

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

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

Open to Public

OMB No 1545-0047

| Inter | mal Reven | ue Service | ► Go to www.irs.gov/Form990 for instructions and the | latest info | rmation. | Inspection |
|--------------------------|-------------|--------------|--|---|--|---|
| Ā | For the | 2018 cale | ndar year, or tax year beginning , 2018, and | d ending | | , 20 |
| В | Check if | applicable | C Name of organization Corpus Christi Chapter of the American Petrole | eum Institu | te D Emp | oloyer identification number |
| \Box | Address | * * | Doing business as | | | 74-2412196 |
| \Box | Name ch | • | | Room/suite | E Teler | phone number |
| \exists | Initial ret | - | PO Box 9235 | | | 361-510-4512 |
| H | | - ' | City or town, state or province, country, and ZIP or foreign postal code | | | 301-310-4312 |
| H | | m/terminated | | | 0.0 | |
| 님 | Amende | 1 | Corpus Christi, TX 78469 | <u> </u> | | ss receipts \$ 118,210 |
| Ш | Applicati | | F Name and address of pnncipal officer Roy Galvan | - | | n for subordinates? Yes No |
| | | | PO Box 9235, Corpus Christi, TX 78469 | | | nates included? L Yes L No |
| <u></u> | Tax-exer | mpt status | □ 501(c)(3) | 527 | if "No," atta | ch a list (see instructions) |
| <u>J</u> | Website | :► wwv | v.corpuschristiapi com | | H(c) Group exemp | tion number > |
| K | Form of o | organization | Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of | of formation | 1990 M S | tate of legal domicile TX |
| P | art I | Summ | ary \ | | | |
| | 1 | Briefly de | scribe the organization's mission or most significant activities. | The Corpu | us Christi of API | is a service related |
| 9 | | organizati | ion primarily comprised of individuals working in the oil related indi | vater the | p rimary p urpose | of our Chapter is to |
| Governance | | raise fund | is to award college students. | UEIV | H) | |
| er | 2 | Check th | is box D if the organization discontinued its operations or disp | posed of n | nore than 25% | of its net assets. |
| õ | 3 | Number o | of voting members of the governing body (Part VI, line 1). MAY | . 2 2 | | 3 6 |
| æ | 4 | Number o | of independent voting members of the governing body Part VI, II | ine 1b) 20 | 19 191 | 4 6 |
| es | 5 | | nber of individuals employed in calendar year 2018 (Part A time 2 | Pal | 121 | 5 0 |
| Activities & | 6 | | nber of volunteers (estimate if necessary) | IFNI | ************************************** | 6 190 |
| Ę | | | elated business revenue from Part VIII, column (C), line 12 | | J 1 ' 1 | 'a 0 |
| • | | | ated business taxable income from Form 990-T, line 38 | • | · - | |
| _ | b | Net unrei | ated business taxable income from Form 990-1, line 36 | · · · · · · | Pnor Year | Current Year |
| | | | 2 | | | |
| ē | 8 | | tions and grants (Part VIII, line 1h) | • • ⊢ | | 338 400 |
| Revenue | 9 | _ | service revenue (Part VIII, line 2g) | · · | | 0 0 |
| ě | 10 | | nt income (Part VIII, column (A), lines 3, 4, and 7d) | | | 334 0 |
| _ | 11 | | renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 56,9 | 934 62,771 |
| | 12 | Total reve | enue-add lines 8 through 11 (must equal Part VIII, column (A), line | e 12) | 57,6 | 63,171 |
| | 13 | Grants ar | nd similar amounts paid (Part IX, column (A), lines 1-3) | | 37,0 | 39,000 |
| | 14 | Benefits | paid to or for members (Part IX, column (A), line 4) | | | 0 0 |
| Ø | 15 | Salaries, | other compensation, employee benefits (Part IX, column (A), lines 5- | –10) | | 0 0 |
| Expenses | 16a | Profession | onal fundraising fees (Part IX, column (A), line 11e) | 🗆 | | 0 |
| ē | Ь | | draising expenses (Part IX, column (D), line 25) ▶ | | | |
| ŭ | 17 | | penses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 24,8 | 837 21,508 |
| | 18 | | penses Add lines 13-17 (must equal Part IX, column (A), line 25) | | 61,8 | |
| | 19 | • | less expenses. Subtract line 18 from line 12 | | -4,7 | |
| | + | 110101100 | TOOL ON DOTTOOS. CADALACT MILE TO HOME MILE T. | Beg | inning of Current Y | |
| ets or | 20 | Total acc | ets (Part X, line 16) | · · · | 92, | |
| ASSe Bale | 21 | | ollities (Part X, line 26) | · · | 32,. | 0 94,963 |
| Net Assets Fund Ralan | 22 | | ts or fund balances. Subtract line 21 from line 20 | · · | 00.5 | |
| _ | | | | • • 1 | 92,: | 320 94,983 |
| _ | art II | | ture Block | | | |
| | | | ry, I declare that I have examined this return, including accompanying schedules a lete Declaration of preparer (other than officer) is based on all information of which | | | of my knowledge and belief, it is |
| | | T k | oto Salatan or proparer (other trial officer) in salata or trial officer of trial | · • • • • • • • • • • • • • • • • • • • | | 5/12/10 |
| ο: | | | | | | <u>, 10 114 </u> |
| Sig | - | y Sign | angre of officer | | Date | · / |
| He | ere | | Kuy Galvan Chairman | | | |
| | _ | <u> </u> | e or pant name and title | | | |
| P | aid | Print/Ty | pe preparer's name Preparer's signature | Date | Che | eck 🗸 if PTIN |
| | epare | Dayana | ıra Riojas | <u> </u> | | -employed P02068823 |
| | se On | ,, |] | | Firm's EIN | > |
| U: | se Un | יי עי | address > | | Phone no | |
| Ma | av the If | | s this return with the preparer shown above? (see instructions) | | | ☐ Yes 🗸 No |
| _ | | | ction Act Notice, see the separate instructions. | Cat No | 11282Y | Form 990 (2018) |
| | | | | | | , / |

| Form 99 | D (2018) | 1 - | 7 | Page 3 |
|---------|---|-----|----------|----------|
| Part | V 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 | | 1 |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | ✓ |
| 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 | | 1 |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II | 4 | | |
| 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, Part III | 5 | | ✓ |
| 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 "Yes," complete Schedule D, Part I | 6 | į | 1 |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | 1 |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | 1 |
| 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 debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | 1 |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | ✓ |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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," complete Schedule D, Part VI | 11a | | 1 |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | 1 |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | 1 |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | 1 |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | 1 |
| 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 | | ✓ |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | 12a | | 1 |
| 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 | | 1 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | 1 |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 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 | 1 | |
| 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 | 1 | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | 1 |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | √ |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | 1 |

| Part | Checklist of Required Schedules (continued) | | | |
|--------------|---|-----|--------------|----------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | ✓ | |
| 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 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 through 24d and complete Schedule K If "No," go to line 25a | 24a | | ✓ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 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? If "Yes," complete Schedule L, Part I | 25b | | ✓ |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | 1 |
| 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 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | ✓ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | ✓ |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | ✓ |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | V |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | - | ✓ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | 1 |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | ✓ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | ✓ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | 1 |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | 1 |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | <u> </u> | ✓ |
| 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 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> | 36 | | ✓ |
| 37 | 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, Part VI | 37 | | ✓ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19° Note. All Form 990 filers are required to complete Schedule O. | 38 | 1 | |
| Part | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a b c | ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | 2 | | |
| Ū | reportable gaming (gambling) winnings to prize winners? | 1c | ✓ | |
| | | | n 990 | (2018) |

| -Part- | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
|----------|---|----------|-------|----------------|
| 20 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | Yes | No |
| 2a | Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | | |
| - | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | ĺ |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | |
| | 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, | 4- | | √ |
| b | 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: ▶ | 4a | | 1 |
| | 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 | | ✓ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | ✓ |
| | 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 | 6- | | |
| b | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | ✓ |
| - | gifts were not tax deductible? | 6b | | <u></u> |
| 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? | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | , |
| لم | required to file Form 8282? | 7c | | ✓ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7e | | |
| e f | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | V |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | <u> </u> |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 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 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | لـــــا |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | - |
| b 10 | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | <u> </u> |
| 10 a | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| a b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | ' | |]] |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | <u> </u> | | <u> </u> |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | 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 | 1 | | |
| с 14а | Enter the amount of reserves on hand | 14a | | / |
| 14a b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | • |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | · · · · | | <u> </u> |
| | excess parachute payment(s) during the year? | 15 | | 1 |
| | If "Yes," see instructions and file Form 4720, Schedule N | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | ✓ |
| | If "Yes," complete Form 4720, Schedule O. | 1 | | <u>1</u> |
| | | For | n 990 | (2018) |

| Part | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. | | | |
|-------|--|----------|--|----------|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | |
| Secti | on A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | <u> </u> | | |
| | 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. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . 1b | <u> </u> | | |
| | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | <u> </u> |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | <u> </u> | / |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | / |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | _ | ✓ |
| 6 | Did the organization have members or stockholders? | 6 | ✓ | ļ |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | 1 | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| | stockholders, or persons other than the governing body? | 7b | ✓ | . |
| 8 | the year by the following: | | | |
| а | The governing body? | 8a | 1 | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | 1 | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | 1 |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | ✓ |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Rever | nue C | ode., |) |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | ✓ |
| b | 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 | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | ✓ |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | _ | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | ✓ | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. | 12c | / | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Ť | 1 |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | 1 |
| 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? | 15a | | 1 |
| a | The organization's CEO, Executive Director, or top management official | 15a | - | V |
| b | Other officers or key employees of the organization | 130 | \vdash | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| IUa | with a taxable entity during the year? | 16a | | 1 |
| b | 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 | | |
| Secti | on C. Disclosure | 1,00 | <u>. </u> | L |
| 17 | List the states with which a copy of this Form 900 is required to be filed TY | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990- | | | |
| 10 | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) | , (00, | J.1.011 | 001(0, |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year. | terest | polic | y, and |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and re | cords | > | |
| | Corpus Christi Chapter API, PO Box 9235, Corpus Christi, TX 78469 (361) 510-4512 | | | |

| | | | • |
|------|-----|-------|----|
| Form | 990 | (201) | 8) |

Page !

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_Eorm_W-2_and/or_Box_7_of_Eorm_1099_MISC)_of_more_than_\$1.00,000_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 no | r any relate | d orga | anız | atıo | n c | ompe | nsa | ited any curren | it officer, director | r, or trustee. |
|---|--|---|-----------------------|----------|--------------|------------------------------|----------|--|---|--|
| (A) Name and Title | (B) Average hours per | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | than o | ne an | (D) Reportable compensation | (E) Reportable compensation from | (F) Estimated amount of |
| | week (list any hours for related organizations below dotted line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) Roy Galvan Chairman | 5.0 | | √ | | | | | | | |
| (2) Dave Bailey | 5.0 | | | | | | | | | |
| 1st Chairman | | | ✓ | <u> </u> | | | | | | |
| (3) Charles Barber | 5.0 | ! | / | | | ! | | : | | |
| 2nd Chairman (4) Christine Romero | 5.0 | | • | | | | | | | |
| Secretary | J | | ✓ | | ļ | ļ | ļ | | | |
| (5) Titus Clifton | 5.0 | | | | | | | | | |
| Treasurer | | l | 1 | | | | | | | |
| (6) Michelle Gallagher | 5.0 | | | | | | | | | |
| Executive Coordinator | | | ✓ | | | ļ | | | | |
| _(7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | - | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | _ | |
| (13) | | | | | | | | | | |
| (14) | | | | <u> </u> | | | | | | |

| hours for related organizations organizations organizations organizations below dotted organizations below dotted organizations | (F) timated nount of other |
|---|---|
| (15) (16) (17) (18) (19) (20) (21) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization. Report compensation for the calendar year ending with or within the organization year. (A) (8) | pensation om the anization i related inizations |
| (119) (220) (221) (222) (223) (224) (225) 1b Sub-total or Total from continuation sheets to Part VII, Section A or Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization. Report compensation for the calendar year ending with or within the organization. Report compensation for the calendar year ending with or within the organization. (A) (B) (B) (CC) | |
| [19] [20] [21] [22] [23] [24] [25] 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization. Report compensation for the calendar year ending with or within the organization. Report compensation for the calendar year ending with or within the organization. Report compensation for the calendar year ending with or within the organization. | |
| (20) (21) (22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization. Report compensation for the calendar year ending with or within the organization year. | |
| (22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization. Report compensation for the calendar year ending with or within the organization. (A) (B) (B) (C) | |
| (22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization. Report compensation for the calendar year ending with or within the organization. (A) (B) (B) (C) | |
| (22) (23) (24) (25) 1b Sub-total | |
| (23) (24) (25) 1b Sub-total | |
| (24) 1b Sub-total | |
| 1b Sub-total | |
| 1b Sub-total | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | |
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | 0 |
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | |
| organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | Yes No |
| for services rendered to the organization? If "Yes," complete Schedule J for such person | |
| Complete this table for your five highest compensated independent contractors that received more than \$100,000 compensation from the organization. Report compensation for the calendar year ending with or within the organizativear. (A) (B) (C) | I |
| compensation from the organization. Report compensation for the calendar year ending with or within the organizat year. (A) (B) (C) | |
| | |
| | |
| | |
| | 0 |
| | |
| 2 Total number of independent contractors (including but not limited to those listed above) who | |

| Part | VIII | Statement of Revenue | | _ | | | |
|--|--------------|---|-------------------|----------------------|--|---|--|
| | | Check if Schedule O contains a re | sponse or note to | any line in this | Part VIII | | 🗆 |
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| ats its | 1a | Federated campaigns 1a | O | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues 1b | 400 | | | | |
| | С | Fundraising events 1c | 0 | | | | İ |
| # Za | d | Related organizations . 1d | 0 | | | | |
| S, E | е | Government grants (contributions) 1e | 0 | | | | |
| r Si | f | All other contributions, gifts, grants, | | | | | |
| 돌 | | and similar amounts not included above 1f | o | | | | |
| 불일 | g | Noncash contributions included in lines 1a-1f \$ | | | | | |
| | h | Total. Add lines 1a-1f | ▶ | 400 | | | |
| 흴 | | | Business Code | | | | |
| ķ | 2a | | | 0 | | | |
| æ | b | | | 0 | | | |
| ξ | С | | | 0 | | | |
| Se | d | | | 0 | | | |
| E E | е | | - | 0 | | | |
| Program Service Revenue | f | All other program service revenue. | | 0 | | | |
| <u> </u> | <u>g</u> | | • | 0 | | | |
| | 3 | Investment income (including divi and other similar amounts) | uerius, interest, | | | | |
| | 4 | Income from investment of tax-exempt | 1_ | 0 | | | |
| | 5 | Royalties | · | 0 | | | |
| | | (i) Real | (ii) Personal | | | | <u> </u> |
| | 6a | Gross rents | | | | | |
| | b | Less rental expenses | | | | | |
| | c | Rental income or (loss) | 0 0 | | | | |
| | d | Net rental income or (loss) | • | o | | | <u>'</u> |
| | 7a | Gross amount from sales of (i) Securities | (II) Other | | | | |
| | | assets other than inventory | | | | | |
| | b | Less: cost or other basis | | | | | |
| | | and sales expenses . | | | | | |
| | С | ` ' | 0 0 | | | | |
| | d | Net gain or (loss) | • | 0 | | | |
| <u>e</u> | 0- | 0 | | | | | |
| enne | 8a | Gross income from fundraising events (not including \$ | | | | | |
| ě | | of contributions reported on line 1c). | | | | | |
| Other Reve | | See Part IV, line 18 | a 118,210 | | | 1 | |
| ţ | h | | b 58,139 | | | | 1 |
| 0 | | Net income or (loss) from fundraising | | 60,071 | | | |
| | | Gross income from gaming activities. | | | | | |
| | | See Part IV, line 19 | | | | | |
| | b | Less direct expenses | b 0 | | | | |
| | С | Net income or (loss) from gaming ac | tivities | 0 | | | |
| | 10a | Gross sales of inventory, less | | | | | |
| | | returns and allowances | | | | | |
| | | | b0 | | | | |
| | С | Net income or (loss) from sales of in | | . 0 | | - | ļ |
| | 44- | Miscellaneous Revenue | Business Code | | | | |
| | 11a | | 90099 | 2,700 | | <u> </u> | |
| | b | | | | <u> </u> | | <u> </u> |
| | d | All other revenue | | · | | | |
| | e | Total. Add lines 11a-11d | • | 2,700 | | | |
| | 12 | Total revenue. See instructions . | | 63,171 | | | |

Part-IX— Statement of Functional Expenses

| Sectio | n 501(c)(3) and 501(c)(4) organizations must con | nplete all columns A | l other organizations | s must complete co | lumn (A). |
|----------------|--|----------------------|------------------------------|-------------------------------------|--------------------------------|
| | Check if Schedule O contains a respon | • | | | |
| | t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 0 | 0 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 39,000 | 39,000 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | o | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 0 | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | O | | | |
| 7 8 | Other salaries and wages | 0 | | | |
| 9 10 11 | Other employee benefits | 0 | | | |
| a b c | Management | 0 0 | | | |
| d e | Lobbying | 600 0 | | 600 | |
| f g | Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 0 | | | |
| 12 13 | Advertising and promotion | 10,727 | | 10,727 | |
| 14 15 16 | Information technology | 0 | | | |
| 17 18 | Travel | 0 | | | |
| 19 20 | Conferences, conventions, and meetings . Interest | 0 | | | |
| 21 22 23 | Payments to affiliates | 0 0 | | | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule Q) | | | | |
| a b | Bank & Credit Card Fees Meeting Expense | 2,963 2,418 | | 2,963 2,418 | |
| c d | Misc | 4,800 | | 4,800 | |
| 25 | All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the | 60908 | | | |
| 26 | organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) | 60.508 | 39.000 | 21.508 | |

| | 1 550 (2) | · | | | raye i i |
|------------------|-----------|---|---------------------------------|---------------|----------------------------|
| -P | årt X | | | | |
| | | Check if Schedule O contains a response or note to any line in this Par | rt X | | 🗌 |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | 28,185 | 1 | 94,983 |
| | 2 | Savings and temporary cash investments | 64,135 | 2 | (|
| | 3 | Pledges and grants receivable, net | 0 | 3 | |
| | 4 | Accounts receivable, net | 0 | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | <u> </u> |
| Ş. | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | 0 | 7 | |
| As | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or | | | |
| | | other basis. Complete Part VI of Schedule D 10a 0 | | | |
| | ь | Less: accumulated depreciation 10b 0 | | 10c | |
| | 11 | Investments—publicly traded securities | 0 | 11 | (|
| | 12 | Investments—other securities. See Part IV, line 11 [| 0 | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | 0 | 13 | (|
| | 14 | Intangible assets | 0 | \rightarrow | (|
| | 15 | Other assets. See Part IV, line 11 | 0 | | (|
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 92,320 | | 94,983 |
| | 17 | Accounts payable and accrued expenses | | 17 | |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | • | 20 | |
| (A) | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D . | | 21 | |
| Liabilities | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and | | | |
| Ħ | | disqualified persons. Complete Part II of Schedule L | | 22 | |
| Ë | 23 | Secured mortgages and notes payable to unrelated third parties | 0 | | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 0 | | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | ' |
| | | parties, and other liabilities not included on lines 17–24). Complete Part X | | | |
| | | of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 26 | |
| s | | Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and | | | , |
| Š | | complete lines 27 through 29, and lines 33 and 34. | | | |
| <u>la</u> | 27 | Unrestricted net assets | 92,320 | _ | 94,983 |
| B | 28 | Temporarily restricted net assets | | 28 | |
| 핕 | 29 | Permanently restricted net assets | | 29 | |
| Ĺ | | Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and | | | • |
| or Fund Balances | 00 | complete lines 30 through 34. | | | |
| Net Assets | 30 | Capital stock or trust principal, or current funds | | 30 31 | |
| Ass | 31 32 | Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds . | | 32 | |
| et ' | 33 | Total net assets or fund balances | 92,320 | | 94,983 |
| Z | 34 | Total liabilities and net assets/fund balances | 92,320 | | 94,983 |
| _ | , | rotal habilities and not according balances | 32.320 | | 3°,30° |

| | 90 (2018) | | | Pa | ge 12 |
|------|--|----------|---------|-----|-------------|
| Par | Reconciliation of Net Assets | • | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u></u> | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 6 | 3,171 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 6 | 0,508 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 2,663 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 9 | 2,320 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | | 9 | 4,983 |
| Part | XII Financial Statements and Reporting | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | <u></u> | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other | | | | ļ |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O. | plaın ın | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | ✓ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were com- | olled or | | | |
| | reviewed on a separate basis, consolidated basis, or both | | | | . [|
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | ✓ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audite | ed on a | | | |
| | separate basis, consolidated basis, or both: | | | | . } |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | لـــــــا |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or | | | | l |
| | of the audit, review, or compilation of its financial statements and selection of an independent account | ntant? | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, ex Schedule O. | plain in | | !, | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set | forth in | | | |
| | the Single Audit Act and OMB Circular A-133? | • | 3a | | 1 |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under | | _, | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | udits. | 3b | | (0040) |
| | | | | | |

Form **990** (2018)

SCHEDULE'G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

| Name o | of the organization | | | | | Employer Identifica | ation number |
|------------|--|---------------------------------------|---------------|--|-----------------------------------|---|---|
| Corpu | s Christi Chapter of American Petro | oleum Institute | | | | 74-2 | 412196 |
| Par | | Complete if th | | | vered "Yes" on Fo | orm 990, Part IV, I | ine 17. |
| 1 | Indicate whether the organization | <u> </u> | • | | owing activities. Che | eck all that apply. | |
| а | ☐ Mail solicitations | | e [| Solicitat | on of non-governm | ent grants | |
| b | ✓ Internet and email solicitatio | ns | f [| Solicitat | on of government g | rants | |
| —-с- | -☑-Phone-solicitations | | g_[| _Special. | fundraising_events_ | | |
| d | In-person solicitations | | | | | | |
| 2a | Did the organization have a writ | ten or oral agre | ement with | any individ | dual (including office | ers, directors, truste | es, |
| | or key employees listed in Form | | | | | | |
| b | If "Yes," list the 10 highest paid compensated at least \$5,000 by | | | draisers) pi | ursuant to agreeme | nts under which the | e fundraiser is to be |
| | (i) Name and address of individual or entity (fundraiser) | (II) Activity | custody of | ndraiser have or control of butions? | (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 | | | 1.55 | † - | 1 | | |
| • | | | | | o | o | 0 |
| 2 | | | | | 0 | 0 | 0 |
| 3 | | | | | | | <u>.</u> |
| 4 | | | | | 0 | 0 | 0 |
| | | | | | 0 | 0 | 0 |
| | | | | | 0 | 0 | 0 |
| 6 | | | | | 0 | 0 | 0 |
| 7 | | | | | o | 0 | 0 |
| 8 | | | | | 0 | 0 | 0 |
| 9 | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | 1 | 0 | - 0 | 0 |
| 10 | | | | | 0 | | 0 |
| T-4-1 | | | | | | | _ |
| Total 3 | List all states in which the organ registration or licensing. | inization is regis | stered or lic | censed to s | | | |
| | | | | | | - | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

| Sche | edule G | (Fòrm 990 or 990-EZ) 2018 | | | | Page 2 |
|-----------------|---------------|--|--|--|----------------------------------|--|
| Pa | <u>îrt </u> | Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater tha | ng event contributions | | | |
| | | | (a) Event #1 Fishing Tournament (event type) | (b) Event #2 Golf Tournament (event type) | (c) Other events (total number) | (d) Total events (add col (a) through col (c)) |
| Revenue | 1 | Gross receipts | 75,887 | 24,850 | | 118,210 |
| ш. | 2 3 | Less Contributions Gross income (line 1 minus line 2) | 75,887 | 24,850 | 17,473 | 118,210 |
| | 4 | Cash prizes | 28,700 | 24,630 | 360 | 29,060 |
| | 5 | Noncash prizes | | | | |
| enses | 6 | Rent/facility costs . | | | | |
| Direct Expenses | 7 | Food and beverages . | | | | |
| Dir | 8 | Entertainment | | | | |
| | 9 | Other direct expenses . Direct expense summary. Ac | 17,360 | | | <u>29,079</u> 58,139 |
| Pa | 11 rt III | Net income summary. Subtra Gaming. Complete if th \$15,000 on Form 990-E2 | act line 10 from line 3, c e organization answe | olumn (d) | <u> </u> | 60,071 or reported more than |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
| <u>~</u> | 1 | Gross revenue | | | | 0 |
| Ses | 2 | Cash prizes | | | | 0 |
| t Expenses | 3 | Noncash prizes | | | | 0 |
| Direct | 4 | Rent/facility costs | | | | 0 |
| | 5 | Other direct expenses . | ☐ Yes% | ☐ Yes% | ☐ Yes% | 0 |
| | 6 | Volunteer labor | □ No | □ No | □ No | · · · · · · · · · · · · · · · · · · · |
| • | 7 | Direct expense summary. Ac | _ | | | 0 |
| | 8 | Net gaming income summar | | | | 0 |
| | a Is | the organization licensed to c "No," explain: | onduct gaming activities | s in each of these states | | Yes No |
| 10 | | ere any of the organization's g | | l, suspended, or termina | ated during the tax year | ? . ☐ Yes ☐ No |
| | | | | | | |

| Schedu | ule G (Form 990 or 990-EZ) 2018 | | Page 3 |
|----------|--|-------|--------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | ☐ Yes | ✓ No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? | ☐ Yes | √ No |
| 13 | Indicate the percentage of gaming activity conducted in: | _ | _ : - |
| а | The organization's facility | | % |
| b | An outside facility | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | - |
| | Name ► Michelle Gallagher | | |
| | Address ► PO Box 9235 Corpus Christi, TX 78469 | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | ☐ Yes | ☑ No |
| | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ o and the amount of gaming revenue retained by the third party ▶ \$ o | | |
| С | If "Yes," enter name and address of the third party | | |
| | Name ▶ | | |
| | Address ▶ | | - |
| 16 | Gaming manager information: | | |
| | Name ▶ | | |
| | Gaming manager compensation ▶ \$ | | |
| | Description of services provided ▶ | | |
| | □ Director/officer □ Employee □ Independent contractor | | |
| 17 | Mandatory distributions: | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | ☐ Yes | ☑ No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ | | |
| Part | | | |
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

| 2018 | 2018 | Open to Public |
|------|------|----------------|
|------|------|----------------|

OMB No 1545-0047

Employer identification number

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Schedule 1 (Form 990) (2018) **%** □ (h) Purpose of grant or assistance ✓ Yes 74-2412196 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance . Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. . . (e) Amount of non- (book, FMV, appraisal, cash assistance other) . Cat. No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance Corpus Christi Chapter of the American Petroleum Institute (p) EIN 1 (a) Name and address of organization or government Name of the organization Part II Part I € 2 9 6 ල 8 <u>6</u> E (12) 3 8

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2018)

Part III Grants an

| (a) Type of grant or assistance (b) Number of recinents | (b) Number of | (c) Amount of | (d) Amount of | (e) Method of valuation (book, FMV, appraisal other) | (f) Description of noncash assistance |
|---|-------------------|------------------------|-----------------------|--|---------------------------------------|
| | | . | ŀ | | |
| 1 College Scholarships | 78 | 39,000 | | Воок | |
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| က | | | | | |
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| 9 | | | | | - |
| 7 | | | | | |
| Part IV Supplemental Information. Provide the Information required in Part I, line 2; Part III, column (b); and any other additional information. | the information r | equired in Part I, lin | e 2; Part III, columr | (b); and any other additi | onal information. |
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| | | | | | Schedule I (Form 990) (2018) |

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

| Corpus Christi Chapter of the American Petroleum Institute | 74-2412196 |
|---|---|
| Form 990, Part VI, Section B, Line 12A: Each officer signs a conflict of interest statement upon election | of new officers. |
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| Schedule O (Form 990 or 990-EZ) (2018) | Page 2 |
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| Name of the organization | Employer identification number |
| Corpus Christi Chapter of the American Petroleum Institute | 74-2412196 |
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