STEPHEN W COOK CPA PLLC

PO BOX 792772 San Antonio, Tx 78279 SCOOK@SWC-CPA.COM Phone: (210)495-4424 | Fax: (866)479-7523

Now offering Lucy On the Go...

June 15, 2017

AMERICAN SOCIETY OF ICHTHYOLOGISTS & HERPETOLOGIST C/O F DOUGLAS MARTIN 1609 LIONS DEN LEANDER, TX 78641-8691

AMERICAN SOCIETY OF ICHTHYOLOGISTS & HERPETOLOGIST:

Enclosed is the 2016 federal return for a tax-exempt organization, prepared for AMERICAN SOCIETY OF ICHTHYOLOGISTS & HERPETOLOGIST from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

Form 8879-EO must be signed by an officer of the organization.

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, please contact this office at (210)495-4424.

Sincerely,

STEPHEN COOK

STEPHEN W COOK CPA PLLC

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| A | For th | e 2016 calend | dar year, or tax year begin | nning | , 2016, and | ending | | , 20 | | | | | | | |
|-------------------|------------|--|--|---|--------------------------------------|--|---------------------------|-------------------|--|--|--|--|--|--|--|
| В | Check if | f applicable: | C Name of organization AME | RICAN SOCIETY OF ICH | PETOLOGIST | D Em | ployer identification no. | | | | | | | | |
| | Address | s change | Doing business as | | | 95- | 95-6056946 | | | | | | | | |
| | Name c | hange | Number and street (or P.O. bo | ss) | Room/suite | ephone number | | | | | | | | | |
| | Initial re | tum | C/O F DOUGLAS | MARTIN 1609 LIONS DE | EN | -9-3770 | (51 | 2)239-8535 | | | | | | | |
| $\overline{\Box}$ | Final ret | turn/terminated | City or town, state or province | e, country, and ZIP or foreign postal code | | | 337,610 | | | | | | | | |
| П | Amende | ed return | LEANDER, TX 78 | | G Gro | oss receipts\$ | | | | | | | | | |
| П | | tion pending | F Name and address of principal | | | H(a) is this a group | return for subor | dinates? Yes X No | | | | | | | |
| _ | | | Same as C abov | | | | | ded? Yes No | | | | | | | |
| ī | Tax-exe | empt status: X | 501(c)(3) 501(c)(|) 4 (insert no.) 4947(a)(1) | or 527 | If "No," a | ttach a list. (s | ee instructions) | | | | | | | |
| J | Website | | W.ASIH.ORG | | | H(c) Group exer | mption numbe | r > | | | | | | | |
| ĸ | Form of | | | sociation Other ► | L Year of formation: | 1913 M State | of legal domic | cile: DC | | | | | | | |
| - | art I | Summar | | | | | | | | | | | | | |
| | 1 | | • | sion or most significant activities | : INCREASE KNOWL | EDGE OF FISH | ES, REP | TILES AND | | | | | | | |
| | | AMPHIBIA | | • | | | | | | | | | | | |
| JC6 | | | WIE ILLU LAND | | | | | | | | | | | | |
| Governance | | - | | | | | | | | | | | | | |
| ove. | 2 | Check this b | oox ▶ ☐ if the organization | n discontinued its operations or | disposed of more than 25% | of its net assets. | | | | | | | | | |
| ŏ | 3 | | | erning body (Part VI, line 1a) | | | 3 | 107 | | | | | | | |
| oð s | 4 | | | rs of the governing body (Part V | | A STATE OF THE PARTY OF THE PAR | 4 | 107 | | | | | | | |
| iţie | 5 | | | n calendar year 2016 (Part V, li | | | 5 | 0 | | | | | | | |
| Activities & | 6 | | er of volunteers (estimate if | [1] [1] [1] [1] [1] [1] [1] [1] [1] [1] | | ATTEMPT TO STATE OF THE | 6 | 107 | | | | | | | |
| | 7, | | 리마리 라틴 (14일 1일 1일 HONG TO THE POPULATION FOR THE | Part VIII, column (C), line 12 | | ACTUAL DOUBLE PROPERTY. | 7a | 0 | | | | | | | |
| | - 1 | | | from Form 990-T, line 34 . | | The second secon | 7b | 107 | | | | | | | |
| _ | + | o rect dimendic | a basilioss taxable moonie | 10111 0111 000 1, 1110 04 | | Prior Year | | Current Year | | | | | | | |
| | 8 | Contribution | s and grants (Part VIII line | a 1h) | | 111011001 | | 0 | | | | | | | |
| e | | | rvice revenue (Part VIII, line | 160 | ,796 | 254,429 | | | | | | | | | |
| Revenue | 10 | 70 | | A), lines 3, 4, and 7d) | | | ,838 | 83,181 | | | | | | | |
| ě | 11 | | | nes 5, 6d, 8c, 9c, 10c, and 11e | | 101 | ,030 | 03,101 | | | | | | | |
| ш. | 12 | | ,634 | 337,610 | | | | | | | | | | | |
| _ | 13 | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | | | | | | | | | | | |
| | 14 | | | X, column (A), line 4) | | | _ | 0 | | | | | | | |
| | 15 | | ner compensation, employe | | | 0 | | | | | | | | | |
| 98 | 16 | | 일반 시계에 생겨에서 보이 되었다. 이번 시간 | column (A), line 11e) | | | | 0 | | | | | | | |
| Expenses | 10 | | 2000 | | | | | • | | | | | | | |
| × | 47 | | ising expenses (Part IX, co | ines 11a-11d, 11f-24e) | | 207 | ,920 | 316,258 | | | | | | | |
| ш | 100 | Company of the company of the company | | | | ,920 | 316,258 | | | | | | | | |
| | 18 | | | t equal Part IX, column (A), line 18 from line 12 | | | ,286) | | | | | | | | |
| - | y 19 | Revenue les | ss expenses. Subtract line | 10 Irom line 12 | | Beginning of Current | 22000 | End of Year | | | | | | | |
| Net Assets or | 20 | Total accets | (Part X, line 16) | | | 1,637 | | 1,500,138 | | | | | | | |
| SSe | 21 | | | | | | ,522 | 76,537 | | | | | | | |
| Yet. | 22 | | or fund balances. Subtract | | | 1,468 | | 1,423,601 | | | | | | | |
| _ | art II | - | re Block | illie 21 illoill illie 20 | | 1,400 | ,120 | 1,423,001 | | | | | | | |
| | | | | turn, including accompanying schedules | and statements, and to the best of r | my knowledge and belief | it is | | | | | | | | |
| true | e, correct | t, and complete. De | aclaration of preparer (other than o | fficer) is based on all information of whic | h preparer has any knowledge. | | inin. | | | | | | | | |
| | | A D Ma | artin 7. World | a Wart | | | 17 | June 2017 | | | | | | | |
| Sig | gn | _ | ire of officer | 1941- | | | Date | · Jone 1001 | | | | | | | |
| He | | D Ma | artin, TREA | L | | | | | | | | | | | |
| 110 | | | r print name and title | | | | | | | | | | | | |
| _ | | 1 | | Dranarar's signature | Date | Check | if PTIN | | | | | | | | |
| Pa | id | STEPHEN | reparer's name | Preparer's signature | 06-15-2017 | self-employe | and heart | 1337298 | | | | | | | |
| | epare | | | W COOK CPA PLLC | 00-13-2017 | | 20 | | | | | | | | |
| | e On | The second secon | | | | Firm's EIN ► | | | | | | | | | |
| 03 | e Oil | rim s addres | to a reference of the control of the | | | | | | | | | | | | |
| Mar | the I | 2S diegues this | | hown above? (see instructions) | un grandungstan various engenoese | | 10-495- | Yes No | | | | | | | |
| ivia | y une in | to discuss this | return with the preparer s | nown above (see instructions) | | | C (CCC) 100 | □ 169 M 140 | | | | | | | |

| | 990 (2016) AMERICAN SOCIETY OF ICHTHYOLOGISTS & HERPETOLOGIST | 95-6056946 | Page | | | | | | | | | | |
|----|--|-------------|------|--|--|--|--|--|--|--|--|--|--|
| ar | t III Statement of Program Service Accomplishments | | | | | | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | | | | | | | | | | | |
| | Briefly describe the organization's mission: | | | | | | | | | | | | |
| | INCREASE KNOWLEDGE OF FISHES, REPTILES AND AMPHIBIANS | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Did the organization undertake any significant program services during the year which were not listed on the | | | | | | | | | | | | |
| | prior Form 990 or 990-EZ? | ∐ Yes | X No | | | | | | | | | | |
| | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | 🗌 Yes | X No | | | | | | | | | | |
| | If "Yes," describe these changes on Schedule O. | | | | | | | | | | | | |
| | Describe the organization's program service accomplishments for each of its three largest program services, as measured by | | | | | | | | | | | | |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. | | | | | | | | | | | | |
| | (Code:) (Expenses \$ 265,854 including grants of \$) (Revenue | \$ |) | | | | | | | | | | |
| | PRINTING, PUBLISHING AND RESEARCH OF ARTICLES THAT REPORT THE ORIGINAL RESEAR | CH ON FISHE | s, | | | | | | | | | | |
| | REPTILES AND AMPHIBIANS USING THE ENTITY'S OWN PUBLICATION AND THROUGH SPECI. | | | | | | | | | | | | |
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| i | Other program services (Describe in Schedule O.) | Λ. | | | | | | | | | | | |
| _ | (Expenses \$ including grants of \$) (Revenue \$ |) | | | | | | | | | | | |
| | Lotel program contice expenses > / h5 . X54 | | | | | | | | | | | | |

Part IV Checklist of Required Schedules

| | | | Yes | No |
|--------|--|------|-----|-------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | 1000 |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | | | 2017 |
| | Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | 1920 | | |
| | "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 1220 | | ** |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| 11277 | complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | 1 | | 37 |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | 37 |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| 152 | VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | 44- | | х |
| h | complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more | 11a | | Λ |
| ь | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more | 110 | | Λ |
| · | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| d | | 110 | | Λ |
| u | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 202 | | 9686 |
| _ | If "Yes," complete Schedule G, Part III | 19 | | X |
| 100000 | | | | 20101 |

Form 990 (2016) AMERICAN SOCIETY OF ICHTHYOLOGISTS & HERPETOLOGIST 95-6056946 Page 4 Part IV Checklist of Required Schedules (continued) Yes No X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or 26 Х 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete

related organization? If "Yes," complete Schedule R, Part V, line 2

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

19? Note. All Form 990 filers are required to complete Schedule O.

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"

was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

X Part VI X

Form 990 (2016)

X

X

X

X

X

X

X

X

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28c

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| Pa | 990 (2016) AMERICAN SOCIETY OF ICHTHYOLOGISTS & HERPETOLOGIST 95-60569 **T V Statements Regarding Other IRS Filings and Tax Compliance | | | |
|--------|---|---------|---------|-------|
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | 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 | | | 10000 |
| | account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country: > | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | | | |
| | (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | 3100000 | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| 3750 | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | X |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | X |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | 1 | X |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | Х |
| a b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | X |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| a | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 1 | | |
| , b | | 1 | | |
| 11 | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | | | |
| a | Closs modified from members of characteristics | 1 | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 40- | against amounts due of receives ment areas, | 12a | 1 | - |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 120 | | |
| b | | 1 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 13a | † | 1 |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 138 | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | - | | |
| C | Enter the amount of reserves on hand | 1000000 | | 4 |

X

14a

14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

| | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a | 'No" | | |
|---|--|-------|--------|-----------|
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. | | | RTP. |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | . X |
| Sec | tion A. Governing Body and Management | | 000.00 | 0210 |
| | 107 | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent | | | |
| ь | Enter the frame of Young members more expected, this are marked and the first the firs | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | ا ۾ ا | | х |
| | any other officer, director, trustee, or key employee? | 2 | | Λ |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | 3 | | х |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 4 | | X |
| | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 5 | | X |
| 5.50 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 6 | Х | 21 |
| 1000 | Did the organization have members or stockholders? | 0 | Λ | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | Х | |
| | one or more members of the governing body? | 7a | Λ | |
| Ь | Are any governance decisions of the organization reserved to (or subject to approval by) members, | 7b | | х |
| | stockholders, or persons other than the governing body? | 70 | | A |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | 0. | Х | |
| a | The governing body? | 8a | X | |
| ь | Each committee with authority to act on behalf of the governing body? | 8b | Λ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | 9 | | х |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Λ |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | Yes | No |
| 10- | Did the examination have local chanters, branches, or offliates? | 10a | 160 | X |
| | Did the organization have local chapters, branches, or affiliates? | 100 | | |
| D | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| | | 11a | - 21 | |
| 2.1 | Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | 1 |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| | | 120 | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 12c | Х | |
| | describe in Schedule O how this was done Did the organization have a written whistleblower policy? | 13 | X | _ |
| | | 14 | X | _ |
| | Did the organization have a written document retention and destruction policy? | 14 | Λ | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official | 15a | | Х |
| | Other officers or key employees of the organization | 15b | | X |
| D | | 100 | | |
| 40- | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| If ther if the common by Enter 2 Did are any of 3 Did the super 4 Did the 5 Did the form one of 5 Did the form of 5 Did the form one of 5 Did the form of 5 Did the form one of | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | Х |
| | | Toa | | |
| р | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | ********* |
| Sac | ction C. Disclosure | 100 | | |
| 7.511.5 | List the states with which a copy of this Form 990 is required to be filed | | | |
| | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | | | |
| 10 | available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | | | | |
| 10 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | | | |
| 19 | financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: | | | |
| 20 | P DOTTOL AC MARTIN (512) 239 - 8535 1609 T.TONG DEN T.FANDER TY 78641 | | | |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
 organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| | | | - | | | | | | | |
|------------------------|-------------------|--|-----------------------|---------------|--------------|---|-----------|---------------------------------|-------------------|--------------------------|
| | | | | (| (C) | | | | | |
| (A) | (B) | Position (do not check more than one box, unless person is both an | | | | | | (D) | (E) | (F) |
| Name and Title | Average | | | | | | | Reportable | Reportable | Estimated |
| | hours per | 7/2/27 | | | | /trustee) | | compensation | compensation from | amount of |
| | week (list any | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | from | related | other |
| | hours for related | 9.5 | 5 | 5 0 | | 9 I | יד | the | organizations | compensation |
| | organizations | divid | stitu | Officer | Key employee | nplo | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | below dotted | Individual trustee or director | Institutional trustee | 4 | mplo | st co | - 4 | 8.5 | | and related |
| | line) | trus | 5 | | yee | mp | amo | | | organizations |
| | | 8 | stee | | 350 | Highest compensated employee | | | | |
| | | | | | | 8 | | | | |
| | | | | | | | | | | |
| (1) BRAD SHAFFER | 1.00 | | | | | | | | | |
| PRIOR PAST PRESIDENT | | X | | X | | | | | 0 | C |
| (2) LARRY ALLEN | 1.00 | | | | | | | | | |
| PAST PRESIDENT | | X | | X | | | | (| 0 | C |
| (3) F DOUGLAS MARTIN | 8.00 | | | | | | | | | |
| TREASURER | | X | | X | | | | (| 0 | C |
| (4) MAUREEN DONNELLY | 10.00 | | | | | | | | | |
| PRESIDENT | | X | | X | | | | | 0 | 0 |
| (5) CHRISTOPHER BEACHY | 10.00 | | | | | | | | | |
| EDITOR | | X | | X | | | | | 0 | 0 |
| (6) CAROL BALDWIN | 1.00 | | | | | | | | | |
| PRESIDENT ELECT | | X | | X | | | | | 0 | 0 |
| (7) FREDERICK ZAIDAN | 1.00 | | | | | | | | | |
| CHAIR OF LRPP | | X | | | | | | (| 0 | 0 |
| (8) MICHAEL RETZER | 1.00 | | | | | | | | | |
| CHAIR OF ENFC | | х | | | | | | | 0 | 0 |
| (9) | | | | \rightarrow | | | \neg | | | |
| 27 | | | | | | | | | | |
| (10) | | | - | \dashv | | | | | | |
| 1.5/ | | | | | | | | | | |
| (11) | | | | - | | | | | | |
| 7.7, | | | | | | | | | | |
| (12) | | | - | - | | | | | | |
| \' '\$/ | | | | | | | | | | |
| (13) | | | | \forall | | | \exists | | | |
| 74 | | | - | _ | | | | | | |
| (14) | | | | | | | | | | |
| | | | | _ | | | _ | | | F 000 /0040 |

| Part | VII Section A. Officers, Directors, Trustees, | Key Employ | ees, a | nd | High | nest | Comp | ens | ated Employees | (continued) | | | | |
|--------------|---|--|---|-----------------------|-------------------------|--------------|------------------------------|--------|--|--|--|--|----------|--|
| | (A) Name and title | | (B) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other | | of | |
| o | | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer Control for the | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | org | npensati from the ganization nd relate ganizatio | on ed | |
| (15)_ | | | | | | | | | | | | | | |
| (16)_ | | | | | | | | | | | | | | |
| (17)_ | | | | | | | | | | | | | | |
| <u>(18)</u> | | | | | | | | | | | | | | |
| (19)_ | | | | | | | | | | | | | | |
| (20)_ | | | | | | | | | | | | | | |
| (21)_ | | | | | | | | | | | | | | |
| (22)_ | | | | | | | | | | | | | | |
| (23)_ | | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | | |
| 1b c d | Sub-total | on A | | | | | , | • | | | | | | |
| 2 | Total (add lines 1b and 1c) | to those liste | ed abo | ve) | who | rece | ived m | ore | than \$100,000 of | | | | 0 | |
| | reportable compensation from the organization | | | | | | | | | 0 | | Yes | No | |
| 3 | Did the organization list any former officer, director, employee on line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> | | | | | | | | pensated | | 3 | | Х | |
| 4 | For any individual listed on line 1a, is the sum of reporganization and related organizations greater than | | | | | | | | | | | | | |
| 5 | individual | | | | | | | | on or individual | | 4 | | Х | |
| | for services rendered to the organization? If "Yes," | | | - | | | - | | on or marvidual | | 5 | | Х | |
| Secti 1 | on B. Independent Contractors | | | | | 414 | | | # #400 000 | N-1 | | | | |
| | Complete this table for your five highest compensation from the organization. Report compensation | | | | | | | | | | | | | |
| | year. (A) (B) | | | | | | | | | | | (C) | | |
| _ | Name and business address | | | | | | | | Description of | services | Comp | ensation | n | |
| | | | | | | | | | | | | | | |
| | | | | | | | 7001000 | | | | | | | |
| 2 | Total number of independent contractors (including received more than \$100,000 of compensation from | | | se l | listed | abo | ove) wh | 10 | | | | | | |