

Short Form

2949202600417 9

OMB No. 1545-1150

Form 990-EZ

Return of Organization Exempt From Income Tax

2017

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.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning

, 2017, and ending

, 20

B Check if applicable

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

C Name of organization

SAVE OUR NATIVE SPECIES OF LAKE ERIE, INC

Number and street (or P.O. box, if mail is not delivered to street address)

PO BOX 3605

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

ERIE, PA 16508-0605

03

D Employer identification number

25-1611119

E Telephone number

(814) 453-2270

F Group Exemption
Number ▶G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ www.sonsoflakeerie.org

H Check ☒ if the organization is not
required to attach Schedule B
(Form 990, 990-EZ, or 990-PF).J Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

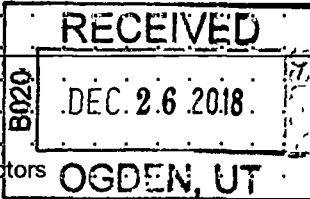
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 109,915.

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 ☒

1	Contributions, gifts, grants, and similar amounts received	1	84,557.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	13,555.
4	Investment income	4	16.
5a	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)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	3,084.
b	Gross income from fundraising events (not including \$ 45,367. 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	4,085.
c	Less: direct expenses from gaming and fundraising events	6c	33,999.
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-26,830.
7a	Gross sales of inventory, less returns and allowances	7a	2,368.
b	Less: cost of goods sold	7b	947.
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	1,421.
8	Other revenue (describe in Schedule O)	8	2,250.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	74,969.
10	Grants and similar amounts paid (list in Schedule O)	10	10,651.
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	2,479.
14	Occupancy, rent, utilities, and maintenance	14	2,742.
15	Printing, publications, postage, and shipping	15	24,265.
16	Other expenses (describe in Schedule O)	16	37,504.
17	Total expenses. Add lines 10 through 16	17	77,641.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,672.
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	90,723.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	88,051.



45

Check if the organization used Schedule O to respond to any question in this Part II ☒**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

What is the organization's primary exempt purpose? NATURAL RESOURCE PRESERVATION & EDUCATION

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

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.

Part IV **List of Officers, Directors, Trustees, and Key Employees** (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

REV 10/16/18 PRO

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 ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
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)		X
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)?		X
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c 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		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions		
37b Did the organization file Form 1120-POL for this year?		X
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?		X
38b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter:		
39a Initiation fees and capital contributions included on line 9		
39b Gross receipts, included on line 9, for public use of club facilities		
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 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		X
40c 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		
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
40e 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		X
41 List the states with which a copy of this return is filed		
42a The organization's books are in care of <u>TERRY PFEFFER</u> Telephone no. <u>(814) 474-2122</u> Located at <u>6959 JEFFERSON COURT, FAIRVIEW PA</u> ZIP + 4 <u>16415</u>		
42b 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: <u></u> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		X
42c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: <u></u>		X
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		<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44c Did the organization receive any payments for indoor tanning services during the year?		X
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)		X

- 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

	Yes	No
46		X

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

	Yes	No
47		X

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

48		X
-----------	--	---

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

49a		X
------------	--	---

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

49b		
------------	--	--

- 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."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

- f** Total number of other employees paid over \$100,000 ▶

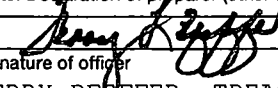
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

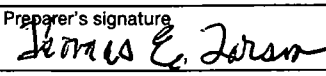
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

- 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		12-17-2018
	Signature of officer TERRY PFEFFER, TREASURER	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Thomas E. Larson	Preparer's signature 	Date 12/16/2018	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00847790
	Firm's name ▶ Thomas E. Larson, Attorney	Firm's EIN ▶			
	Firm's address ▶ 2820 W. 23rd Street, Suite 101, Erie, PA 16506	Phone no (814) 456-5160			

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2017

**Open to Public
Inspection**

Name of the organization

SAVE OUR NATIVE SPECIES OF LAKE ERIE, INC

Employer identification number

25-1611119

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	69,729.	74,432.	84,742.	88,891.	90,113.	407,907.
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	69,729.	74,432.	84,742.	88,891.	90,113.	407,907.
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						407,907.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	69,729.	74,432.	84,742.	88,891.	90,113.	407,907.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	33.	31.	20.	19.	16.	119.
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.)	2,200.	2,000.	1,880.	2,115.	2,250.	10,445.
11 Total support. Add lines 7 through 10						418,471.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	97.48 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	97.21 %
16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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.)

Pt II Ln 10: Other Income Part II, Line 10 Description: NEWSLETTER ADVERTISING

2013: 2200. 2014: 2000. 2015: 1880. 2016: 2115. 2017: 2250.

Department of the Treasury
Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

SAVE OUR NATIVE SPECIES OF LAKE ERIE, INC

Employer identification number

25-1611119

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 ICE OUT (event type)	(b) Event #2 JAN RAFFLE (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	42,789.	5,773.		48,562.
	2 Less: Contributions	35,620.	5,773.		41,393.
	3 Gross income (line 1 minus line 2)	7,169.	0.		7,169.
Direct Expenses	4 Cash prizes		900.		900.
	5 Noncash prizes	20,256.			20,256.
	6 Rent/facility costs	5,348.			5,348.
	7 Food and beverages	1,269.			1,269.
	8 Entertainment				
	9 Other direct expenses	2,775.	1,015.		3,790.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				31,563.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-24,394.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

SAVE OUR NATIVE SPECIES OF LAKE ERIE, INC

Employer identification number

25-1611119

Pt III, Line 31: MAINTENANCE OF TWO SMALL PARKS WITH THE CO-OPERATION OF

THE CITY OF ERIE TO PROVIDE A BEAUTIFUL GATEWAY WELCOMING

VISITORS TO THE CITY'S WATERFRONT

MAINTENANCE OF A PUBLIC ACCESSIBLE WEB CAM OVERLOOKING

LAKE ERIE AND THE BAYFRONT WHICH ENABLES THE PUBLIC

TO VIEW WIND AND WAVE CONDITIONS FOR BOAT SAFETY

MAINTENANCE OF A WEBSITE TO PROVIDE INFORMATION TO

THE PUBLIC AND ITS MEMBERS ABOUT THE ORGANIZATION'S

ACTIVITIES AND ENVIRONMENTAL ISSUES

CO-SPONSER OF ANNUAL SPRING CLEAN UP OF PRESQUE ISLE

PENINSULA BEACHES AND PARKWAYS

CO-SPONSOR OF ICE FISHING CLINIC ON PRESQUE ISLE TO

EDUCATE THE GENERAL PUBLIC ON ENVIRONMENTAL AND

SAFETY ISSUES

SUPPLIER OF FISHING EQUIPMENT TO THE ERIE COUNTY LIBRARY

FOR LENDING TO THE GENERAL PUBLIC

SPONSER OF AN ANNUAL FISH FRY FOR THE LOCAL COMMUNITY

LEADERS AND GROUPS OF EMPLOYEES INCLUDING POLICEMEN

AND FIREMEN AND OTHER CIVIC GROUPS

Name of the organization

SAVE OUR NATIVE SPECIES OF LAKE ERIE, INC

Employer identification number

25-1611119

PARTICIPATION IN VARIOUS ENVIRONMENTAL PROGRAMS ATTENDED
BY OVER 500 CHILDREN AND ADULTS, INCLUDING MILLCREEK
YOUTH SUMMER RECREATION PROGRAM, EARTH FORCE SUMMIT,
FISH FOR FREE DAYS, WINTERFEST, DISCOVER PRESQUE ISLE,
AUTUMN LEAF FESTIVAL AND CASCADE CREEK CLEANUP DAY

Pt I, Line 8:

Description: NEWSLETTER ADVERTISING \$2,250

Pt I, Line 10:

Description: MAINTENANCE OF RING BUOYS ON DOCKS OF LAKE ERIE

Class of activity: GRANT

Grantee's name: REGIONAL SCIENCE CONSORTIUM

Amount given: \$1,600

Description: FOR PRESERVATION OF NATURAL RESOURCES

Class of activity: GRANT

Grantee's name: EARTH ACTION SUMMIT

Amount given: \$750

Description: LOCAL WATERFRONT CHARITY

Class of activity: DONATION

Grantee's name: BAYFRONT MARITIME CENTER

Amount given: \$250

Description: LOCAL ENVIRONMENTAL CHARITY

Class of activity: DONATION

Grantee's name: PROJECT HEALING WATERS

Amount given: \$100

Description: SPONSORSHIP OF LOCAL CHARITY

Class of activity: DONATION

Name of the organization

Employer identification number

SAVE OUR NATIVE SPECIES OF LAKE ERIE, INC

25-1611119

Grantee's name: HEADWATERS NATURAL RESOURCES

Amount given: \$200

Description: LOCAL CHARITY

Class of activity: DONATION

Grantee's name: OUR WATER, OUR AIR, OUR RIGHTS

Amount given: \$100

Description: LOCAL ENVIRONMENTAL CHARITY

Class of activity: DONATION

Grantee's name: PRESERVATION ERIE

Amount given: \$100

Description: PSU BEHREND YOUTH SUMMIT

Class of activity: DONATION

Grantee's name: PENN STATE UNIVERSITY

Amount given: \$100

Description: RETURN OF UNUSED 2016 DONATION

Class of activity: REFUND

Grantee's name: BOY SCOUTS OF AMERICA TROOP 52

Amount given: -\$769

Description: REPLACE AND REPAIR FISH RUNWAY

Class of activity: DONATION

Grantee's name: WESLEYVILLE CONSERVATION CLUB

Amount given: \$6,470

Description: LOCAL CHARITY

Class of activity: DONATION

Grantee's name: ASBURY WOODS PARTNERSHIP

Amount given: \$200

Description: YOUTH FIELD DAYS

Name of the organization

Employer identification number

SAVE OUR NATIVE SPECIES OF LAKE ERIE, INC

25-1611119

Class of activity: DONATION

Grantee's name: GEM CITY OUTDOORSMEN

Amount given: \$300

Description: FRUITBASKET FOR FISHING STREAM NEIGHBORS

Class of activity: DONATION

Grantee's name: PA STEELHEAD ASSOCIATION

Amount given: \$500

Description: LOCAL CHARITY

Class of activity: DONATION

Grantee's name: TIMES OLD NEWSIES

Amount given: \$250

Description: STUDENT ASSISTANCE IN MAINTENANCE OF FISH HATCHERY

Class of activity: GRANT

Grantee's name: GANNON UNIVERSITY

Amount given: \$500

Pt I, Line 16:

Description: ACTIVITIES \$21,486

Description: ADVERTISING \$720

Description: DUES/PERMITS/SUBSCRIPTIONS \$1,155

Description: INSURANCE \$1,912

Description: MEETINGS \$1,547

Description: REPAIRS/MAINTENANCE \$1,302

Description: SUPPLIES \$4,244

Description: VOLUNTEER PICNIC \$5,138

Pt II, Line 24:

Description: INVENTORY/EQUIPMENT Beginning of Year: \$11,734 End of Year: \$10,663

Pt II, Line 26:

Employer identification number

25-1611119

Description: GRANTS PAYABLE Beginning of Year: \$4,525 End of Year: \$4,525