

Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

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

2017

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at [www.irs.gov/form990ez](http://www.irs.gov/form990ez).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service**A For the 2017 calendar year, or tax year beginning 01-01-2017**

, and ending 12-31-2017

**B** Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**C** Name of organization  
AMERICAN KILLIFISH ASSOCIATIONNumber and street (or P. O. box, if mail is not delivered to street address) Room/suite  
C/O JHFD 15200 SUNSET BLVD NO 203City or town, state or province, country, and ZIP or foreign postal code  
PACIFIC PALISADES, CA 90272**D** Employer identification number  
23-7449848**E** Telephone number  
(310) 454-6545**F** Group Exemption Number ►**G** Accounting Method  Cash  Accrual Other (specify) ►**H** Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I** Website: ► [WWW.AKA.ORG](http://WWW.AKA.ORG)**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)(7) (insert no)  4947(a)(1) or  527**K** Form of organization  Corporation  Trust  Association  Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 28,070

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I 

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1
	2 Program service revenue including government fees and contracts . . . . .	2
Membership dues and assessments . . . . .	3	21,860
	4 Investment income . . . . .	4
Gross amount from sale of assets other than inventory . . . . .	5a	
	b Less cost or other basis and sales expenses . . . . .	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .		
	6 Gaming and fundraising events	
a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	
	b Gross income from fundraising events (not including \$ . . . . . of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b
c Less direct expenses from gaming and fundraising events . . . . .	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	
7a Gross sales of inventory, less returns and allowances . . . . .	7a	
	b Less cost of goods sold . . . . .	7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .		
	8 Other revenue (describe in Schedule O) . . . . .	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .		9
		28,070
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10
	11 Benefits paid to or for members . . . . .	11
12 Salaries, other compensation, and employee benefits . . . . .	12	
	13 Professional fees and other payments to independent contractors . . . . .	13
14 Occupancy, rent, utilities, and maintenance . . . . .	14	
	15 Printing, publications, postage, and shipping . . . . .	15
16 Other expenses (describe in Schedule O) . . . . .	16	58,813
	17 Total expenses. Add lines 10 through 16 . . . . .	17
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19
20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	92,988
	21 Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	21

Part II Balance Sheets (see the instructions for Part II)

**Balance Sheets** (see the instructions for Part II)  
Check if the organization used Schedule O to respond to any question in this Part II

1

	<b>(A) Beginning of year</b>	<b>(B) End of year</b>
<b>22 Cash, savings, and investments</b> . . . . .	66,597	22 25,275
<b>23 Land and buildings</b> . . . . .		23
<b>24 Other assets (describe in Schedule O)</b> . . . . .	26,391	24 30,891
<b>25 Total assets</b> . . . . .	92,988	25 56,166
<b>26 Total liabilities (describe in Schedule O)</b> . . . . .	0	26 0
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	92,988	27 56,166

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . .

## Expenses

(Required for section 501(c)  
(3) and 501(c)(4)  
organizations, optional for  
others )

What is the organization's primary exempt purpose?

What is the organization's primary exempt purpose  
TO ADVANCE THE STUDY OF KILLIFISHES (CYPRINODONTIDAE)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28

**See Additional Data Table**

(Grants \$ )

If this amount includes foreign grants, check here . . . ►

28

**29** See Additional Data Table

29

(Grants \$ )

If this amount includes foreign grants, check here . . . ►

1

**30** See Additional Data Table

30

(Grants \$ )

If this amount includes foreign grants, check here . . . ►

**31** Other program services (describe in Schedule O) . . . . . If this amount includes foreign grants, check here . . . ►  **31a** (Grants \$ )

<b>List of Officers, Directors, Trustees, and Key Employees</b> (list each one even if not compensated — see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV. <input type="checkbox"/>				
<b>(a)</b> Name and title	<b>(b)</b> Average hours per week devoted to position	<b>(c)</b> Reportable compensation (Forms W-2/1099-MISC) <b>(if not paid, enter -0-)</b>	<b>(d)</b> Health benefits, contributions to employee benefit plans, and deferred compensation	<b>(e)</b> Estimated amount of other compensation
MAN	20 00	0	0	0
IERLEIN	5 00	0	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

	<b>Yes</b>	<b>No</b>
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37a	0
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38b	
39 Section 501(c)(7) organizations Enter	39a	0
a Initiation fees and capital contributions included on line 9	39a	0
b Gross receipts, included on line 9, for public use of club facilities 39b 0	39b	0
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ►	40b	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
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 ►	40b	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ►	40b	
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e No	40e	No
41 List the states with which a copy of this return is filed ► OH		
42a The organization's books are in care of ► JAY FOSTER Telephone no ► (310) 454-6545 Located at ► 15200 SUNSET BL SUITE 203 PACIFIC PALISADES, CA ZIP + 4 ► 90272		
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)?	42b	No
If "Yes," enter the name of the foreign country ►	42c	No
See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b>		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	No
If "Yes," enter the name of the foreign country ►	42c	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	43	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

**46** 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 I . . . . .

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>46</b>				No

**Part VI** **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 question in this Part VI . . . . .

**47** Did 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 . . . . .

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>47</b>				

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>48</b>				

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>49a</b>				

**b** If "Yes," was the related organization a section 527 organization? . . . . .

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>49b</b>				

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None".

<b>(a)</b> Name and title of each employee	<b>(b)</b> Average hours per week devoted to position	<b>(c)</b> Reportable compensation (Forms W-2/1099-MISC)	<b>(d)</b> Health benefits, contributions to employee benefit plans, and deferred compensation	<b>(e)</b> Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 . . . . . ►

**51** 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".

<b>(a)</b> Name and business address of each independent contractor	<b>(b)</b> Type of service	<b>(c)</b> Compensation

**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 officer) is based on all information of which preparer has any knowledge

**Sign Here**

\*\*\*\*\*  
Signature of officer

2018-11-13  
Date

JAY FOSTER TREASURER  
Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name JAY FOSTER CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00394357
	Firm's name ► JOHNSONFOSTERFITZGERALD & DARLING LLP			Firm's EIN ► 95-1759331	
	Firm's address ► 15200 W SUNSET BLVD 203 PACIFIC PALISADES, CA 902723619			Phone no (310) 454-6545	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  **Yes**  **No**

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-7449848

**Name:** AMERICAN KILLIFISH ASSOCIATION

### Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)
<p><b>28</b> PUBLICATION OF 6 BI-MONTHLY ISSUES OF THE JOURNAL OF THE AMERICAN KILLIFISH ASSOCIATION (JAKA) (Grants \$ 0)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p><b>28a</b> 0</p>

# Form 990EZ, Part III - Statement of Program Service Accomplishments

<p><b>Expenses</b> <b>(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b></p> <p><b>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</b></p>	
<p><b>29</b> ONLINE PUBLICATION OF 12 MONTHLY ISSUES OF THE BUSINESS NEWSLETTER (Grants \$ 0)</p> <p>If this amount includes foreign grants, check here . . . ➤ <input type="checkbox"/></p>	<p><b>29a</b> 0</p>

# Form 990EZ, Part III - Statement of Program Service Accomplishments

<p><b>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</b></p>	<p><b>Expenses</b> <b>(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b></p>
<p><b>30</b> ANNUAL CONVENTION TO RAISE FUNDS IN SUPPORT OF THE ORGANIZATION'S EXEMPT PURPOSE WAS HELD OVER MEMORIAL DAY WEEKEND (Grants \$ 0)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p><b>30a</b> 0</p>

# TY 2017 Transfers Personal Benefits Contracts Declaration

**Name:** AMERICAN KILLIFISH ASSOCIATION

**EIN:** 23-7449848

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

AMERICAN KILLIFISH ASSOCIATION

**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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2017****Open to Public  
Inspection****Employer identification number**

23-7449848

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INVESTMENT INCOME AMOUNT 10

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION ANNUAL CONVENTION (ESTIMATE) AMOUNT 5,000 DESCRIPTION ADVERTISING AMOUNT 1,200 TOTAL TO FORM 990-EZ, LINE 8 6,200

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION BANK/SOFTWARE/WEBSITE/INTERNET CHARGES AMOUNT 3,169 DESCRIPTION COMMITTEE EXPENSES AMOUNT 1,967 DESCRIPTION PUBLICATIONS AMOUNT 943 TOTAL TO FORM 990-EZ, LINE 16 6,079

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION INVENTORY OF BOOKS BEG OF YEAR AMOUNT 26,391 END OF YEAR AMOUNT 26,391 DESCRIPTION ADVANCE-CONVENTION BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 4,500