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 private foundations)

2018

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A	For the	2018 calend	ar year, or tax year beginning January 1 , 2018, and	ending	Dec	ember 31	, 20 18		
В	Check if ap	pplicable	C Name of organization	1	D Emple	yer identif	ication number		
	Address c	change	American Ferret Association, Inc.		52-1718033				
닖	Name cha	•	Number and street (or P O box, if mail is not delivered to street address)	om/suite	E Telepl	er			
님	Initial retur	m/terminated	PO Box 554			1-888-F	ERRET1		
Ħ	Amended		City or town, state or province, country, and ZIP or foreign postal code	(~) I	F Grou	p Exempt	on		
ቯ		n pending	Frederick, MD 21705-0554	<i>O</i> 3 '	Num	ber 🕨			
G	Account	ting Method	☐ Cash	н с	heck •	► 🗹 if the	organization is not		
1	Website	e: ► <u>www</u> .	ferret.org	re	equired	to attach	Schedule B		
J 1	Tax-exen	npt status (che	eck only one) — 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or □]527 (F	orm 99	10, 990-EZ	., or 990-PF).		
K	Form of	organization	☐ Corporation ☐ Trust ☑ Association ☐ Other						
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more	, or if total a	assets				
(Pa	art II, col		5500,000 or more, file Form 990 instead of Form 990-EZ	•	•	\$.	38,643		
F	art I		e, Expenses, and Changes in Net Assets or Fund Balances (
			the organization used Schedule O to respond to any question in the	nis Part I		·	🗸		
	1	Contribution	ons, gifts, grants, and similar amounts received		[1	5,016		
	2	Program s	ervice revenue including government fees and contracts		[2	17,820		
1	3	Membersh	ıp dues and assessments		[3	6,819		
	4	Investmen	t income		[4	3,265		
	5a	Gross amo	ount from sale of assets other than inventory 5a		4,310				
	b	Less: cost	or other basis and sales expenses						
	c	•	ss) from sale of assets other than inventory (Subtract line 5b from line 5	5a)	[5c	4,310		
	6	-	d fundraising events.		ŀ				
ine	а		ome from gaming (attach Schedule G if greater than						
Revenue	b	from fundr	rme from fundraising events (not including \$of cor aising events reported on line 1) (attach Schedule G if the th gross income and contributions exceeds \$15,000) 6b	ntributions					
	c		t expenses from gaming and fundraising events 6c						
	ď		e or (loss) from gaming and fundraising events (add lines 6a and 6b	and subt	ract				
		line 6c)				6d			
	7a	Gross sale	s of inventory, less returns and allowances		1,268		•		
	b		of goods sold		778				
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	490		
	8		nue (describe in Schedule O)	<u>.</u>	[8	145		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	D .	▶ [9	37,865		
	10		similar amounts paid (list in Schedule O)			10	280		
	11	Benefits pa	aid to or for members	୍ . ୪ୁ .	[11			
S	12	Salaries, o	ther compensation, and employee benefits . MAR 0.8 2015	9:S	[12	13,000		
ış	13	Profession	al fees and other nayments to independent contractors	1~1	[13			
Expenses	. 14	Occupanc	y, rent, utilities, and maintenance OGUEN, U	iT	[14	126		
Ж	15	Printing, pi	ublications, postage; and shipping	<u>' '</u>	[15	5,255		
	16	Other expe	[16	13,021				
	17	Total expe	enses. Add lines 10 through 16		. ▶ [17	31,682		
Ŋ	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)			18	6,183		
set	19	Net assets	with						
Net Assets		end-of-yea	r figure reported on prior year's return)		[19	129,202		
et	20	Other char	[20	-12,367				
Z	21		or fund balances at end of year. Combine lines 18 through 20			21	123,018		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2018)

Par	t II	Balance Sheets (see the instructions f	or Part II)				
		Check if the organization used Schedule	O to respond to ar	ny question in this			<u> </u>
					(A) Beginning of year	_	(B) End of year
22	Cash	n, savings, and investments		[129,202	_	123,018
23		d and buildings		[23	
24		er assets (describe in Schedule O)				24	
25		al assets		· · · · · <u>·</u>	129,202		123,018
26		al liabilities (describe in Schedule O)		_	<u></u>	26	
27		assets or fund balances (line 27 of column			129,202	27	123,018
Pari	ш	Statement of Program Service Accomp					Expenses
		Check if the organization used Schedule	<u>_</u>		Part III	(Re	equired for section
			public education on		· · · · · ·		1(c)(3) and 501(c)(4)
		e organization's program service accomplis				١ ١	ganizations, optional for ners)
		ed by expenses. In a clear and concise manefited, and other relevant information for ea		e services provided	i, the number of	"	10.5 /
		· · · · · · · · · · · · · · · · · · ·	<u></u>	uidass trainina nrai	arom and	H	1
20		ored 3 championship ferret shows, sanctioned iin a championship Title system					
	mainta	in a championship The system		••••			
	(Grant	s \$) If this amount	ıncludes foreign gra	nts, check here	• П	28	a 11,813
29	<u> </u>	h a quarterly newsletter, develop and distribute			ave educational		11,010
		at other ferret related events. Maintain a websi	•••••				
		at outer terret related events, individual a weess.					
	(Grant	s\$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	29	a 18,665
30	Suppo	rt conservation of the endangered Black Foote	d Ferret, develop and	d maintain a Ferret S	helter Fund.		
		pp a ferret related product line. Maintain a Medi					
	(Grant	s\$ 280) If this amount	ıncludes foreign gra	nts, check here .	🕨 🗌	30	a 1,204
31	Other	program services (describe in Schedule O)					
	(Grant		ıncludes foreign gra			31	а
		program service expenses (add lines 28a t				32	
Part	: IV	List of Officers, Directors, Trustees, and Key				nstr	uctions for Part IV)
		Check if the organization used Schedule	O to respond to a		_,	٠,	<u> U</u>
			(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	ee (e	e) Estimated amount of
		(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC fif not paid, enter -0-)		_	other compensation
				(if not paid, enter -0-)	deferred compensation	<u>"</u>	
		- Governing Board & Treasurer	_	_			_
		atchery Rd. Thurmont, MD 21788	4	C)	0	0
		mmey - Dir Shows & Events, Office Mgr		40.000			•
		II Rd. Thurmont, MD 21788	25	13,000)	0	0
		- Governing Board & Newsletter Editor	· <u>-</u>				0
		Rd. North Wales, PA 19454	7	C	<u> </u>	0	0
		ty - Judges Administrator	4	l		0	0
		cle State College, PA 16801 es - Dir Education Committee	-	•	<u></u>	┪	
		un Rd. Catlett, VA 20119	7] .		0	0
		land - Vice President	,			~	
		an Spokane, WA 99205	2] 0		0	0
		- Dir Shelter Committee	-			Ť	
		p Poodle Lane Brandy Station, VA22714	4			0	0
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Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide detailed description of each activity in Schedule O. Were any significant changes made to the organization or governing documents? If "Yes," attach a conform copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain to change on Schedule O. See instructions 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from busine activities (such as those reported on lines 2, 6a, and 7a, among others)? b If "Yes" to line 35a, has the organization filled a Form 990-1 for the year? If "No," provide an explanation in Schedule C Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notic reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 5b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net asset during the year? If "Yes," complete Schedule C, Part III. 5c Did the organization file Form 1120-POL for this year? 5b Did the organization file Form 1120-POL for this year? 5c Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9. 5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization in a prior yet that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization m	de a . 33 med the . 34 ness . 35a le O 35b tice, . 35c sets . 36 . 37b were . 38a		No V
detailed description of each activity in Schedule O. Were any significant changes made to the organizing or governing documents? If "Yes," attach a conform copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain to change on Schedule O. See instructions Did the organization have unrelated business gross income of \$1,000 or more during the year from busine activities (such as those reported on lines 2, 6a, and 7a, among others)? b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule C Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notic reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assed during the year? If "Yes," complete applicable parts of Schedule N. 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? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b Gross receipts, included on line 9, for public use of club facilities . 39b Gross receipts, included on line 9, for public use of club facilities . 39b Gross receipts, included on line 9, for public use of club facilities . 39b Gross receipts, included on line 9, or public use of club facilities . 39b Gross receipts, included on line 9, or public use of club facilities . 39b Gross receipts, included on line 9, or public use of club facilities . 39b Gross receipts, included on line 9, or public use of club facilities . 39b Gross receipts, included on line 9, or public use of	33 med the		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain t change on Schedule O. See instructions 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from busine activities (such as those reported on lines 2, 6a, and 7a, among others)? b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule C Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notic reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net asset during the year? If "Yes," complete applicable parts of Schedule N . 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b 38b 39b 39a 3	the		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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C Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notic reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	tice, 35c sets 36 . 37b were 38a . 38a . 3958 year I 40b		\frac{1}{\sqrt{1}}
Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net asset during the year? If "Yes," complete applicable parts of Schedule N The amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a Biggin and the organization file Form 1120-POL for this year? The organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Biggin and the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Biggin and the organizations. Enter: Initiation fees and capital contributions included on line 9 Biggin and contributions included on l	36 . 37b were . 38a . 38a . 3958 year I 40b		√ √ √
Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved	958 year 1 40b		✓ ✓ ✓
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b If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 B Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ , section 4955 ▶ B Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 49 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior yet that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	1958 year I 40b		✓ ✓
Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶	year 40b		✓
a Initiation fees and capital contributions included on line 9	year 40b		✓
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶	year 40b		✓
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 49 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior yethat has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	year 40b		✓
excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior ye that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	year 40b		✓
on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
 40c reimbursed by the organization	-ltor		
transaction? If "Yes," complete Form 8886-T	altor I i		
Telephone no. ► Located at ► 6517 Fish Hatchery Rd. Thurmont, MD At any time during the calendar year, did the organization have an interest in or a signature or other authority of a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank at Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States?	• 40e		√
Located at ▶ 6517 Fish Hatchery Rd. Thurmont, MD ZIP + 4 ▶ b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank are Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States?			
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See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank at Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States?			√
Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? .	[
	and		
If "Yes," enter the name of the foreign country ▶	. [42c]	l	<u>√</u> _
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43	43	 . • 	• ∐ —
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must l	be 🖳	Yes	No
completed instead of Form 990-EZ	· 44a		✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must completed instead of Form 990-EZ	. 44b	_	√
c Did the organization receive any payments for indoor tanning services during the year?			✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide explanation in Schedule O			
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?			
b) Did the organization receive any payment from or engage in any transaction with a controlled entity within the	. 45a i		1
meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead Form 990-EZ. See instructions			✓

Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II. Part	Form 99	90-EZ (2018)							age 4
Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any guestion in this Part VI Total the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If Yes, "complete Schedule C, Part II Is the organization a school as described in section 170b(1)[A](h)(r) If Yes, "complete Schedule E Is the organization as school as described in section 170b(1)[A](h)(r) If Yes, "complete Schedule E Is the organization as a school as described in section 170b(1)[A](h)(r) If Yes, "complete Schedule E Is the organization as chool as described in section 170b(1)[A](h)(r) If Yes, "complete Schedule E Is the organization as chool as described in section 170b(1)[A](h)(r) If Yes, "complete Schedule E Is the organization as chool as described in section 170b(1)[A](h)(r) If Yes, "complete Schedule E Is the organization as chool as described in section 170b(1)[A](h)(r) If Yes, "complete Schedule E Is the organization as chool as described in section 170b(1)[A](h)(r) If Yes, "complete Schedule E Is the organization as chool as described in section 170b(1)[A](h)(r) If Yes, "complete Schedule E Is the organization of the organization or	46							Yes -	No ./
Ves No Ves Ves No Ves Ves No Ves Ves Ves No Ves Ves Ves No Ves Ves Ves Ves No Ves	Part	VI Section 501(c)(3) Organizat All section 501(c)(3) organiza 50 and 51.	tions Only ations must answer que	estions 47-49b and	d 52, and cor		<u> </u>	or line	es \Box
10 bit the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47 48 s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 47 49 bit the organization make any transfers to an exempt non-charitable related organization 48 47 48 bit the organization make any transfers to an exempt non-charitable related organization 48 47 48 bit the organization make any transfers to an exempt non-charitable related organization 48 49 7 48 bit the organization make any transfers to an exempt non-charitable related organization 48 7 48 bit the organization make any transfers to an exempt non-charitable related organization 48 7 48 7 49 49 8 7 49 8 8 7 49 8 8 7 49 8 8 7 49 8 8 8 7 49 8 8 8 8 8 8 8 8 8		Check if the organization used	u schedule o to respond	u to any question in	I IIIIS FAIT VI		· · ·	Yes	No
Did the organization make any transfers to an exempt non-chartable related organization? 49a	47								✓
b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, Insuless, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (e) Name and title of each employee (b) Average hours be week devoted to position (c) Reportable compensation (d) Health bornelss, the compensation of other employees paid over \$100,000 (e) Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule of the engage paid in the enga	48	•					48		✓
Complete this table for the organization's five highest compensated employees (other than officers, directors, furscless, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Average hours per week devoted to position with the properties of the properties of the position of the properties		•	•	_					✓
(a) Name and title of each employee Composition Forms W-2/1099-MISC Composition Forms Same Forms Sam		Complete this table for the organizati	ion's five highest comper	nsated employees (o	ther than office	ers, directors,	truste		d key
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 . ▶ 20 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . ▶ ✓ Yes □ No Under penalties of penjury, I declare Mat I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, compet and complete Declaration principles of officer of the principle of the propagation of t		(a) Name and title of each employee	hours per week	compensation	contributions to benefit plans, a	o employee (e) and deferred o			
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 . ▶ 20 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . ▶ ✓ Yes □ No Under penalties of penjury, I declare Mat I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, compet and complete Declaration principles of officer of the principle of the propagation of t									
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 . ▶ 20 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . ▶ ✓ Yes □ No Under penalties of penjury, I declare Mat I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, compet and complete Declaration principles of officer of the principle of the propagation of t									
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d Total number of other independent contractors each receiving over \$100,000 . ▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . ▶ ✓ Yes No Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than offsign) is based on all information of which preparer has any knowledge Sign Paid Preparer Use Only Prim's name Firm's name Firm's address Phone no		Complete this table for the organiza	ation's five highest comp	ensated independer	nt contractors	who each re	ceived	more	than
Date Print/Type preparer's name Preparer's signature Prim's name Firm's address ▶ Proparer's and complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A				Ĭ	ervice	(c) Cor	npensati	on	
Date Print/Type preparer's name Preparer's signature Prim's name Firm's address ▶ Phone Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A				-					
Date Print/Type preparer's name Preparer's signature Prim's name Firm's address ▶ Phone Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A									
Date Print/Type preparer's name Preparer's signature Prim's name Firm's address ▶ Phone Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A									
Date Print/Type preparer's name Preparer's signature Prim's name Firm's address ▶ Phone Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A				-					
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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 Signature of officer Type or print name and title Preparer's signature Date Check ☐ if self-employed Prim's name ► Firm's name ► Firm's address ► Phone no	d	Total number of other independent co	ontractors each receiving	over \$100,000 .	.▶				
true, correct, and complete Declaration or preparer (other than office) is based on all information of which preparer has any knowledge Sign Signature of officer Here Salv Hobes Topo or print name and title Print/Type or print name Preparer's signature Preparer's signature Date Check ☐ if self-employed Prim's name Firm's name Firm's address Phone no	52	•	hedule A? Note: All se			- 1	✓ Yes	- - -	Vо
Here Salv Hobes, Treasure 2-25-2019 Paid Preparer Use Only Firm's name ► Firm's address ► Preparer's signature							edge and	belief,	ıt ıs
Type or print name and title Paid Preparer Use Only Type or print name Preparer's signature Date Check if self-employed Print/Type preparer's signature Print/T	\	Signature of officer Sally Hos	getel 205 Trea	Sures	Date	2-2	5 6	201	19
Preparer Use Only Firm's name ► Firm's EIN ► Phone no	Paid	D+/T	Preparer's signature		Date				
Use Only Firm's name ► Firm's EIN ► Phone no	_	H.			1 -				
		Only Firm's name >	. <u>.</u>			-			
	May th		parer shown above? See	instructions			Yes	N	10

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.

Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Amer	ican F	erret Association, Inc.						18033
Pai	rt I	Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.
The o	organi	zation is not a private founda	ition because it i	s (For lines 1 through	12, ched	ck only or	ne box.)	
1	□ A	church, convention of churc	hes, or associati	on of churches descr	ibed in s e	ection 17	O(b)(1)(A)(i).	04
2	□ A	school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)	_
3	□ A	hospital or a cooperative hos	spital service org	ganization described i	n sectior	170(b)(1	I)(A)(iii).	
4	_	medical research organization	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
_		ospital's name, city, and state						
5		n organization operated for ection 170(b)(1)(A)(iv). (Com		college or university	owned c	r operate	ed by a government	tal unit described ir
6 7	□ A	federal, state, or local govern n organization that normally escribed in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	□ A	community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	□A	n agricultural research organi	zation described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a	and-grant college
	oı uı	r university or a non-land-gra niversity.	nt college of agr	riculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
10	re Si	n organization that normally in eceipts from activities related apport from gross investment organization a	to its exempt fu t income and un	nctions—subject to c related business taxa	ertain exc ble incon	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 331/3% of its
11		n organization organized and				-		•
12	□ A	n organization organized and	operated exclus	sively for the benefit o	f, to perfo	orm the fu	unctions of, or to ca	rry out the purposes
	of	f one or more publicly suppo	orted organizatio	ns described in secti	ion 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3)
	С	heck the box in lines 12a thro	ugh 12d that des	scribes the type of sup	porting o	organızatı	on and complete line	es 12e, 12f, and 12g
а		Type i. A supporting organ	ization operated	l, supervised, or contr	olled by	ts suppo	rted organization(s),	typically by giving
		the supported organization	(s) the power to	regularly appoint or e	lect a ma	yority of t	he directors or trust	ees of the
		supporting organization. Y	ou must comple	ete Part IV, Sections	A and B	•		
b		Type II. A supporting orgai	nization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by having
		control or management of		-		persons	that control or man	age the supported
		organization(s). You must	complete Part I	V, Sections A and C	•			
С		Type III functionally integ its supported organization(ally integrated with,
d		Type III non-functionally i	integrated. A su	pporting organization	operated	d in conn	ection with its suppo	orted organization(s
		that is not functionally integ						
		requirement (see instructio	ns). You must c	omplete Part IV, Sec	tions A	and D, ar	nd Part V.	
е		Check this box if the organ	ization received	a written determination	on from t	ne IRS th	at it is a Type I, Typ	e II, Type III
		functionally integrated, or 1	Type III non-fund	tionally integrated sup	pporting	organizat	ion.	
f	Ent	er the number of supported o	organizations .					0
g	Pro	vide the following information	n about the supp	orted organization(s).	•			
	(i) Naı	me of supported organization	(ii) EIN	(iii) Type of organization			(v) Amount of monetary	(vi) Amount of
				(described on lines 1–10 above (see instructions))	listed in you docu	ır governing ment?	support (see instructions)	other support (see instructions)
				above (see manuemons))			instructions,	
					Yes	No		
(A)					•			
								
(B)								
(C)								
(D)							-	
(E)								
				<u> </u>				

00.1000	10 77 (1 OHH 000 OF 000 EE) E010					//	i age =
Part							
	(Complete only if you checked the						ialify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease compl	ete Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	/(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "universal grants.")						
•	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				<i>/</i>	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)						
6	Public support. Subtract line 5 from line 4				•		
	on B. Total Support		, 	./		1	·
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc					12	524()(2)
13	First five years. If the Form 990 is for the						
Socti	organization, check this box and stop he on C. Computation of Public Suppor					• •	
14	Public support percentage for 2018 (line)	,		1 column (f)		14	%
15	Public support percentage from 2017 Sch		•	i, coluitiri (i))		15	/ %
16a	331/3% support test—2018. If the organi			x on line 13 ar	 nd line 14 is 3:		
	box and stop here. The organization qua						▶ □
b	331/3% support test—2017. If the organithis box and stop here. The organization	zation did not	check a box o	on line 13 or 16	a, and line 15	ıs 331/3% or m	nore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization".	eets the "facts	-and-circumst	ances" test, ch	neck this box	and stop here	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI/how the organization in supported organization	ation meets the	e "facts-and-o	circumstances	" test, check	this box and	stop here.
18	Private foundation. If the organization di instructions		box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k 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 10 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			, I. <u></u>			
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees	(0) 20	(5, 20.0	(0) 2010	(4) 2011	(0, 2010	(1/2 - 1 - 1 - 1 - 1
-	received (Do not include any "unusual grants")	14617	14452	14143	13283	11980	68475
2	Gross receipts from admissions, merchandise	14077	14132	14140	, 10200	11000	
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	23811	21368	21513	22762	19087	108541
3	Gross receipts from activities that are not an	20011	21000		22702	15557	
-	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		İ				
6	Total. Add lines 1 through 5	38428	35820	35656	36045	31067	177016
	Amounts included on lines 1, 2, and 3	55125					
	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		ļ				-
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						<u> </u>
8	Public support. (Subtract line 7c from						
	tine 6.)						177016
Secti	on B. Total Support	,					
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	38428	35820	35656	36045	31067	177016
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources.	277,4	2292	2889	2843	3265	14063
b	Unrelated business taxable income (less		}				
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	2774	2292	2889	2843	3265	14063
11	Net income from unrelated business						
	activities not included in line 10b, whether		ļ				
	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 VI.)						
12							
13	Total support. (Add lines 9, 10c, 11, and 12.)					24222	404070
14	First five years. If the Form 990 is for the	41202	38112				191079 501(c)(3)
17	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor				· · · · · · ·		
15	Public support percentage for 2018 (line 8			3 column (fl)		15	93 %
16	Public support percentage from 2017 Sch		-	• • • •		16	94 %
	on D. Computation of Investment In				<u> </u>	1	
17	Investment income percentage for 2018 (v line 13. colu	mn (f))	17	7 %
18	Investment income percentage from 2017					18	6 %
19a	331/3% support tests—2018. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2017. If the organiz						
~	line 18 is not more than 331/3%, check this						
20	Private foundation If the organization di		-				

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	_	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		
L	below, the governing body of a supported organization? A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	_	
	on B. Type I Supporting Organizations	1110	L	L
0001	on bit type i cupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			<u> </u>
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year	1		L
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization			
Saati	on C. Type II Supporting Organizations	2	<u> </u>	L
Secu	on C. Type it Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	ļ.	ļ	
	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
•		1'	-	<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		;	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	┢╼		
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ın	_	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			لــــا
	trustees of each of the supported organizations? Provide details in Part VI.	3a	ļ	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		اـــا

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations					
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1 Net short-term capital gain	1						
2 Recoveries of prior-year distributions	2						
3 Other gross income (see instructions)	3						
4 Add lines 1 through 3.	4						
5 Depreciation and depletion	5						
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
7 Other expenses (see instructions)	7						
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):							
a Average monthly value of securities	1a						
b Average monthly cash balances	1b						
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d						
e Discount claimed for blockage or other factors (explain in detail in Part VI).							
2 Acquisition indebtedness applicable to non-exempt-use assets	2						
3 Subtract line 2 from line 1d.	3						
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		•				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		•				
6 Multiply line 5 by .035.	6						
7 Recoveries of prior-year distributions	7						
8 Minimum Asset Amount (add line 7 to line 6)	8						
Section C—Distributable Amount			Current Year				
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2 Enter 85% of line 1.	2						
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		•				
4 Enter greater of line 2 or line 3.	4						
5 Income tax imposed in prior year	5						
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6						
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporti	ng organization (see				

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	zations (continued)	·
Sect	Current Year			
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic			
•	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3 _j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014 .			
b	Excess from 2015			
С	Excess from 2016			-
d	Excess from 2017	10		
<u>е</u>	Excess from 2018	·		

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. 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.

► Attach to Form 990 or 990-EZ.

► Go to www.urs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection
Employer identification number

American Ferret Association, Inc.	521718033					
Part 1 line #8 - proceeds of sales through affiliates; iGive, AmazonSmile and YourCause						
Talk Tallic #0 Bloccess of Sales an eagli anniates, foregramme and real section						
Part 1 line #10 - grants to other organizations; \$280.00 to Prairie Wildlife Research organization for the Black-footed Ferret conservation pgm.						
Part 1 line #16 - expenses to support ferret shows, membership support and public education						
Part 1 line #20 - unrealized losses from AFA's Endowment Fund for the year 2018						
Part IV - compensation shown is as a contractor, not an employee. Amount has been submitted to IRS on 1099-misc						
	_'					
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