring the                 | tax              | 47                 |              | ./          |
|           | •   | •  |                         | on 170/b\/1\/A\/i   | iva if "Voo " comple                               | to Cobodul                      | <br>la E            |                           | •                | 48                 | -            | 7           |
|           | 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E |  |                         |                     |  |                                 |                     |                           | <b>V</b>         |                    |              |             |
|           |   | •  |                         |                     | •  | inization?                      |                     |                           | •                | 49a                |              |             |
|           |   | es," was the related organization a se   |                         |                     |  |                                 |                     |                           | •                | 49b                |              | L           |
| 50        |   | plete this table for the organization's  |                         |                     |  |                                 |                     |                           |                  |                    |              |             |
|           | empl  | oyees) who each received more than   | 1 \$100                 | 000 of comper       | nsation from the or                                | ganization                      | . If the            | ere is non                | e, en            | ter "N             | one."        |             |
|           | (-)   | Name and title of each ampleyee  |                         | (b) Average         | (c) Reportable                                     |                                 |                     | enefits,                  | <i>-</i>         |                    |              |             |
|           | (4)   | Name and title of each employee paid more than \$100,000   |                         | ours per week       | compensation                                       | hanefit r                       |                     | o employee<br>nd deferred |                  | stimate<br>ier com |              |             |
|           |   | ,  | dev                     | oted to position    | (Forms W-2/1099-MIS                                |                                 | mpens               |                           | Ų.,              |                    | , po oz.     |             |
| None      |   |  |                         | <del></del>         |  |                                 |                     |                           |                  |                    |              |             |
| 140116    |   |  |                         |                     |  |                                 |                     | -                         |                  |                    |              |             |
|           |   |  | -                       | <u> </u>            |  | <del></del>                     |                     |                           |                  |                    |              |             |
|           |   |  |                         |                     |  |                                 |                     |                           |                  |                    |              |             |
|           |   | · · · · · · · · · · · · · · · · · · ·  |                         | ]                   |  |                                 |                     |                           |                  |                    |              |             |
|           |   |  |                         |                     |  |                                 |                     |                           |                  |                    |              |             |
|           |   |  |                         | <u> </u>            |  |                                 |                     |                           |                  |                    |              |             |
|           |   |  |                         |                     |  |                                 |                     |                           |                  |                    |              |             |
|           |   |  |                         |                     |  |                                 |                     |                           |                  |                    |              |             |
|           |   |  |                         |                     |  |                                 |                     |                           |                  |                    |              |             |
|           |   |  |                         |                     |  | }                               |                     |                           |                  |                    |              |             |
| f         | Total   | number of other employees paid ov  | er \$10                 | 0,000               | . ▶  | 0                               |                     |                           |                  | _                  |              |             |
| 51        |   | plete this table for the organization'   |                         |                     | ensated independe                                  | ent contrac                     | ctors               | who each                  | rece             | eived              | more         | than        |
|           | \$100   | ,000 of compensation from the orga   | ınizatio                | on. If there is no  | one, enter "None."                                 |                                 |                     |                           |                  |                    |              |             |
| (a) !     | Name a  | nd address of each independent contractor pa   | ıd more                 | than \$100,000      | (b) Type of s                                      | service                         |                     | (c)                       | Comp             | ensati             | on           |             |
| None      |   | · · · · · · · · · · · · · · · · · · ·  |                         | <u> </u>            |  | ·                               |                     |                           |                  |                    |              |             |
| None      |   |  |                         | <br>                | 1  |                                 | -                   |                           |                  |                    |              |             |
|           |   |  |                         | <u> </u>            |  |                                 | <del>-</del> +      |                           |                  |                    |              |             |
|           |   |  |                         | <u> </u>            |  |                                 |                     |                           |                  |                    |              |             |
|           |   |  |                         | <u> </u>            |  |                                 |                     |                           |                  |                    |              |             |
|           |   |  |                         | <u> </u>            |  |                                 | -                   |                           |                  |                    |              |             |
|           |   |  |                         |                     |  |                                 |                     |                           |                  |                    |              |             |
|           |   |  |                         |                     |  |                                 |                     |                           |                  |                    |              |             |
|           |   |  |                         |                     |  |                                 |                     |                           |                  |                    |              |             |
|           |   |  |                         |                     |  |                                 |                     |                           |                  |                    |              |             |
|           |   |  |                         |                     |  |                                 |                     |                           |                  |                    |              |             |
| d         | Total   | number of other independent contra   | ctors                   | each receiving      | over \$100,000                                     | . •                             |                     |                           | 0                |                    |              |             |
| 52        |   | ne organization complete Schedule A  |                         | 1                   | · ·  | ne and 40                       | 147/a\/             | / <del>1</del> \          |                  |                    |              |             |
| JE        |   | xempt charitable trusts must attach  |                         |                     |  |                                 |                     |                           | <b>▶</b> 17      | Yes                |              | No          |
|           |   | <del></del>  |                         | <u> </u>            | ·····  |                                 |                     |                           | _=               |                    |              |             |
| true, con | enames<br>rect. an  | of perjury, I declare that I have examined this is decomplete. Declaration of preparer tother than | return, II<br>1 officer | ncluding accompant  | ying schedules and stat<br>rmation of which orecal | ements, and '<br>Per has anv kr | to the c<br>nowled: | xest of my Kr<br>de.      | lowled           | ige and            | Dellet,      | rt is       |
|           | <u> </u>  |  | 7                       | 7 0 4               | That of the transfer propagation                   |                                 | 1                   | 4 2                       |                  | 7                  | A 7          | <del></del> |
| e:_/      |   | 1 accept   | سا                      | ul 1                |  |                                 | جيا                 | 3 d                       | <u> </u>         | ~ (                | ) ( <u> </u> | ユ           |
| Sign      |   | Signature of officer   |                         |                     |  |                                 | Date                |                           |                  |                    |              |             |
| Here\     | $\bigcup$   | Sally Heber, Treasurer   |                         |                     |  |                                 |                     |                           |                  |                    |              |             |
|           | $\Box$  | Type or print name and title   |                         | <u> </u>            |  |                                 |                     |                           |                  |                    |              |             |
| Paid      |   | Print/Type preparer's name   | Prep                    | arer's signature    |  | Date                            |                     | Check                     | ı <sub>f</sub> T | PTIN               |              |             |
|           | arer  |  |                         |                     | ļ  |                                 |                     | self-emplo                |                  |                    |              |             |
|           | e Only  |  |                         |                     | <del></del>  |                                 | Firm's              | s EIN ▶                   |                  |                    | _            |             |
| USE (     | Jilly   | Firm's address ▶   |                         | i -                 | <del></del> -                                      |                                 | Phon                |                           |                  |                    |              |             |
| May th    | e IRS   | discuss this return with the prepare   | r show                  | n above? See i      | nstructions  |                                 | 1                   | J 110.                    | <b></b>          | Yes                |              | No.         |

### **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 4947(a)(1) nonexempt charitable trust.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

OMB No. 1545-0047

| Ame    | ican F   | erret Associa              |                                      |  |   |             |                         |  |                         |                                   | 18033      |               |        |
|--------|--|----------------------------|--------------------------------------|--|---|-------------|-------------------------|--|-------------------------|-----------------------------------|------------|---------------|--------|
| Pa     |  |                            |                                      | arity Status (All orga   |   |             |                         |  |                         | nstruction                        | ons.       |               |        |
|        |  |                            |                                      | ation because it is: (Fo   |   |             |                         |  |                         | •                                 |            |               |        |
| 1      |  |                            |                                      | ches, or association of  |   |             | ea in <b>sec</b>        | tion 170   | (D)(T)(A)(I             | I).                               |            |               |        |
|        | 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)   |                            |                                      |  |   |             |                         |  |                         |                                   |            |               |        |
| -      | <ul> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the</li> </ul> |                            |                                      |  |   |             |                         |  |                         |                                   |            |               |        |
| 4      | _ ho   | ospital's nan              | ne, city, and sta                    | te:  |   |             |                         |  |                         |                                   |            |               |        |
| 5      |  | -                          | on operated for b)(1)(A)(iv). (Com   | the benefit of a colle   | ge or un  | iversity o  | wned or                 | operated   | by a go                 | vernmen                           | tal unit c | lescrit       | oed in |
| 6<br>7 | ☐ A  | n organizatio              | on that normally                     | rnment or government receives a substantia   | al part of  |             |                         |  |                         | nit or from                       | n the ge   | neral (       | public |
| 8      |  |                            |                                      | i)(A)(vi). (Complete Par<br>in section 170(b)(1)(A   | -   | mplete Da   | art II \                |  |                         |                                   |            |               |        |
| 9      | _  |                            |                                      | receives: (1) more that  |   |             |                         | om contr   | ibutiono                | mamhan                            | obin food  | and           | aroon  |
| 9      | re<br>SL   | ceipts from upport from    | activities relate<br>gross investme  | ed to its exempt function to the transfer to its exempt function to the transfer to its exempt function to its exe | tions—su<br>lated but   | bject to o  | certain ex<br>xable ind | come (les  | s, and (2)<br>ss sectio | no mor                            | e than 3   | 31/3%         | of its |
| 10     | ☐ Aı   | n organizatio              | on organized an                      | d operated exclusively   | to test fo  | or public s | safety. Se              | e sectio   | n 509(a)(               | <b>(4)</b> .                      |            |               |        |
| 11     | ☐ Ar   | n organizatio              | on organized a                       | nd operated exclusive  | ely for th  | ne benefit  | t of, to p              | perform  | the funct               | ions of,                          | or to ca   | my ou         | ut the |
|        |  |                            |                                      | blicly supported organ<br>describes the type of  |   |             |                         |  |                         |                                   |            | ee <b>se</b>  | ection |
|        |  | ☐ Type I                   | b 🔲 Type                             |  |   | -           |                         |  | Type III-N              |                                   | -          | tegrat        | ted    |
| e      | ☐ By   | y checking the than four   | his box, I certify<br>indation manag | that the organization<br>ers and other than one  | is not co   | ntrolled d  | lirectly or             | indirect   | y by one                | or more                           | disqualifi | ed pe         | rsons  |
|        |  | section 509                |                                      | a verittan elatamainatio   | f   | +ha IDC +   | that it is              | a Tuna   | LTurne                  | ll or Tur                         | ال م       |               |        |
| f      | or   | ganization, d              | check this box                       |  |   |             |                         |  |                         |                                   | e III suļ  | portir<br>· · |        |
| g      |  | nce August<br>llowing pers |                                      | the organization accep   | pted any  | gift or co  | ontributio              | n from a   | iny of the              | 9                                 |            |               |        |
|        | (i)  |                            |                                      | indirectly controls, eiti  |   |             |                         |  | describe                | d in (ii) a                       | nd         | Yes           | No     |
|        |  | (iii) below,               | the governing b                      | ody of the supported   | organizat   | ion?        |                         |  |                         |                                   | 11g(i)     | <u>L</u>      | ✓      |
|        | (ii)   | ) A family m               | ember of a pers                      | son described in (i) abo   | ove?  |             |                         |  |                         |                                   | 11g(ii     |               | ✓      |
|        |  |                            |                                      | a person described in  |   |             |                         |  |                         |                                   | 11g(iii    | )             | 1      |
| h      | Pr   | rovide the fo              | llowing informat                     | tion about the support   | ed organ  | ization(s). |                         |  |                         |                                   |            |               |        |
| (1)    |  | of supported<br>nization   | (ii) EIN                             | (iii) Type of organization<br>(described on lines 1-9<br>above or IRC section<br>(see instructions))   | (v) is the organization n coi. (i) listed in your governing document? (v) Did you notify the organization is coi. (ii) of your coil. (iii) of your support? |             | nization in<br>of your  | (vi) is the organization in col (i) organized in the U.S.? |                         | (vii) Amount of moneta<br>support |            | onetary       |        |
|        |  |                            |                                      |  | Yes   | No          | Yes                     | No   | Yes                     | No                                | <u> </u>   |               |        |
| (A)    |  |                            |                                      |  |   |             |                         |  |                         |                                   |            |               |        |
| (B)    |  |                            |                                      |  | <b></b>   |             |                         |  |                         |                                   | ļ.——.      |               |        |
|        |  | <u>.</u>                   |                                      |  |   |             | <u> </u>                |  | <u> </u>                |                                   |            |               |        |
| (C)    |  | <u>-</u>                   | <u> </u>                             | <u> </u>   |   |             |                         |  |                         |                                   |            |               |        |
| (D)    |  |                            |                                      |  |   |             |                         |  |                         |                                   |            |               |        |
| (E)    |  |                            |                                      |  |   |             |                         |  |                         |                                   |            | _             |        |
| Total  |  |                            |                                      |  |   |             |                         |  |                         |                                   |            |               |        |

Schedule A (Form 990 or 990-EZ) 2012

| Part         | (Complete only if you checked the  | ne bo             | x on line                             | e 5, 7, or 8 of | Part I or if the                 | organizatio     | n faile  | ed to qu    |                        |
|--------------|--|-------------------|---------------------------------------|-----------------|----------------------------------|-----------------|----------|-------------|------------------------|
| Saat!        | Part III. If the organization fails to<br>on A. Public Support   | qual              | ny unde                               | er the tests is | sted below, pi                   | ease comple     | BIE PE   | art III.)   |                        |
|              | dar year (or fiscal year beginning in)   | (2)               | 2008                                  | (b) 2009        | (c) 2010                         | (d) 2011        | 10       | 2012        | (f) Total              |
| Calen        | Gifts, grants, contributions, and  | (4)               | 2006                                  | (b) 2009        | (6) 2010                         | (u) 2011        | 1 (6     | 2012        | (i) i Otai             |
| •            | membership fees received. (Do not include any "unusual grants.")   |                   |                                       |                 |                                  |                 |          |             |                        |
| 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   |                   | ļ                                     |                 |                                  |                 |          |             |                        |
| 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)   |                   |                                       | `               |                                  |                 |          | 1           |                        |
| 6            | Public support. Subtract line 5 from line 4.   |                   | <del>.</del>                          |                 |                                  | <del></del>     | 1        |             | <del></del>            |
| Secti        | on B. Total Support  |                   | i _                                   | ·               |                                  |                 |          |             |                        |
| Calen        | dar year (or fiscal year beginning in)   | (a)               | 2008                                  | <b>(b)</b> 2009 | (c) 2010                         | (d) 2011        | (е       | 2012        | (f) Total              |
| 7            | Amounts from line 4  |                   | <u> </u>                              |                 |                                  |                 | <u> </u> |             |                        |
| 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<br>12     | <b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc.  |                   |                                       |                 |                                  |                 | 12       |             |                        |
| 13           | First five years. If the Form 990 is for the   |                   |                                       |                 |                                  |                 |          |             |                        |
| Scal!        | organization, check this box and stop he on C. Computation of Public Suppor  | t Po-             | o o o o o o o o o o o o o o o o o o o | · · · · · ·     | · · · · ·                        |                 | • •      | • • •       | 🚩 📋                    |
| <b>Secti</b> | Public support percentage for 2012 (line 6   |                   |                                       |                 | 1 column (ft)                    |                 | 14       |             | %                      |
| 15           | Public support percentage from 2011 Sch  |                   |                                       | -               |                                  |                 | 15       |             | <u>%</u>               |
| 16a          | 331/3% support test-2012. If the organiz   |                   |                                       |                 | on line 13, and                  | d line 14 is 33 |          | r more, c   |                        |
|              | box and stop here. The organization qua  | lifies a          | ss a publ                             | licly supported | organization                     |                 |          |             | . ▶ 🗀                  |
| b            | 331/23% support test—2011. If the organ check this box and stop here. The organ  |                   |                                       |                 |                                  |                 | e 15 is  | s 33½3%<br> | or more,               |
| 17a          | 10%-facts-and-circumstances test — 20 10% or more, and if the organization me Part IV how the organization meets the "forganization                                    | ets the           | e "facts-                             | and-circumsta   | ınces" test, che                 | eck this box a  | nd sto   | p here. E   | Explain in             |
| b            | 10%-facts-and-circumstances test—20<br>15 is 10% or more, and if the organizati<br>Explain in Part IV how the organization m<br>supported organization                 | tion m<br>neets t | ets the                               | facts-and-c     | ircumstances"<br>tances" test. T | test, check ti  | his bo   | x and st    | op here.<br>a publicly |
| 18           | Private foundation. If the organization di instructions  | d not             | check a                               | box on line 13  | , 16a, 16b, 17a                  |                 |          |             |                        |

### 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.)

| Secti | on A. Public Support   |                   |                 |                 |                 |                 |           |
|-------|--|-------------------|-----------------|-----------------|-----------------|-----------------|-----------|
| Calen | dar year (or fiscal year beginning in)   | (a) 2008          | <b>(b)</b> 2009 | (c) 2010        | (d) 2011        | (e) 2012        | (f) Total |
| 1     | Gifts, grants, contributions, and membership fees  |                   |                 |                 |                 | i               |           |
|       | received. (Do not include any "unusual grants.")   | 21431             | 13966           | 16110           | 8538            | 17703           | 77748     |
| 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  | 35132             | 29416           | 39781           | 28538           | 23919           | 156786    |
| 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   |                   |                 | 1               |                 | 1               |           |
|       | to or expended on its behalf   |                   |                 |                 |                 |                 |           |
| 5     | The value of services or facilities  |                   |                 |                 |                 |                 |           |
|       | furnished by a governmental unit to the  | J                 |                 | J               | j               | ļ               |           |
|       | organization without charge  |                   |                 |                 |                 |                 |           |
| 6     | Total. Add lines 1 through 5   | 56563             | 43382           | 55891           | 37076           | 41622           | 234534    |
| 7a    | Amounts included on lines 1, 2, and 3  | ľ                 |                 | İ               |                 | 1               |           |
|       | received from disqualified persons .   |                   |                 |                 |                 |                 |           |
| b     | Amounts included on lines 2 and 3  |                   |                 | 1               | ļ               | }               |           |
|       | received from other than disqualified  |                   |                 |                 |                 |                 |           |
|       | persons that exceed the greater of \$5,000   |                   |                 |                 | İ               |                 |           |
|       | or 1% of the amount on line 13 for the year  |                   |                 |                 |                 |                 |           |
|       | Add lines 7a and 7b  |                   |                 |                 |                 |                 |           |
| 8     | Public support (Subtract line 7c from  | l                 |                 | 1               | ì               |                 |           |
|       | line 6.)   |                   |                 |                 |                 |                 | 234534    |
|       | on B. Total Support  | ( ) 0000          | # 1 0000 T      | ( ) 00+0        | 4.00044         | 4 1 2040        |           |
|       | dar year (or fiscal year beginning in)   | (a) 2008          | <b>(b)</b> 2009 | (c) 2010        | (d) 2011        | (e) 2012        | (f) Total |
| 9     | Amounts from line 6  | 56563             | 43382           | 55891           | 37076           | 41622           | 234534    |
| 10a   | Gross income from interest, dividends,   |                   |                 |                 |                 |                 |           |
|       | payments received on securities loans, rents, royalties and income from similar sources.   |                   |                 |                 |                 |                 |           |
|       |  | 1557              | 707             | 835             | 1631            | 1883            | 6613      |
| D     | Unrelated business taxable income (less  | 1                 |                 |                 |                 |                 |           |
|       | section 511 taxes) from businesses acquired after June 30, 1975                            |                   |                 |                 |                 |                 |           |
|       | Add lines 10a and 10b  |                   | 707             |                 | 4004            | 1000            |           |
| 11    | Net income from unrelated business   | 1557              | 707             | 835             | 1631            | 1883            | 6613      |
| • • • | activities not included in line 10b, whether   | ł                 | 1               | 1               |                 | }               |           |
|       | or not the business is regularly carried on  |                   |                 |                 |                 |                 |           |
| 12    | Other income. Do not include gain or   |                   |                 |                 |                 | <del>_</del>    |           |
|       | loss from the sale of capital assets   |                   | 1               | l               |                 |                 |           |
|       | (Explain in Part IV.)  |                   |                 |                 |                 |                 |           |
| 13    | Total support. (Add lines 9, 10c, 11,  |                   |                 |                 |                 |                 |           |
|       | and 12.)   | 58120             | 44089           | 56726           | 38707           | 43505           | 241147    |
| 14    | First five years. If the Form 990 is for th  |                   |                 |                 |                 |                 |           |
|       | organization, check this box and stop her  | <u>-</u>          |                 |                 | -               |                 |           |
| Secti | on C. Computation of Public Suppor   | t Percentage      |                 |                 |                 |                 |           |
| 15    | Public support percentage for 2012 (line 8   | 3, column (f) div | ided by line 13 | 3, column (f))  |                 | 15              | 97 %      |
| 16    | Public support percentage from 2011 Sch  |                   |                 | <u> </u>        | <u> </u>        | 16              | 97 %      |
| Secti | on D. Computation of Investment Inc  |                   |                 |                 |                 |                 |           |
| 17    | Investment income percentage for 2012 (I   |                   |                 |                 |                 | 17              | 3 %       |
| 18    | Investment income percentage from 2011   | •                 | •               |                 |                 | 18              | 2 %       |
| 19a   | 331/3% support tests—2012. If the organi   |                   |                 |                 |                 |                 |           |
|       | 17 is not more than 331/3%, check this box a   |                   | -               | -               |                 | _               |           |
| b     | 331/3% support tests—2011. If the organiz  |                   |                 |                 |                 |                 | =         |
|       | line 18 is not more than 331/3%, check this b  |                   | _               |                 |                 |                 |           |
| 20    | Private foundation. If the organization did  | d not check a b   | oox on line 14, | 19a, or 19b, cl | heck this box a | and see instruc | tions 🕨 🗌 |

| Schedule A (F                           | orm 990 or 990-EZ) 2012  | <br>  | Page 4  |
|---|--|---|---------|
| Part IV                                 | Supplemental Information. Complet<br>Part II, line 17a or 17b; and Part III, lin | e this part to provide the explanations required by Part II, line 10;<br>e 12. Also complete this part for any additional information. (See |         |
|   | instructions).   |   |         |
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### SCHEDULE O (Form 990 or 990-EZ)

## 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.

Department of the Treasury Internal Revenue Service Name of the organization 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

ns on

2012
Open to Public Inspection
Employer identification number

OMB No 1545-0047

| 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; \$175.00 to the Prairie Wildlife Research for the Black Footed F      | erret Recovery project |  |  |  |  |
| 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 2012.                             |                        |  |  |  |  |
| Part IV - compensations shown are as contractors, not employees. Amounts have been submitted to IR              | :S on 1099-misc.       |  |  |  |  |
| Part V - 35b The organization held a cash raffle. The raffle was carried out by volunteer labor at organization |                        |  |  |  |  |
| organization's website.   |                        |  |  |  |  |
|   |                        |  |  |  |  |
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| Schedule O (Form 990 or 990-EZ) (2012) | Page Z                                 |
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| Name of the organization               | Employer identification number         |
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