Form	g	9	0
⊦orm	\mathbf{U}	\mathbf{U}	\mathbf{U}

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax 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/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

AI	For th	e 2021 calendar year, or tax year beginning and	ending		
B	Check if applicab	e: C Name of organization		D Employer identifie	cation number
	Addre chang Name chang				0.2
	chang Initial	Ŭ		54-06838	
	returr	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return			301-897-	
_	terminated	, , , , ,		G Gross receipts \$	4,583,061.
	Amer	DETITEODA, MD 20014		H(a) Is this a group re	
	Appli tion pendi	na		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	Icluded? Yes No
		empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) (or 🛄 527	If "No," attach a	list. See instructions
		te: VWW.FISHERIES.ORG		H(c) Group exemption	
K	Form o	f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1910 N	State of legal domicile: DC
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: THE	AMERIC	AN FISHERIE	S SOCIETY
ũ		IS THE WORLD'S OLDEST AND LARGEST ORGANIZ	ZATION	DEDICATED	ТО
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed of the organization discontinued its operations of disposed of the organization discontinued its operations of the organization dits operation	sed of more	than 25% of its net as	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	40
Ō	4	Number of independent voting members of the governing body (Part VI, line 1b)			40
ŝ	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			21
/iti	6	Total number of volunteers (estimate if necessary)			336
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			54,892.
◄	1	Net unrelated business taxable income from Form 990-T, Part I, line 11			40,202.
		, ,		Prior Year	Current Year
n	8	Contributions and grants (Part VIII, line 1h)		143,025.	880,182.
nu	9	Program service revenue (Part VIII, line 2g)		2,224,710.	2,826,745.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		384,749.	338,146.
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		250.	5,910.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,752,734.	4,050,983.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		49,015.	100,050.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ß	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,929,741.	2,024,668.
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per		Total fundraising expenses (Part IX, column (D), line 25) 109,62	22.		•••
ы		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		908,774.	1,354,974.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,887,530.	3,479,692.
	19			-134,796.	571,291.
L SS		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assats (Part X line 16)		5,658,691.	6,265,976.
Asse Bal	20	Total assets (Part X, line 16)		1,905,938.	1,782,775.
let /	21	Total liabilities (Part X, line 26)		3,752,753.	4,483,201.
		Net assets or fund balances. Subtract line 21 from line 20		J, IJ4, IJ3.	4,403,401.
		alties of perjury, I declare that I have examined this return, including accompanying schedule:	e and etatam	ante and to the heat of m	/knowledge and belief, it is
0110	ier pen	anies of perjury, i deciare that i have examined this return, including accompanying schedules	s anu statem	ents, and to the pest of m	/ KIIOWIEUYE AITO DEITEL, IT IS

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	Cirpature of officer		Data
Sign	Signature of officer		Date
Here	· · · · · · · · · · · · · · · · · · ·	EXE. DIRECTOR	
	Type or print name and title		
	Print/Type preparer's name	Preparer's sign Dail a Jaca	Date Check PTIN
Paid	DAVID JONES	Jan a group	self-employed PUI361002
Preparer	Firm's name 🕞 JM&M	· · · ·	Firm's EIN 52-1853933
Use Only	Firm's address 📘 10500 LITTLE PAT	UXENT PARKWAY, SUITE	770
	COLUMBIA, MD 210	44	Phone no. $410 - 884 - 0220$
May the I	RS discuss this return with the preparer shown ab	ove? See instructions	X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.	Form 990 (2021)
S	EE SCHEDULE O FOR ORGANIZ	ATION MISSION STATEME	ENT CONTINUATION

Form	990 (2021) AMERICAN FISHERIES SOCIETY	54-0683803 Pag
Par	t III Statement of Program Service Accomplishments	r
	Check if Schedule O contains a response or note to any line in this Part III	[
1	Briefly describe the organization's mission: TO IMPROVE THE CONSERVATION AND SUSTAINABILITY OF I AND AQUATIC ECOSYSTEMS BY ADVANCING FISHERIES AND A	
	PROMOTING THE DEVELOPMENT OF FISHERIES PROFESSIONAL	
2	Did the organization undertake any significant program services during the year which were not listed	on the
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O.	services? Yes X
4	Describe the organization's program service accomplishments for each of its three largest program see Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocation	
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 797,158 · _ including grants of \$1,550 ·	•) (Revenue \$ 692,556
	ANNUAL MEETING - AFS'S ANNUAL MEETING IS AN INTERNA	ATIONAL SCIENTIFIC
	GATHERING OF FISHERIES AND AQUATIC RESOURCE PROFESS EXHIBITORS AND SUPPLIERS IN LOCATIONS THROUGHOUT NO	
	MEETING OFFERS SYMPOSIA, PAPERS, POSTERS AND SPECIA	
	LATEST SCIENTIFIC RESEARCH AND DEVELOPMENTS AND IS	
	PROFESSIONAL DEVELOPMENT AND NETWORKING OPPORTUNIT	
	FROM AROUND THE WORLD.	
4b	(Code:) (Expenses \$ 701,083. JOURNALS AND PUBLICATIONS - AFS PUBLISHES FINANSACTIONS OF THE AMERICAN FISHERIES SOCIETY, FEA	ATURING PAPERS ON
	BASIC FISHERIES SCIENCE; NORTH AMERICAN JOURNAL OF	
	MANAGEMENT, COVERING MANAGEMENT RESEARCH, EXPERIENCE RECOMMENDATIONS; NORTH AMERICAN JOURNAL OF AQUACULY	
	GUIDANCE FOR THOSE WHO BREED AND RAISE AQUATIC ANIN	•
	AQUATIC ANIMAL HEALTH, FOCUSING ON HEALTH MAINTENAM	
	TREATMENT; AND MARINE AND COASTAL FISHERIES, FOCUS	
	COASTAL, AND ESTUARINE FISHERIES. AFS ALSO PUBLISH	
	PUBLICATIONS AND FISHERIES MAGAZINE, THAT FEATURES	
	TECHNICAL ARTICLES ON ALL ASPECTS OF AQUATIC RESOUR	
	AS WELL AS ARTICLES ON PROFESSIONAL ISSUES, NEW IDE	
4c	(Code:) (Expenses \$ 501,326. including grants of \$ 81,000 PROJECT MANAGEMENT - AFS ADMINISTERS SEVERAL PROGRA	•) (Revenue \$ 320,819
	FISHERIES FIELD INCLUDING THE HUTTON JUNIOR FISHERI	
	A SUMMER MENTORSHIP PROGRAM FOR HIGH SCHOOL STUDENT	
	AGREEMENTS, MULTI-STATE CONSERVATION GRANTS, AND OT	
	ACTIVITIES.	
4d	Other program services (Describe on Schedule O.)	E70 786 x
40	(Expenses \$ 729,604 • including grants of \$ 17,500 •) (Revenue \$ Total program service expenses ► 2,729,171 •	579,786. ₎
40	Total program service expenses ► 2,729,171.	Form 990 (2
32003	SEE SCHEDULE O FOR CONTINUAT	
52002		
71	118 793927 17633 2021.05000 AMERICAN FISHER	IES SOCIETY 17633_

Form	aan	(2021)	۱

Part IV Checklist of Required Schedules

AMERICAN FISHERIES SOCIETY

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
0	If "Yes," complete Schedule A	1	X	<u> </u>
2 3	Did the organization required to complete schedule b, schedule of contributors, see instructions	2	21	
3		3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
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		х
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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		x
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		- 22
13	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a	L	X
	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		X

132003 12-09-21

07071118 793927 17633

3 2021.05000 AMERICAN FISHERIES SOCIETY 17633_1

Form 990 (2			FISHERIES	SOCIETY
Part IV	Checklist of F	Required Scheo	dules (continued)	

I ui				
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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		v	
	Schedule J	23	X	
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			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			v
	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_ A
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
~	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 53		Yes	No
		•		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		х	
10.5	(gambling) winnings to prize winners?	1c		
132004	4 12-09-21 4	rorm	390	(2021)
	7			

07071118 793927 17633 2021.05000 AMERICAN FISHERIES SOCIETY 17633_1

Form 990	
Part V	Stat

O21) AMERICAN FISHERIES SOCIETY Statements Regarding Other IRS Filings and Tax Compliance(continued)

				Yes	No
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		21			
filed for the calendar year ending with or within the year covered by this return				v	
If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction			0.	x	
Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a 3b	X	
If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			30		
At any time during the calendar year, did the organization have an interest in, or a signature or other			10		x
financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nu) ?	4a		
If "Yes," enter the name of the foreign country					
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			50		x
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5a 5b		X
					- 23
If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			6a		x
any contributions that were not tax deductible as charitable contributions?			oa		- 22
If "Yes," did the organization include with every solicitation an express statement that such contributivers and tax deductible?		-	6h		
were not tax deductible?			6b		
Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	nuinna n	vrovidad to the pover?	7-		x
			7a		
If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			7-		x
to file Form 8282?	1 1		7c		- 11
If "Yes," indicate the number of Forms 8282 filed during the year			70		x
Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
sponsoring organization have excess business holdings at any time during the year?			8		
Sponsoring organizations maintaining donor advised funds.			0-		
			9a		
Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
Section 501(c)(7) organizations. Enter:		I			
Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
Section 501(c)(12) organizations. Enter:		I			
Gross income from members or shareholders	11a		-		
Gross income from other sources. (Do not net amounts due or paid to other sources against					
amounts due or received from them.)	11b				
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	? I	12a		
If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-		
Section 501(c)(29) qualified nonprofit health insurance issuers.					
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.					
Enter the amount of reserves the organization is required to maintain by the states in which the		I			
organization is licensed to issue qualified health plans	13b		-		
Enter the amount of reserves on hand					v
			14a		X
If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
excess parachute payment(s) during the year?			15		X
If "Yes," see the instructions and file Form 4720, Schedule N.					
Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	me?	16		X
If "Yes," complete Form 4720, Schedule O.					
Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					
Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			17		

Form 990	(2021))
----------	--------	---

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

X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

lifthe body b Ente 2 Did 3 offic 3 Did 4 5 Did 4 6 Did 4 6 Did 4 6 Did 4 7 a D	er the number of voting members of the governing body at the end of the tax year	e direct supervision 290 was filed? sets? opoint one or stockholders, or ar by the following: sched at the <u>evenue Code.)</u> napters, affiliates, y before filing the forr	3 4 5 6 7a 7a 7b 8a 8b 9 9 10a 10b	X X X X X X X X X X X X X X X
body b Enter 2 Did i 3 Did i 4 Did i 5 Did i 6 Did i 6 Did i 6 Did i 6 Are : b Are : b Eacl 6 Did i 7a Did i 6 Did i 7a Did i 6 Did i 7a Did i 7a Did i 7a Did i 6 Did i 7a Did i 7a Did i 7a Did i 7a Did i 6 Did i 7a Did i 7a Did i 7a	r delegated broad authority to an executive committee or similar committee, explain on Schedule 0. er the number of voting members included on line 1a, above, who are independent any officer, director, trustee, or key employee have a family relationship or a business relationshi er, director, trustee, or key employee? the organization delegate control over management duties customarily performed by or under the fficers, directors, trustees, or key employees to a management company or other person? the organization make any significant changes to its governing documents since the prior Form 9 the organization become aware during the year of a significant diversion of the organization's as the organization have members or stockholders? the organization have members, stockholders, or other persons who had the power to elect or ag e members of the governing body? any governance decisions of the organization reserved to (or subject to approval by) members, s sons other than the governing body? he organization contemporaneously document the meetings held or written actions undertaken during the year governing body? n committee with authority to act on behalf of the governing body? the organization have local chapters, branches, or affiliates? the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such cl branches to ensure their operations are consistent with the organization's exempt purposes? the organization have a written conflict of interest policy? If "No," go to line 13 e officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	p with any other e direct supervision 290 was filed? sets? opoint one or stockholders, or ar by the following: uched at the evenue Code.) napters, affiliates, y before filing the forr	2 2 3 4 5 6 7a 7a 7b 7b 8a 8b 9 9 10a 10b	X X X X Yes X
b Enter 2 Did 3 offic Offic 3 Did 1 6 Did 1 5 Did 1 5 Did 1 6 Did 1 6 Did 1 6 Did 1 7 Did 1 6 Did 1 7 Did 1 6 Did 1 7 Did 1 6 Are : 9 Is th 0 Is th 0 If "Y and Has b Desc 2 Did 1 6 Orn S 3 Did 1 5 Did 1 6 Other 10 If "Y 3 Did 1 5 Did 1 6 Other 16 Other 17 The 16 The 17	er the number of voting members included on line 1a, above, who are independent	p with any other e direct supervision 290 was filed? sets? opoint one or stockholders, or ar by the following: uched at the evenue Code.) napters, affiliates, y before filing the forr	2 2 3 4 5 6 7a 7a 7b 7b 8a 8b 9 9 10a 10b	X X X X Yes X
2 Did 3 offic offic 3 Did 4 of of did 5 4 Did 5 5 Did 6 6 Did 7 7 Did 7 6 Did 7 7 Did 7 6 Fact 6 Eact 7 Did 7 8 Did 7 9 Is th 0 Is th 0 Did 7 9 Did 7 9 Did 7 9 Did 7 10 Has 10 Did 7 11 Did 7 12 Did 7 13 Did 7 14 Did 7 15 Did 7 16 Did 7 17 Did 7 <	any officer, director, trustee, or key employee have a family relationship or a business relationshi er, director, trustee, or key employee? the organization delegate control over management duties customarily performed by or under the fficers, directors, trustees, or key employees to a management company or other person? the organization make any significant changes to its governing documents since the prior Form S the organization become aware during the year of a significant diversion of the organization's as the organization have members or stockholders? the organization have members, stockholders, or other persons who had the power to elect or an e members of the governing body? any governance decisions of the organization reserved to (or subject to approval by) members, s cons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year governing body? n committee with authority to act on behalf of the governing body? B. Policies (<i>This Section B requests information about policies not required by the Internal R</i> the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such cl branches to ensure their operations are consistent with the organization's exempt purposes? the organization provided a complete copy of this Form 990 to all members of its governing bod cribe on Schedule O the process, if any, used by the organization to review this Form 990. the organization have a written conflict of interest policy? If "No," go to line 13 e officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	p with any other e direct supervision 290 was filed? sets? opoint one or stockholders, or ar by the following: uched at the evenue Code.) napters, affiliates, y before filing the forr	2 2 3 4 5 6 7a 7a 7b 7b 8a 8b 9 9 10a 10b	X X X X Yes X
offic 3 Did fi of of 4 Did fi 5 Did fi 6 Did fi 6 Did fi 7a Did fi	er, director, trustee, or key employee? the organization delegate control over management duties customarily performed by or under the fficers, directors, trustees, or key employees to a management company or other person? the organization make any significant changes to its governing documents since the prior Form S the organization become aware during the year of a significant diversion of the organization's as the organization have members or stockholders? the organization have members, stockholders, or other persons who had the power to elect or an e members of the governing body? any governance decisions of the organization reserved to (or subject to approval by) members, s cons other than the governing body? he organization contemporaneously document the meetings held or written actions undertaken during the year governing body? n committee with authority to act on behalf of the governing body? ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be readinization's mailing address? If "Yes," provide the names and addresses on Schedule O B. Policies (<i>This Section B requests information about policies not required by the Internal R</i> the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such cl branches to ensure their operations are consistent with the organization's exempt purposes? the organization provided a complete copy of this Form 990 to all members of its governing bod cribe on Schedule O the process, if any, used by the organization to review this Form 990. the organization have a written conflict of interest policy? If "No," go to line 13 e officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e direct supervision 290 was filed? sets? opoint one or stockholders, or ar by the following: sched at the <u>evenue Code.)</u> napters, affiliates, y before filing the forr	3 4 5 6 7a 7a 7a 7a 8a 8b 9 9 10a 10b	X X X X Yes X
of of Did 1 Did 1 Di	the organization delegate control over management duties customarily performed by or under the fficers, directors, trustees, or key employees to a management company or other person?	e direct supervision 290 was filed? sets? opoint one or stockholders, or ar by the following: sched at the <u>evenue Code.)</u> napters, affiliates, y before filing the forr	3 4 5 6 7a 7a 7b 8a 8b 9 9 10a 10b	X X X X Yes X
of of Did 1 Did 1 Di	fficers, directors, trustees, or key employees to a management company or other person?	990 was filed? sets? opoint one or stockholders, or ar by the following: sched at the <u>evenue Code.)</u> napters, affiliates, y before filing the forr	4 5 5 6 7a 7b 7a 7b 7a 8a 8b 9 9 9	X X X X Yes X
Image: Approximate interview Did for the second secon	the organization make any significant changes to its governing documents since the prior Form 5 the organization become aware during the year of a significant diversion of the organization's as the organization have members or stockholders? the organization have members, stockholders, or other persons who had the power to elect or at e members of the governing body?	290 was filed? sets? popoint one or stockholders, or ar by the following: sched at the evenue Code.) hapters, affiliates, y before filing the forr	4 5 5 6 7a 7b 7a 7b 7a 8a 8b 9 9 9	X X X X Yes X
5 Did 1 6 Did 1 7a Did 1 7a Did 1 7a Did 1 more pers b Are : pers Did 1 a The b Each b Each b Each b If "Y and Has b Did 1 b Desc c Did 1 b Were c Did 1 pers Jid 1 f Did 1 pers a a The b Othe f Did 1 pers a a The b Othe f The b Othe f The b If "Y Sa Did 1 taxa <td>the organization become aware during the year of a significant diversion of the organization's as the organization have members or stockholders? the organization have members, stockholders, or other persons who had the power to elect or a e members of the governing body? any governance decisions of the organization reserved to (or subject to approval by) members, s cons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year governing body? The committee with authority to act on behalf of the governing body? The committee with authority to act on behalf of the governing body? The committee with authority to act on behalf of the governing body? The organization for the context of the section and the sec</td> <td>sets? ppoint one or tockholders, or ar by the following: tched at the evenue Code.) napters, affiliates, y before filing the form</td> <td> 5 6 7a 7b 7b 8a 8b 9 9 9</td> <td>X X X X Yes X</td>	the organization become aware during the year of a significant diversion of the organization's as the organization have members or stockholders? the organization have members, stockholders, or other persons who had the power to elect or a e members of the governing body? any governance decisions of the organization reserved to (or subject to approval by) members, s cons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year governing body? The committee with authority to act on behalf of the governing body? The committee with authority to act on behalf of the governing body? The committee with authority to act on behalf of the governing body? The organization for the context of the section and the sec	sets? ppoint one or tockholders, or ar by the following: tched at the evenue Code.) napters, affiliates, y before filing the form	5 6 7a 7b 7b 8a 8b 9 9 9	X X X X Yes X
5 Did 1 7a Did 1 more more b Are : pers 3 3 Did t a The b Eact 0 Is th orga Did t b Eact 0 Is th orga Did t b If "Y and Has b Desc c Did t and The b Were c Did t f Did t pers a a The b Other if "Y Did t c Did t data Ha b Other if "Y Did t data Did t data Did t	the organization have members or stockholders? the organization have members, stockholders, or other persons who had the power to elect or a e members of the governing body? any governance decisions of the organization reserved to (or subject to approval by) members, s cons other than the governing body? he organization contemporaneously document the meetings held or written actions undertaken during the yea governing body? n committee with authority to act on behalf of the governing body? he rere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real inization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i> B. Policies (<i>This Section B requests information about policies not required by the Internal R</i> the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such cl branches to ensure their operations are consistent with the organization's exempt purposes? the organization provided a complete copy of this Form 990 to all members of its governing bod cribe on Schedule O the process, if any, used by the organization to review this Form 990. the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> e officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	ppoint one or stockholders, or ar by the following: sched at the <u>evenue Code.)</u> napters, affiliates, y before filing the forr	6 7a 7b 7b 8a 8b 9 9 10a 10b	X X X X Yes X
7a Did f more pers a The b Eacl b If "Y and Has b Desc c Did f b Were c Did f a The b Off a The b Off f c Did f a The b Othe if "Y Did f taxa H b If "Y	the organization have members, stockholders, or other persons who had the power to elect or a e members of the governing body? any governance decisions of the organization reserved to (or subject to approval by) members, s cons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year governing body? In committee with authority to act on behalf of the governing body? The organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> B. Policies (<i>This Section B requests information about policies not required by the Internal R</i> the organization have local chapters, branches, or affiliates? "es," did the organization have written policies and procedures governing the activities of such cl branches to ensure their operations are consistent with the organization's exempt purposes? "the organization provided a complete copy of this Form 990 to all members of its governing bod cribe on Schedule O the process, if any, used by the organization to review this Form 990. the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	ppoint one or stockholders, or ar by the following: sched at the <u>evenue Code.)</u> napters, affiliates, y before filing the forr	7a 7b 8a 8b 9 9 10a 10b	X X X X Yes X
 b Are : pers j Did t a The b Eact b Eact c Is the orga c Id f b If "Y and f b Were c Did f b Urbe a The b Othe a If "Y 5a Did f b If "Y 	any governance decisions of the organization reserved to (or subject to approval by) members, s sons other than the governing body? he organization contemporaneously document the meetings held or written actions undertaken during the year governing body? In committee with authority to act on behalf of the governing body? here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read anization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> B. Policies (<i>This Section B requests information about policies not required by the Internal Re</i> the organization have local chapters, branches, or affiliates? "es," did the organization have written policies and procedures governing the activities of such cl branches to ensure their operations are consistent with the organization's exempt purposes? the organization provided a complete copy of this Form 990 to all members of its governing bod cribe on Schedule O the process, if any, used by the organization to review this Form 990. the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> e officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	tockholders, or ar by the following: toched at the <u>evenue Code.)</u> napters, affiliates, y before filing the forr	7b 8a 8b 9 9 10a 10b	X X X X Yes X
pers a Did t a The b Each b Each b Each b Each c Did f b If "Y and a Did f b If "Y and b Desc c Did f b Were c Did f b Were c Did f b Ud f b Ud f b Ud f c Did f b Ud f c Did f b Ud f c Did f b Ud f b Ud f c Did f c Did f b Ud f c Did	the organization contemporaneously document the meetings held or written actions undertaken during the year governing body?	ar by the following: Inched at the Evenue Code.) Inapters, affiliates, Y before filing the form	8a 8b 9 9 10a 10b	X X X Yes X
 B Did t a The b Each b Each c Is th orga c Did f b If "Y and and b Desc c Did f b Were c Did f b Were c Did f b Were c Did f b Or S 3 Did f a The b Othe of "Y 5 Did f taxa b If "Y 	he organization contemporaneously document the meetings held or written actions undertaken during the year governing body?	ar by the following: Inched at the <i>evenue Code.)</i> Thapters, affiliates, y before filing the form	8a 8b 9 9 10a 10b	X Yes X
 b Each b Each orga orga c Cion b If "Y and ta Has b Desc 2a Did f b Were c Did f b Were c Did f b Othe of "Y 5a Did f taxa b If "Y 	In committee with authority to act on behalf of the governing body? Here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real Inization's mailing address? If "Yes," provide the names and addresses on Schedule O B. Policies (<i>This Section B requests information about policies not required by the Internal R</i> the organization have local chapters, branches, or affiliates? Here," did the organization have written policies and procedures governing the activities of such cl branches to ensure their operations are consistent with the organization's exempt purposes? the organization provided a complete copy of this Form 990 to all members of its governing bod cribe on Schedule O the process, if any, used by the organization to review this Form 990. the organization have a written conflict of interest policy? If "No," go to line 13 cofficers, directors, or trustees, and key employees required to disclose annually interests that could give rise	nched at the evenue Code.) napters, affiliates, y before filing the forr	8b 9 10a 10b	X Yes X
 b Each b Each orga orga c Cion b If "Y and ta Has b Desc 2a Did f b Were c Did f b Were c Did f b Othe of "Y 5a Did f taxa b If "Y 	In committee with authority to act on behalf of the governing body? Here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real Inization's mailing address? If "Yes," provide the names and addresses on Schedule O B. Policies (<i>This Section B requests information about policies not required by the Internal R</i> the organization have local chapters, branches, or affiliates? Here," did the organization have written policies and procedures governing the activities of such cl branches to ensure their operations are consistent with the organization's exempt purposes? the organization provided a complete copy of this Form 990 to all members of its governing bod cribe on Schedule O the process, if any, used by the organization to review this Form 990. the organization have a written conflict of interest policy? If "No," go to line 13 cofficers, directors, or trustees, and key employees required to disclose annually interests that could give rise	nched at the evenue Code.) napters, affiliates, y before filing the forr	8b 9 10a 10b	Yes X
 Ja Is the orga orga <liorga< li=""> orga orga orga <l< td=""><td>the organization have local chapters, branches, or affiliates?</td><td>nched at the evenue Code.) napters, affiliates, y before filing the forr</td><td> 9 10a 10b</td><td>X</td></l<></liorga<>	the organization have local chapters, branches, or affiliates?	nched at the evenue Code.) napters, affiliates, y before filing the forr	9 10a 10b	X
orga pa Did f b If "Y and a Has b Desc a Did f b Were c Did f b Were c Did f b Orfa a The b Othe If "Y 5a Did f b Othe If "Y 5a Did f b Othe If "Y	B. Policies (<i>This Section B requests information about policies not required by the Internal Re</i> the organization have local chapters, branches, or affiliates?	evenue Code.) napters, affiliates, y before filing the forr	<u>10a</u> <u>10b</u>	X
Da Did f b If "Y and la Has b Desc c Did f b Were c Did f on S Did f b Did f c Did f b Did f c Did f b Other lf "Y Did f b Other lf "Y Did f b Did f taxa Did f b If "Y	the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such cl branches to ensure their operations are consistent with the organization's exempt purposes? the organization provided a complete copy of this Form 990 to all members of its governing bod cribe on Schedule O the process, if any, used by the organization to review this Form 990. the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	napters, affiliates, y before filing the forr	10b	X
b If "Y and and b 1a Has b b Dess b 2a Did f b b Were c c Did f b d Did f b f Did f b f Did f b f Other If "Y Ga If "Y Ga If "Y Ga If "Y Ga If "Y	es," did the organization have written policies and procedures governing the activities of such of branches to ensure their operations are consistent with the organization's exempt purposes? the organization provided a complete copy of this Form 990 to all members of its governing bod cribe on Schedule O the process, if any, used by the organization to review this Form 990. the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	napters, affiliates, y before filing the forr	10b	X
b If "Y and and b 1a Has b b Dess b 2a Did f b b Were c c Did f b d Did f b f Did f b f Did f b f Other If "Y Ga If "Y Ga If "Y Ga If "Y Ga If "Y	es," did the organization have written policies and procedures governing the activities of such of branches to ensure their operations are consistent with the organization's exempt purposes? the organization provided a complete copy of this Form 990 to all members of its governing bod cribe on Schedule O the process, if any, used by the organization to review this Form 990. the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	napters, affiliates, y before filing the forr	10b	
and a Has b Desc 2a Did 1 b Were c Did 1 b Ord 1 a Did 1 b Did 1 b Did 1 b Did 1 pers a The b Othe If "Y 5a Did 1 b Uthe If "Y 5a Did 1 b Uthe If "Y	branches to ensure their operations are consistent with the organization's exempt purposes? the organization provided a complete copy of this Form 990 to all members of its governing bod cribe on Schedule O the process, if any, used by the organization to review this Form 990. the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	y before filing the forr		x
1a Has b Desc 2a Did f b Were c Did f d Did f d Did f f	the organization provided a complete copy of this Form 990 to all members of its governing bod cribe on Schedule O the process, if any, used by the organization to review this Form 990. the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	y before filing the forr		X
b Desc 2a Did f b Were c Did f on S Did f a Did f b Did f c Did f pers Did f a The b Other lf "Y Did f back Did f b If "Y	cribe on Schedule O the process, if any, used by the organization to review this Form 990. the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> o officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	· · ·	n? 11a	
2a Did 1 b Were c Did 1 on S Did 1 3 Did 1 4 Did 1 5 Did 1 pers a b Other if "Y Did 1 5a Did 1 b Other b If "Y 5a Did 1 taxa Did 1 b If "Y	the organization have a written conflict of interest policy? If "No," go to line 13			<u> </u>
b Were c Did f on S Did f a Did f b Did f pers Did f a The b Other lf "Y Did f b If "Y b If "Y	e officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			
c Did f on S Did f J Did f		to conflicts?		X
on S Did 1 Did 1 Did 1 Did 1 pers a The b Other If "Y Did 1 pers b Other taxa b If "Y	the organization regularly and consistently monitor and enforce compliance with the policy? If "Y		12 b	X
 B Did 1 Did 1 Did 1 pers a The b Othe If "Y Did 1 taxa b If "Y 	Schedule O how this was done		12c	x
 Did f Did f pers a The b Othe If "Y b Did f taxa b If "Y 	the organization have a written whistleblower policy?			X
 Did f pers a The b Othe If "Y 5a Did f taxa b If "Y 	the organization have a written document retention and destruction policy?			X
pers a The b Othe If "Y 5a Did t taxa b If "Y	the process for determining compensation of the following persons include a review and approve			
 b Other If "Y b Did taxa b If "Y 	ons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
If "Y 5a Did t taxa b If "Y	organization's CEO, Executive Director, or top management official		1 5a	\vdash
5a Did taxa taxa b If "Y	er officers or key employees of the organization		15b	<u> </u>
taxa b If "Y	es" to line 15a or 15b, describe the process on Schedule O. See instructions.			
b If "Y	the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a		
	ble entity during the year?		16 a	-
in io	es," did the organization follow a written policy or procedure requiring the organization to evalua			
	int venture arrangements under applicable federal tax law, and take steps to safeguard the organ			
	npt status with respect to such arrangements?		16b	<u> </u>
	C. Disclosure			
	the states with which a copy of this Form 990 is required to be filed \blacktriangleright MD		(a)(0) - ·	à
	tion 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	na 990-1 (section 501	(c)(3)s only	i) avail
for p	bublic inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain)	on Schedule O)		
Des	cribe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest polic	y, and fina	ncial
state	ements available to the public during the tax year.			
	e the name, address, and telephone number of the person who possesses the organization's bo	oks and records 🕨 _		
	RDIA PARTNERS - 301-897-8616	oks and records > _		
2006 12-0	RDIA PARTNERS - 301-897-8616 5 BARLOW PLACE, SUITE 110, BETHESDA, MD 20814	oks and records ▶ _	Eor	n 990

Part VII	Compensation of Officers,	Directors,	Trustees,	Key E	Employees,	Highest	Compensate	эc
	Employees, and Independe	ent Contra	ctors					

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 the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	laad	lirecto	or/trus	lee)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	trustee			nsatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		yee	ompe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional t	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) DOUGLAS AUSTEN	40.00									
EXECUTIVE DIRECTOR				Х				269,202.	0.	29,907.
(2) DANIEL CASSIDY	40.00									
DEPUTY EXE. DIRECTOR					Х			180,547.	0.	29,630.
(3) DRUE BANTA	40.00									
POLICY DIRECTOR						Х		120,978.	0.	18,813.
(4) AARON I. LERNER	40.00									
PUBLICATIONS DIRECTOR						Х		103,875.	0.	11,576.
(5) TRENT SUTTON	2.00									
BOARD MEMBER UNTIL 08/2021		Х						1,875.	0.	0.
(6) SCOTT BONAR, PAST PRESIDENT	2.00									
UNTIL 08/2021		Х		Х				0.	0.	0.
(7) BRIAN MURPHY, PRESIDENT UNTIL	2.00									
09/2021, THEN PAST-PRESIDENT		Х		Х				0.	0.	0.
(8) LEANNE ROULSON, PRESIDENT-ELECT	2.00									
UNTIL 09/2021, THEN PRESIDENT		Х		Х				0.	0.	0.
(9) APRIL CROXTON, 1ST VP UNTIL	2.00									
09/2021, THEN PRESIDENT-ELECT		Х		Х				0.	0.	0.
(10) CECIL JENNINGS, 2ND VP UNTIL	2.00									
09/2021, THEN 1ST VP		Х		Х				0.	0.	0.
(11) MIGUEL GARCIA	2.00									0
2ND VP AS OF 09/2021		X		X				0.	0.	0.
(12) LEE BENAKA	2.00									0
BOARD MEMBER		X						0.	0.	0.
(13) DANIEL BRAUCH	2.00	37						0	0	0
BOARD MEMBER		X						0.	0.	0.
(14) MARYBETH BREY	2.00	37						0	0	0
BOARD MEMBER		Х						0.	0.	0.
(15) SUSAN CUSHMAN	2.00	37						0	0	0
BOARD MEMBER		X						0.	0.	0.
(16) MARLIS DOUGLAS	2.00	37						0	0	0
BOARD MEMBER	2 00	X			<u> </u>			0.	0.	0.
(17) LAURIE EARLEY	2.00	~							_	_
BOARD MEMBER		Х						0.	0.	0.
132007 12-09-21						_				Form 990 (2021)

07071118 793927 17633

2021.05000 AMERICAN FISHERIES SOCIETY

7

17633 1

Form	aan	(2021)
FOUL	990	(2021)

Part VII Section A. Officers, Directors, Trus		ploy	ees	, an	nd H	lighe	st C	Compensated Employe	es (continued)			
(A)	(B)			•	C)			(D)	(E)		(F)	
Name and title	Average	(do				n e than	one	Reportable	Reportable	[Estimat	ed
	hours per	box	, unle	ss pe	erson	is bo tor/trus	th an	compensation	compensation	6	amount	
	week							from	from related		othe	
	(list any hours for	irecto						the	organizations		mpens	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)		from th rganiza	
	organizations	truste	al trus		/ee	mpen		1099-NEC)	1000 1120)		ind rela	
	below	Individual trustee or director	Institutional trustee	L_	Key employee	est co	er (ganizat	
	line)	Indivi	Instit	Officer	Keye	Highest compensated employee	Form -					
(18) SUSAN EDWARDS	2.00				Τ							
BOARD MEMBER		X						0.	0	•		0.
(19) MARK FINCEL	2.00				Τ							
BOARD MEMBER		X						0.	0	•		0.
(20) BRIAN GALLAGHER	2.00				Τ							
BOARD MEMBER		X						0.	0	•		0.
(21) DANIEL GIZA	2.00											
BOARD MEMBER		X						0.	0	•		0.
(22) LIAN GUO	2.00				Τ							
BOARD MEMBER		X						0.	0	•		0.
(23) JEFF HEINDEL	2.00											
BOARD MEMBER		X						0.	0	•		0.
(24) TIFFANY HOPPER	2.00											
BOARD MEMBER		X						0.	0	•		0.
(25) JEFF KOCH	2.00				Τ							
BOARD MEMBER		X						0.	0	•		0.
(26) PAUL KUSNIERZ	2.00				Τ							
BOARD MEMBER		X						0.	0			0.
1b Subtotal	1b Subtotal							676,477.	0		89,9)26.
c Total from continuation sheets to Part VI								0.	0			0.
d Total (add lines 1b and 1c)								676,477.	0	•	89,9)26.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed a	abov	/e) w	ho r	received more than \$100	,000 of reportable			
compensation from the organization												4
											Yes	No
3 Did the organization list any former officer,	director, trust	ee, l	key e	emp	oloye	ee, o	r hig	ghest compensated emp	oloyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete	Sch	edul	e J i	for such individual		4	X	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	from	n ang	y un	relat	ted organization or indiv	idual for services			
rendered to the organization? If "Yes," com	plete Schedul	e J f	for s	uch	per	rson				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest co	-	-								satior	ו from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	with	or w	vithi	n the organization's tax	year.			
(A)			~ * * *	_				(B)			(C)	
Name and business	address	N	ONI	-1				Description of s	ervices	Comp	pensatio	on
							_					
							_					
							_					
			• *	1.2								
2 Total number of independent contractors (in		iot li	mite	d to	o tho	ose li ∩	steo	a above) who received m	nore than			
SEE PART VII, SECTION		ידח	TTT	<u>\</u> m	TO	N	CD.	<u>rrma</u>			. 000	(0001)
	A CON	1	NU2	-1 L	TO:	TA I	51	Q I LI		⊢orn	ນ ລອດ	(2021)
132008 12-09-21												

8 2021.05000 AMERICAN FISHERIES SOCIETY 17633_1

Form	990
	000

Part VII Section A. Officers, Directors, T		mplo I	byee			ligh	est			(=)
(A)	(B)							(D)	(E)	(F)
Name and title	Average	6		Posi			h.)	Reportable	Reportable	Estimated amount of
	hours per		heck		lind(app	iy)	compensation from	compensation from related	other
	week					/ee		the	organizations	compensation
	(list any	ector				m plo		organization	(W-2/1099-MISC)	from the
	hours for	or dire	e			ated e		(W-2/1099-MISC)		organization
	related	Istee	truste		e	pens				and related
	organizations below	ual tru	ional		iploye	t com				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) SEAN LANDSMAN	2.00		_	0	×	-				
BOARD MEMBER		x						0.	0.	0
(28) MICHAEL LAWRENCE	2.00									
BOARD MEMBER		x						0.	Ο.	0
(29) GARY MARTY	2.00									
BOARD MEMBER		X						0.	Ο.	0.
(30) MACKENZIE MAZUR	2.00									
BOARD MEMBER		Х						0.	0.	0.
(31) JESSICA MILLER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(32) JOHN MOHAN	2.00									
BOARD MEMBER		X						0.	0.	0 .
(33) DAN MOSIER II	2.00								0	0
BOARD MEMBER		X						0.	0.	0
(34) CHRISTINA MURPHY	2.00								0	0
BOARD MEMBER	2 00	X						0.	0.	0.
(35) BRIAN NERBONNE	2.00	x						0.	0.	0
BOARD MEMBER (36) JASON OLIVE	2.00							0.	0.	0
BOARD MEMBER	2.00	x						0.	0.	0
(37) CLAIRE PARIS	2.00							•	• •	0.
BOARD MEMBER	2.00	x						0.	0.	0
(38) CRAIG PURCHASE	2.00	- 23						0.	0.	0
BOARD MEMBER	2000	x						0.	0.	0
(39) ANDREA REID	2.00									
BOARD MEMBER		x						0.	0.	0
(40) MARK ROGERS	2.00									
BOARD MEMBER		x						0.	0.	0
(41) RANDALL SCHULTZ	2.00									
BOARD MEMBER		X						0.	Ο.	0.
(42) PATRICK SHIREY	2.00									
BOARD MEMBER		X						0.	0.	0.
(43) DAVID THORNE	2.00									
BOARD MEMBER		X						0.	0.	0 .
(44) GARY WHELAN	2.00									_
BOARD MEMBER		X						0.	0.	0.
(45) MELISSA WUELLNER	2.00									-
BOARD MEMBER		X	Щ					0.	0.	0
(46) KAYLYN ZIPP	2.00								•	•
BOARD MEMBER	1	X	ı					0.	0.	0.

132201 04-01-21

07071118 793927 17633

Form 990 AMERICAN	54-0683803									
Part VII Section A. Officers, Directors, Tru	Compensated Employ	ees (continued)								
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(cl	hecł	k all '	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	5				loyee		the	organizations	compensation
	(list any hours for	lirecto				d em p		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or c	stee			sated		(00-2/1099-101130)		and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	below	idual	tution	er	Key employee	est co	ler			Ū
	line)	Indiv	Insti	Officer	Key (High	Former			
(47) JOSEPH CONROY	2.00								0	0
BOARD MEMBER UNTIL 08/2021		X						0.	0.	0.
(48) KIMBERLY DIBBLE	2.00							0	0	0
BOARD MEMBER UNTIL 08/2021	2 00	X						0.	0.	0.
(49) JANESSA ESQUIBLE	2.00							0	0	0
BOARD MEMBER UNTIL 08/2021	2 00	X						0.	0.	0.
(50) JAMES FREDERICKS	2.00	x						0.	0.	0
BOARD MEMBER UNTIL 08/2021	2.00	^		—			<u> </u>	0.	0.	0.
(51) EDWARD HALE BOARD MEMBER UNTIL 08/2021	2.00	x						0.	0.	0.
(52) CALEB HASLER	2.00							0.	0.	0.
BOARD MEMBER UNTIL 08/2021	2.00	x						0.	0.	0.
(53) CORBIN HILLING	2.00									•••
BOARD MEMBER UNTIL 08/2021		x						0.	0.	0.
(54) HENRIETTE JAGER	2.00									
BOARD MEMBER UNTIL 08/2021		x						0.	0.	0.
(55) CATHERINE JOHNSTON	2.00									
BOARD MEMBER UNTIL 08/2021		x						0.	0.	0.
(56) MICHAEL LAWRENCE	2.00									
BOARD MEMBER UNTIL 08/2021		x						0.	0.	0.
(57) KARIN LIMBURG	2.00									
BOARD MEMBER UNTIL 08/2021		X						0.	0.	0.
(58) THOMAS LOCH	2.00									
BOARD MEMBER UNTIL 07/2021		Х						0.	0.	0.
(59) JESSICA MILLER	2.00									
BOARD MEMBER UNTIL 08/2021		Х						0.	0.	0.
(60) SHIVONNE NESBIT	2.00									
BOARD MEMBER UNTIL 11/2021	0.00	X						0.	0.	0.
(61) TODD PEARSONS	2.00									0
BOARD MEMBER UNTIL 08/2021		X						0.	0.	0.
(62) MACEY ROWAN	2.00							0		0
BOARD MEMBER UNTIL 08/2021	2 00	X						0.	0.	0.
(63) PAUL VENTURELLI	2.00	x						0.	0.	0
BOARD MEMBER UNTIL 08/2021	2.00	^		—			<u> </u>	0.	0.	0.
(64) MICHELLE L. WALSH BOARD MEMBER UNTIL 08/2021	2.00	x						0.	0.	0.
BOARD MEMBER UNITE 08/2021								0.	0.	0.
		1								
]								
Total to Part VII, Section A, line 1c										

132201 04-01-21

07071118 793927 17633

							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
(0, (0										360110113 3 12 - 3 14
nts	1	а	Federated campaigns	1a			4			
Gra				1 b						
An S,		С	Fundraising events	1c						
Giff lar		d	Related organizations	1d						
ni, o		е	Government grants (contr	ibutions) 1e		839,685.]			
rsion			All other contributions, gifts,				1			
the			similar amounts not included			40,497.				
iđ		a	Noncash contributions included in			<u>40,497.</u> 800.	1			
Contributions, Gifts, Grants and Other Similar Amounts		•	Total. Add lines 1a-1f				880,182.			
<u> </u>						Business Code	00072020			
•		_	JOURNALS PROG	B 2 M			1 160 070	1,105,178.	54,892.	
ice	2	a	ANNUAL MEETIN			900099	692,556.		J4,092.	
Program Service Revenue										
n S Nen		С	MEMBERSHIP DU			900099	523,805.			
Jrai Re		d	CONTRACT REVE			900099	320,819.			
rog		е	PUBLICATION S			900099	73,514.	73,514.		
ā		f	All other program service	revenue		900099	55,981.			
		g	Total. Add lines 2a-2f			🕨	2,826,745.			
	3		Investment income (includ							
			other similar amounts)				66,509.			66,509
	4		Income from investment of							
	5		Royalties							
	5			(i) Real		(ii) Personal				
	6	-	Cross ronto			(ii) i orooniai	4			
	0		Gross rents	6a			4			
			Less: rental expenses	6b			4			
			Rental income or (loss)	6c						
			Net rental income or (loss)			1				
	7	а	Gross amount from sales of	(i) Securiti		(ii) Other	4			
			assets other than inventory	_{7a} 803,71	5.					
		b	Less: cost or other basis							
anı			and sales expenses	7b 532,07	8.					
Other Revenue		с	Gain or (loss)	7c 271,63	7.					
Be			Net gain or (loss)	<u> </u>		>	271,637.			271,637
ler	8		Gross income from fundraisir							
đ			including \$	of						
			contributions reported on							
			Part IV, line 18	-	8a					
		h			8b		4			
			Less: direct expenses			L				
			Net income or (loss) from		ts	<u></u>				
	9	а	Gross income from gamin							
			Part IV, line 19		9a					
		b	Less: direct expenses		9b					
		С	Net income or (loss) from	gaming activities	<u> </u>	🕨				
	10	а	Gross sales of inventory, I	ess returns						
			and allowances		10a					
		b	Less: cost of goods sold		10b		1			
			Net income or (loss) from							
		-			<u>,</u>	Business Code				
Miscellaneous Revenue	11	2	OTHER INCOME			900099	5,910.			5,910
nec					_		5,510.			
ven		b							<u> </u>	<u> </u>
Be		c								
Mi			All other revenue				E 010			
		е	Total. Add lines 11a-11d				5,910.		F 4 000	
	12		Total revenue. See instructio	ons		🕨	4,050,983.	2,771,853.	54,892.	344,056
13200	9 12	2-09	-21							Form 990 (2021

07071118 793927 17633

11

AMERICAN FISHERIES SOCIETY

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

Form 990 (2021) Part VIII Statement of Revenue Part IX Statement of Functional Expenses

AMERICAN FISHERIES SOCIETY

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	100 050	100 050		
_	individuals. See Part IV, line 22	100,050.	100,050.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	511,161.	362,482.	124,415.	24,264
6	Compensation not included above to disqualified	511,101.	502,402.	121,113.	21,20
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,185,779.	843,972.	285,312.	56,495
8	Pension plan accruals and contributions (include	,,			
-	section 401(k) and 403(b) employer contributions)	86,384.	61,483.	20,785.	4,116
9	Other employee benefits	127,940.	91,061.	30,783.	6,096
10	Payroll taxes	113,404.	80,714.	27,287.	5,403
11	Fees for services (nonemployees):	-	-		-
а	Management				
	Legal	220.		220.	
	Accounting	19,000.		19,000.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	23,207.		23,207.	
g					
	column (A), amount, list line 11g expenses on Sch 0.)	600,061.	581,872.	11,732.	6,457
12	Advertising and promotion	593.		593.	1 0 4 2
13	Office expenses	134,511.	105,165.	28,303.	1,043
14	Information technology				
15	Royalties	<u> </u>	42 202	14 626	2 0 0 0
16	Occupancy	60,837. 25,933.	43,303. 13,521.	14,636.	2,898
17	Travel	23,933.	13,341.	12,412.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	274,683.	274,683.		
19 20	Conferences, conventions, and meetings	2,036.	274,005.	2,036.	
20	Interest	2,030.		2,030.	
21 22	Payments to affiliates Depreciation, depletion, and amortization	39,793.	28,323.	9,575.	1,895
23		18,903.	13,455.	4,547.	901
23 24	Other expenses, Itemize expenses not covered	10,505.	15,455.	1,51/0	
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	UBIT TAXES PAID	8,350.		8,350.	
b	REBATES TO CHAPTERS	45,467.	45,467.	,	
c	PUBLICATION COSTS	45,213.	45,213.		
d	DUES, LICENSES AND SUBS	29,674.	16,188.	13,486.	
	All other expenses	26,493.	22,219.	4,220.	54
25	Total functional expenses. Add lines 1 through 24e	3,479,692.	2,729,171.	640,899.	109,622
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

132010 12-09-21

07071118 793927 17633

_____ if following SOP 98-2 (ASC 958-720)

Check here

12 2021.05000 AMERICAN FISHERIES SOCIETY

17633__1

Form **990** (2021)

Part X	Balance Sheet	
	Check if Schedule O contains a response or note to any line in this Part X	
		Pog
		Beg

		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	22,660.	1	9,233.
2	Savings and temporary cash investments	150,295.	2	244,344.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	39,621.	4	63,521.
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	100 500
8	Inventories for sale or use	236,742.	8	189,563.
9	Prepaid expenses and deferred charges	63,802.	9	87,412.
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D10a1,211,915.Less: accumulated depreciation10b863,770.	204 004		240 145
1		384,884. 4,753,387.		348,145. 5,316,458.
11	Investments - publicly traded securities	4,755,507.	11	5,510,450.
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	7,300.	14 15	7,300.
15 16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)	5,658,691.	15	6,265,976.
17	Accounts payable and accrued expenses	195,004.	17	470,785.
18	Grants payable	19970010	18	1/0//001
19	Deferred revenue	911,009.	19	713,148.
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	381,012.	24	125,000.
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	418,913.	25	473,842.
26	Total liabilities. Add lines 17 through 25	1,905,938.	26	1,782,775.
	Organizations that follow FASB ASC 958, check here 🕨 🔟			
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	684,967.	27	1,056,569. 3,426,632.
28	Net assets with donor restrictions	3,067,786.	28	3,426,632.
	Organizations that do not follow FASB ASC 958, check here 🕨 🛄			
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds	2 750 752	31	1 102 201
32	Total net assets or fund balances	3,752,753.	32	4,483,201.
33	Total liabilities and net assets/fund balances	5,658,691.	33	6,265,976.

Form 990 (2021)

Assets

Liabilities

Net Assets or Fund Balances

132011 12-09-21

07071118 793927 17633

	AMERICAN FISHERIES SOCIETY	54-06	83803	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,050		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,479		
3	Revenue less expenses. Subtract line 2 from line 1	3			91.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,752		
5	Net unrealized gains (losses) on investments	5	159	9,1	57.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,483	3,2	01.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2021)

07071118 793927 17633

Department of the Treasury

Internal Revenue Service

(Form 990)

Total

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
2021
Open to Public Inspection

Name of the organization	า
--------------------------	---

Nam	e of	the organization						Employer	identification number
		AMER	ICAN FISHE	RIES SOCIETY				5	4-0683803
Pa	τI	Reason for Public	Charity Status.	(All organizations must o	omplete t	his part.) S	See instruction	ns.	
The o	orgar	nization is not a private found	lation because it is: ((For lines 1 through 12, o	check only	one box.)			
1		A church, convention of ch	urches, or association	on of churches describe	d in sectic	on 170(b)(1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative	hospital service org	anization described in s e	ection 170)(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental	unit descrik	oed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	Illy receives a substa	antial part of its support	from a gov	ernmenta	l unit or from	the general	public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org				-		-	-
		or university or a non-land-o	grant college of agric	culture (see instructions)	Enter the	name, cit	y, and state c	f the colleg	je or
	v	university:							
10	Λ	An organization that norma							
		activities related to its exen							-
		income and unrelated busin		e (less section 511 tax) fr	om busine	esses acqu	lired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Con	. ,	i ya ku ka ka ka ƙasa a ya ka ka a	fatu Caa	a a ati a m Fi	O(-)(A)		
11 12		An organization organized a An organization organized a	•					orry out the	a purpages of one or
12		more publicly supported or	•	•	•				• •
		lines 12a through 12d that							
а		Type I. A supporting orga				-		-	<i>i</i> aivina
		the supported organization	-	-	•				
		organization. You must o		• • • • •	amajonty				sapporting
b		Type II. A supporting org	-		tion with it	ts support	ed organizati	on(s), by ha	avina
		control or management o	-				-		•
		organization(s). You mus						0	
с		Type III functionally inte	-		in connec	tion with,	and functiona	ally integrat	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	porting organization oper	ated in co	nnection	with its suppo	orted organi	ization(s)
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
		requirement (see instruct	ions). You must cor	nplete Part IV, Section	s A and D	, and Part	۷.		
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III	
		functionally integrated, or		, , , , , , , , , , , , , , , , , , , ,	0 0				
		er the number of supported of							
g		vide the following information			(iv) Is the orac	inization listed			1 ())
	((i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount o support (see i		(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No		1311 40110113)	

Schedule A	(Form	aan	202
Schedule A		390)	202

Part II

AMERICAN FISHERIES SOCIETY 54-0683803 Page 2 for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.) Dublic Support

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
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.						
Se	ction B. Total Support				•		
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop	p here					
See	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2021 (line 6, column (f), c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2020) Schedule A, Part	II, line 14			15	%
16 a	a 33 1/3% support test - 2021. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	more, check this be	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱			▶∟
k	33 1/3% support test - 2020. If the						
	and stop here. The organization qua	lifies as a publicly s	supported organiz	ation			▶∟
17a	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not o	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	ts-and-circumstand	ces test, check this	s box and stop he	e re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not o	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he facts-and-circur	nstances test, che	eck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	he organization qu	alifies as a public	ly supported orgar	nization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instructior	ns ►
						Schedule A	(Form 990) 2021

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	ciow, picase comp	sioto i artin.j				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	262,402.	237,073.	332,292.	143,025.	880,182.	1854974.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2772035.	2893423.	3216320.	2174100.	2771853.	13827731.
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	3034437.	3130496.	3548612.	2317125.	3652035.	15682705.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the			10, 110	1005105		0106005
	amount on line 13 for the year		89,224.				2186335.
	Add lines 7a and 7b		89,224.	18,440.	1085125.	993,546.	
8	Public support. (Subtract line 7c from line 6.)						13496370.
	ction B. Total Support	1					
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	3034437.	3130496.	3548612.	2317125.	3052035.	15682705.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	178,886.	195,525.	172,834.	141,083.	66,509.	754,837.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		32,062.	24,534.			151,243.
c	Add lines 10a and 10b	203,143.	227,587.	197,368.	170,271.	107,711.	906,080.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				250.	5,910.	
	Total support. (Add lines 9, 10c, 11, and 12.)	3237580.		3745980.			16594945.
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) organizat	ion,
See	check this box and stop here	ic Support Pe					>
15	Public support percentage for 2021 (line 8, column (f), c	livided by line 13,	column (f))		15	81.33 %
16	Public support percentage from 2020) Schedule A, Part	III, line 15			16	84.94 %
Se	ction D. Computation of Investion	stment Incom	e Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	5.46 %
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	7.02 %
19a	33 1/3% support tests - 2021. If the					3 1/3%, and line	
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	▶ X
k	33 1/3% support tests - 2020. If the						and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	is a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	
1320	23 01-04-22					Schedule A	A (Form 990) 2021
	17						

07071118 793927 17633

2021.05000 AMERICAN FISHERIES SOCIETY 17633_1

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2021

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

132024 01-04-21

18

_				_			
	Part IV Supporting Organizations (continued)						
	11 H	as the organization accepted a gift or contribution from any of the following persons?					
	аA	person who directly or indirectly controls, either alone or together with persons described on lines 11b and					
	1.	1c below, the governing body of a supported organization?	11a				

b A family member of a person described on line 11a above?

Section B. Type I Supporting Organizations

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

			Yes	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			Γ
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

132025 01-04-22

07071118 793927 17633

3b | Schedule A (Form 990) 2021

17633 1

2a

2b

3a

19 2021.05000 AMERICAN FISHERIES SOCIETY

Schedule A (Form 990) 2021

11b

11c

2

Yes No

Yes No

No

Yes No

c A 35% controlled entity of a person described on line 11a or 11b above? *If* "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

AMERICAN FISHERIES SOCIETY

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

132026 01-04-22

07071118 793927 17633

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	າຣ	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	a From 2016				
b	b From 2017				
с	c From 2018				
d	d From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
-	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
-	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
-	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A (Foi	m 990) 2021
-----------------	-------------

Section	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 art 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. tructions.)
32028 01-04-22	Schedule A (Form 990 22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Employer identification number

54-06838	03
----------	----

AMERICAN FISHERIES SOCIETY	Ζ
----------------------------	---

3	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

54-0683803

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 Χ Person Payroll 155,056. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 684,629. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

17633__1

24

2021.05000 AMERICAN FISHERIES SOCIETY

07071118 793927 17633

123452 11-11-21

Schedule B (Forr	n 990) (2021)
------------------	---------------

Name of organization

Page **3**

Employer identification number

54-0683803

AMERICAN FISHERIES SOCIETY

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

07071118 793927 17633

25 2021.05000 AMERICAN FISHERIES SOCIETY

17633__1

Schedule	B (Form 990) (2021)		Page 4			
Name of o	organization		Employer identification number			
AMERI	CAN FISHERIES SOCIETY		54-0683803			
Part III		a) through (e) and the following line er , charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(b) F di pose oi girt					
		(e) Transfer of gi	[
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		e) Transfer of gir				
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gi	ft			
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
123454 11-1	1-21	I	Schedule B (Form 990) (2021)			

07071118 793927 17633

26

2021.05000 AMERICAN FISHERIES SOCIETY 17633_1

SCHEDULE D

Department of the Treasury Internal Revenue Service

Name of the organization

07071118 793927 17633

(Form	990)
-------	------

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

17633__1

Employer identification number 54 - 0683803

	AMERICAN FISHERIES SOCIETY	54-0683803
Pa	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
	impermissible private benefit?	
Pa		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	·
		orically important land area
		ified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	
•	vear >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
•	violations, and enforcement of the conservation easements it holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservat	······································
Ŭ		ion casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation early a second	asements during the year
•	S	assembling the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(l	B)(i)
Ŭ	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
5	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	
	organization's accounting for conservation easements.	
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	alance sheet works
iu	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
h	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	a shaat works of
D	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherand	
		se of public service,
	provide the following amounts relating to these items:	¢
	(i) Revenue included on Form 990, Part VIII, line 1	
0	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, the following amounts required to be reported under EASP ASC 052 relating to these items:	, provide
_	the following amounts required to be reported under FASB ASC 958 relating to these items:	•
a k	Revenue included on Form 990, Part VIII, line 1	
	Assets included in Form 990, Part X	
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2021
13205	1 10-28-21 27	
	47	

2021.05000 AMERICAN FISHERIES SOCIETY

		N FISHERIE						54-06			<u>ge</u> 2
Pai	t III Organizations Maintaining C								-	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following tha	t make si	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e	, LI	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how th	ey further t	he organizati	on's exer	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, his	storical trea	sures, or othe	er similar	assets		_		
	to be sold to raise funds rather than to be m	aintained as part of	the orgar	nization's co	ollection?				Yes		No
Pa	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered '	'Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for o	contribution	ns or other as	sets not	included		_		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun		
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the e	xplanatio	n has been	provided on	Part XIII					J
Pa	t V Endowment Funds. Complete i	if the organization ar	nswered	"Yes" on Fo							
		(a) Current year	(b) Pi	rior year	(c) Two year	s back 🛛 ((d) Three y	ears back	(e) Four	years b	Jack
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		ce (line 1)	a. column (a	a)) held as:	I					
а	Board designated or quasi-endowment		%		,,						
	Permanent endowment										
		%									
-	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	·	ation tha	t are held a	nd administe	red for th	ne organiz	vation			
	by:	j					3		[Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
h	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the								00		
-	t VI Land, Buildings, and Equipm										
	Complete if the organization answere		0, Part IV	, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or c			or other		cumulate	ed be	(d) Boo	< value	
		basis (investr			(other)		reciation		(,		
1a	Land		,								
	Buildings										
	Leasehold improvements			65	5,490.	3	357,9	73.	29	7,51	L7.
	Equipment				0,817.	-	62,1			8,68	
	Other				5,608.	4	43,6			1,94	
	Add lines 1a through 1e. (Column (d) must e		X, colum							8,14	
	5 (12 (12))	,			,						

Schedule D (Form 990) 2021

132052 10-28-21

Schedule D	(Form 990) 2021	AMERICAN	FISHERIES	SOCIETY
Part VII	Investments - 0	Other Securities	.	

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-	of year market value
		(c) Method of Valuation. Cost of end-	or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (D)			
(B)			
(C)			
(D) (E)			
(F)			
(G) (H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
(1) (2)			
(3)			
(4)			
(5)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
-	Description		(b) Book value
. ,	Becomption		
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	0.15)		
Part X Other Liabilities.	e 15.)		
Complete if the organization answered "Yes"	on Form 000 Part IV line	110 or 11f Son Form 990 Part V line 25	
(a) Desculations of Robility	on Form 990, Fart IV, line	The of This See Forth 990, Part A, Ille 25.	(b) Book value
			(b) DOOK VAIUE
(1) Federal income taxes (2) DUE TO SUB-UNITS			115,290
			358,552
(-)			550,552
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin			473,842

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 AMERICAN FISHERIES SOCIETY			54-	0683803 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	n Revenue per R		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,186,933.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	159,157.		
b	Donated services and use of facilities				
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	159,157.
3	Subtract line 2e from line 1			3	4,027,776.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	23,207.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	23,207.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,050,983.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	3,456,485.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	3,456,485.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		~~ ~~		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	23,207.		
b	Other (Describe in Part XIII.)	4b			
~	· · · · · · · · · · · · · · · · · · ·	-			
	Add lines 4a and 4b			4c	23,207.
с 5				4c 5	23,207. 3,479,692.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

AFS	BEL	IEVES	THAT	ΙT	HAS A	PPROI	PRIATE	SUPP	ORT	FOR	ANY 7	AX PC	SITI	ONS 1	FAKE	J,
AND	AS	SUCH,	DOES	NOT	HAVE	ANY	UNCEF	RTAIN	TAX	POSI	TIONS	5 THAT	ARE	MATI	ERIAI	J
то	THE	FINANC	CIAL S	STAT	EMENT	S OR	THAT	WOULD) HAV	VE AN	EFFE	ECT ON	I ITS	TAX	EXEN	1PT
STA	TUS.	THERE	E ARE	NO	UNREC	OGNIZ	ZED TA	X BEN	IEFIT	'S OR	LIAE	BILITI	ES TI	HAT I	NEED	то
BE	RECO	RDED.														

132054 10-28-21

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organizat	tion AMERICAN	Go Compl		nd Individua on answered "Yes Attach to For	ls in the Ŭn i " on Form 990, Pa	ited States rt IV, line 21 or 22.		OMB No. 1545-0047 2021 Open to Public Inspection Employer identification number 54-0683803
	nformation on Grants a							
criteria used to	zation maintain records award the grants or assi : IV the organization's pro	stance?						
	nd Other Assistance to that received more than	-				anization answered "	res" on Form 990, Par	t IV, line 21, for any
1 (a) Name and a	ddress of organization overnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	ber of section 501(c)(3) a			ne line 1 table				·
	ber of other organization k Reduction Act Notice							Schedule I (Form 990) 2021

Page 2

Part III 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HUTTON JUNIOR FISHERIES BIOLOGY PROGRAM					
SCHOLARSHIPS	28	81,000.	0.		
FS AWARDS PROGRAM	9	19,050.	0.		
		,			
Part IV Supplemental Information. Provide the information re	equired in Part L lin	ne 2: Part III. column	(b): and any other a	dditional information.	

THE HUTTON JUNIOR FISHERIES BIOLOGY PROGRAM IS A PAID SUMMER INTERNSHIP AND

MENTORING PROGRAM FOR HIGH SCHOOL STUDENTS, AND IS SPONSORED BY THE

AMERICAN FISHERIES SOCIETY (AFS). SELECTED STUDENTS, KNOWN AS "HUTTON

SCHOLARS", ARE MATCHED AND MENTORED BY A FISHERIES PROFESSIONAL AND ENJOY A

HANDS-ON FISHERIES SCIENCE EXPERIENCE IN A MARINE OR FRESHWATER SETTING.

THE STUDENTS ARE MONITORED BY THE MENTORS AND AN AFS STAFF COORDINATOR.

Part IV Supplemental Information

CONTRIBUTIONS TO CONSERVATION, EDUCATION, SCIENCE AND SERVICE. AWARDS ARE

IN RECOGNITION OF ACHIEVEMENT AND NO FURTHER MONITORING IS CONSIDERED

NECESSARY.

Schedule I (Form 990)

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	F	20	21	
		Compensated Employees		20		1
Dena	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	o Publ	ic
Intern	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.			ection	
Nan	ne of the organizatio		Employer i			mber
		AMERICAN FISHERIES SOCIETY	54-0	068380	3	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or d	charter travel Housing allowance or residence for perso	nal use			
	Travel for com					
	Tax indemnific	cation and gross-up payments	S			
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
-						
3		ny, of the following the organization used to establish the compensation of the organization?				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	compensation consultant X Compensation survey or study				
	└── Form 990 of o	ther organizations Approval by the board or compensation of	committee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	-	e payment or change-of-control payment?		4a		x
h		eive payment from a supplemental nonqualified retirement plan?				X
c c		eive payment from an equity-based compensation arrangement?				X
•		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(d	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	•			5a		X
		ation?				Х
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r	net earnings of:				
а	The organization?			6a		X
		ation?				X
		or 6b, describe in Part III.				
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	s			
	not described on li	nes 5 and 6? If "Yes," describe in Part III		7	Х	
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to	the			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forr	n 990) 2021

Schedule J (Form 990) 2021

54-0683803

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DOUGLAS AUSTEN	(i)	268,002.	0.	1,200.	26,920.	2,987.	299,109.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.		0.
(2) DANIEL CASSIDY	(i)	179,836.	711.	0.	18,278.	11,352.	210,177.	0.
DEPUTY EXE. DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

BONUSES ARE BASED ON PERFORMANCE REVIEWS. THE FOLLOWING HIGHEST COMPENSATED

OFFICERS AND EMPLOYEES RECEIVED BONUS COMPENSATION:

DANIEL CASSIDY - \$711

DRUE WINTERS - \$1,625

Schedule J (Form 990) 2021

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

AMERICAN FISHERIES SOCIETY

ERIES SOCIETY 54-0683803

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

STRENGTHENING THE FISHERIES PROFESSION, ADVANCING FISHERIES SCIENCE,

AND CONSERVING FISHERIES RESOURCES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

POLICY, EDUCATION, ECONOMICS, ADMINISTRATION, AND LAW. THE MAGAZINE

ALSO CONTAINS FEATURES, ESSAYS, SOCIETY NEWS, CURRENT EVENTS, BOOK

REVIEWS, EDITORIALS, LETTERS, JOB NOTICES, CHAPTER ACTIVITIES, AND A

CALENDAR OF EVENTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

POLICY, OUTREACH AND COMMUNICATIONS - AFS MONITORS LEGISLATION AND

ENGAGES WITH DECISION MAKERS ON ISSUES THAT AFFECT AQUATIC RESOURCES.

IT CAPITALIZES ON THE EXPERTISE OF ITS MEMBERS BY SHARING MANAGEMENT

KNOWLEDGE AND THE BEST AVAILABLE SCIENCE WITH DECISION MAKERS. AFS

WORKS WITH FEDERAL AND STATE AGENCIES AND OTHER SCIENCE-BASED

CONSERVATION ORGANIZATIONS TO PROMOTE THE SCIENTIFIC ADVANCEMENTS,

FURTHER THE PROFESSION, AND SHARE KNOWLEDGE AND UPDATES WITH FISHERIES

PROFESSIONALS AND OTHER INTERESTED PARTIES THROUGH ISSUES BRIEFINGS,

WEBSITE CONTENT, NEWSLETTERS, AND SOCIAL MEDIA ON THE LATEST

DEVELOPMENTS IN FISHERIES SCIENCE AND MANAGEMENT.

EXPENSES \$ 332,082. INCLUDING GRANTS OF \$ 2,500. REVENUE \$ 45,651.

EDUCATION AND PROFESSIONAL DEVELOPMENT - AFS COORDINATES CONTINUING

EDUCATION PROGRAMS, PROFESSIONAL CERTIFICATION, AWARDS, DIVERSITY AND

INCLUSION PROGRAMS, AND CAREER ADVANCEMENT OPPORTUNITIES FOR FISHERIES

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 202113221111-11-21

07071118 793927 17633

37

2021.05000 AMERICAN FISHERIES SOCIETY 17633_1

Schedule O (Form 990) 2021	Page 2
Name of the organization AMERICAN FISHERIES SOCIETY	Employer identification number $54-0683803$
STUDENTS AND PROFESSIONALS. EDUCATIONAL PROGRAMMING INCLU	DES IN-PERSON
WORKSHOPS, MEETINGS, RECORDED CONTENT AND TOPICAL WEBINAR	S.
EXPENSES \$ 122,589. INCLUDING GRANTS OF \$ 15,000. REVE	NUE \$ 10,330.

MEMBERSHIP - AFS SERVICES MEMBERS FROM AROUND THE WORLD AND OFFERS

NUMEROUS BENEFITS INCLUDING MEMBER DIRECTORY, NEWSLETTERS, AWARDS,

COMMUNITIES ORGANIZED AROUND SPECIAL INTEREST SECTIONS, CHAPTER

ACTIVITIES, AND OTHER BENEFITS PROGRAMS.

EXPENSES \$ 274,933. INCLUDING GRANTS OF \$ 0. REVENUE \$ 523,805.

FORM 990, PART VI, SECTION A, LINE 6:

AFS OFFERS BOTH INDIVIDUAL MEMBERSHIPS, WHICH INCLUDES PROFESSIONAL, EARLY CAREER, STUDENT, RETIRED, LIFE AND DEVELOPING COUNTRY, AND INSTITUTIONAL MEMBERSHIPS WHICH INCLUDE ASSOCIATE, OFFICIAL AND SUSTAINING.

FORM 990, PART VI, SECTION A, LINE 7A:

AFS MEMBERS ELECT SOCIETY OFFICERS. ELECTED OFFICERS ARE PRESIDENT,

PAST-PRESIDENT, PRESIDENT-ELECT, AND FIRST AND SECOND VICE PRESIDENTS.

FORM 990, PART VI, SECTION A, LINE 7B:

DECISIONS AT MEETINGS ARE BY SIMPLE MAJORITY OF MEMBERS VOTING, EXCEPT 2/3 MAJORITIES ARE REQUIRED TO AMEND THE CONSTITUTION, SUSPEND A RULE, OR ELECT AN HONORARY MEMBER.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR BEFORE IT IS SIGNED BY

THE EXECUTIVE DIRECTOR OR DEPUTY EXECUTIVE DIRECTOR AND FILED WITH THE IRS.

38

132212 11-11-21

Name of the organization AMERICAN FISHERIES SOCIETY	Employer identification number $54-0683803$
FORM 990, PART VI, SECTION B, LINE 12C:	
CONFLICT OF INTEREST FORMS ARE SIGNED BY THE GOVERNING	G BOARD MEMBERS, THE
EXECUTIVE DIRECTOR AND STAFF EACH YEAR. THE EXECUTIVE	DIRECTOR AND ELECTED
OFFICERS FOLLOW UP ON ANY INFORMATION THAT INDICATES A	ANY CONFLICT OF

TO LEGAL COUNSEL, AND GOVERNING BODIES FOR FURTHER ACTION.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE GOVERNING BOARD THROUGH DELIBERATIONS AND RECOMMENDATIONS OF THE ELECTED OFFICERS. THE CURRENT COMPENSATION LEVEL IS WITHIN A 4-YEAR CONTRACT THAT WAS DETERMINED THROUGH COMPARABILITY DATA. THE COMPENSATION IS REVIEWED BY THE ELECTED OFFICERS AND THEN BY THE GOVERNING BOARD EACH YEAR THROUGH A PROCESS OF 360-DEGREE EVALUATION (STAFF-EXECUTIVE DIRECTOR-ELECTED OFFICERS). THESE PROCESSES AND THEIR OUTCOMES ARE DOCUMENTED IN THE BOARD MINUTES. AFS PERFORMED A COMPENSATION REVIEW FOR THE EXECUTIVE DIRECTOR USING THE ASAE SURVEY IN 2020.

FORM 990, PART VI, SECTION C, LINE 19: THE SOCIETY PUBLISHES ITS GOVERNING DOCUMENTS AND CERTAIN FINANCIAL INFORMATION ON ITS WEBSITE AND PROVIDES OTHER INFORMATION UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: EDITORIAL FEES: PROGRAM SERVICE EXPENSES 69,579. MANAGEMENT AND GENERAL EXPENSES Ο. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 69,579.

132212 11-11-21

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization AMERICAN FISHERIES SOCIETY	Employer identification number $54-0683803$

OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	512,293.
MANAGEMENT AND GENERAL EXPENSES	11,732.
FUNDRAISING EXPENSES	6,457.
TOTAL EXPENSES	530,482.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	600,061.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED ITS AUDIT OVERSIGHT PROCESS OR

SELECTION PROCESS OF AN INDEPENDENT ACCOUNTANT DURING THE TAX YEAR.

132212 11-11-21

Form 8879-TE	***** THIS IS NOT A FILEABLE COPY ***** IRS e-file Signature Authorization for a Tax Exempt Entity	ŀ	OMB No. 1545-0047
	For calendar year 2021, or fiscal year beginning , 2021, and ending	. 20	2024
	Do not send to the IRS. Keep for your records.	,	2021
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879TE for the latest information.		
Name of filer		EIN or SSN	
AMERIC	AN FISHERIES SOCIETY	54-06	583803
Name and title of officer or p	rson subject to tax DANIEL CASSIDY	•	
	DEPUTY EXE DIRECTOR		
Part I Type of	Return and Return Information		
than one line in Part I. 1a Form 990 check 2a Form 990-EZ ch 3a Form 1120-POL 4a Form 990-PF che 5a Form 8868 check 6a Form 990-T check 7a Form 4720 check 8a Form 5330 check 10a Form 8038-CP check 9a Form 5330 check 10a Form 8038-CP check 10a Form 804 10a Form	b Total revenue, if any (Form 990-EZ, line 9) check here b b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part V, line 8) chere b b Balance due (Form 8868, line 3c) k here b b Total tax (Form 990-T, Part III, line 4) chere b b Total tax (Form 4720, Part III, line 1) chere b b FMV of assets at end of tax year (Form 5227, Item D) chere b b Tax due (Form 5330, Part II, line 19)	, line 22) ax tax with resp nd that I have ef, they are tr urn. I consent o receive fron g the return o g the return o ic funds with	1b 2b 3b 4b 5b 6b 8,44 7b 8b 9b 10b Dect to (name examined a copy of ue, correct, and to allow my m the IRS (a) an r refund, and (c) the idrawal (direct debit)
payment of taxes to rece		he payment.	I have selected a s withdrawal.
with a state age	on the tax year 2021 electronically filed return. If I have indicated within this return tha ency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the a disclosure consent screen.		-
return. If I have IRS Fed/State	person subject to tax with respect to the entity, I will enter my PIN as my signature on indicated within this return that a copy of the return is being filed with a state agency(is program, I will enter my PIN on the return's disclosure consent screen.		
Signature of officer or person subj	ect to tax ► **** THIS IS NOT A FILEABLE COPY **** ation and Authentication	Date	
	y your five-digit self-selected PIN. 5480760768 Do not enter all zero		
	meric entry is my PIN, which is my signature on the 2021 electronically filed return indic ccordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for		
ERO's signature 🕨	Date 🕨		
	ERO Must Retain This Form - See Instructions		
LHA For Privacy act an	Do Not Submit This Form to the IRS Unless Requested To D Paperwork Reduction Act Notice, see instructions.	o So	Form 8879-TE (
102521 01-11-22			,
	41		
)71118 793927	17633 2021.05000 AMERICAN FISHERIES	3 SOCIE	TY 17633_

		EXTENDED TO NOVEMBER 15, 2022		
Form 990-T	Exe	mpt Organization Business Income Tax Retur	m L	OMB No. 1545-0047
		(and proxy tax under section 6033(e))	·	0004
	For calendar	year 2021 or other tax year beginning , and ending		2021
Department of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information.	— L	
Internal Revenue Service	► Do n	ot enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed.	Nam	e of organization (Check box if name changed and see instructions.)	DEmplo	oyer identification number
B Exempt under section	Print AM	ERICAN FISHERIES SOCIETY	_	4-0683803
X 501(c)(3)		ber, street, and room or suite no. If a P.O. box, see instructions.	EGroup (see ir	exemption number
408(e) 220(e)	42	5 BARLOW PLACE, SUITE 110		
408A 530(a)		or town, state or province, country, and ZIP or foreign postal code		,
529(a) 529A		THESDA, MD 20814	F	Check box if
		lue of all assets at end of year 6, 265, 976.		an amended return.
		501(c) corporation 501(c) trust 401(a) trust Other trust		
H Check if filing only t		Claim credit from Form 8941 Claim a refund shown on Form 2439		
		filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	▶
		chedules A (Form 990-T)	<u> </u>	
		poration a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
		ntifying number of the parent corporation.	201	007 0010
		RDIA PARTNERS Telephone number	301-	897-8010
		xable income computed from all unrelated trades or businesses (see		41,202.
				41,202.
				41,202.
3 Add lines 1 and 2		nstructions for limitation rules)	·	0.
		ble income before net operating losses. Subtract line 4 from line 3		41,202.
				11,2020
		ss. See instructions	· •	
Subtract line 6 fro			7	41,202.
		\$1,000, but see instructions for exceptions)	·	1,000.
		on. See instructions		,
10 Total deductions				1,000.
		ncome. Subtract line 10 from line 7. If line 10 is greater than line 7,		
enter zero		,	. 11	40,202.
Part II Tax Com	putation			
1 Organizations ta	able as cor	rporations. Multiply Part I, line 11 by 21% (0.21)	▶ 1	8,442.
		See instructions for tax computation. Income tax on the amount on		
Part I, line 11 fron	: 🗌 Та	ax rate schedule or 🛛 Schedule D (Form 1041)	2	
3 Proxy tax. See in	structions		▶ 3	
4 Other tax amount	s. See instru	ctions	. 4	
5 Alternative minim	ım tax (trust	s only)	. 5	
6 Tax on noncomp	iant facility	income. See instructions	. 6	
7 Total. Add lines 3	through 6 to	b line 1 or 2, whichever applies	. 7	8,442.
LHA For Paperwork	Reduction A	ct Notice, see instructions.		Form 990-T (2021)

123701 07-06-22

	90-T (2021)					Page 2
Part	III Tax and Payments					
1 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	. 1 a				
b	Other credits (see instructions)					
с	General business credit. Attach Form 3800 (see instructions)	1c				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	. 1d				
е	Total credits. Add lines 1a through 1d			1e		
2	Subtract line 1e from Part II, line 7			2	8,4	442.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form Other (attach statement)	n 8697	Form 8866	3		
4	Total tax. Add lines 2 and 3 (see instructions).	viously de	ferred under			
	section 1294. Enter tax amount here	►		4	8,4	<u>442.</u>
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k),	line 4		5		0.
6a	Payments: A 2020 overpayment credited to 2021	. 6a	219.			
b	2021 estimated tax payments. Check if section 643(g) election applies	6b	3,500.			
с	Tax deposited with Form 8868		7,120.			
d	Foreign organizations: Tax paid or withheld at source (see instructions)					
е	Backup withholding (see instructions)	. 6e				
f	Credit for small employer health insurance premiums (attach Form 8941)					
g	Other credits, adjustments, and payments: Form 2439 Total	60				
7	Total payments. Add lines 6a through 6g			7	10,8	339.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached			8	10,0	122.
9				9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over			10	2. 2	275.
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax		75 • Refunded	11		0.
	IV Statements Regarding Certain Activities and Other Informa					
1	At any time during the 2021 calendar year, did the organization have an interest in c				Yes	No
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	-			103	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter th	-	•			
	here	no namo e	a the foreign country			x
2	During the tax year, did the organization receive a distribution from, or was it the gra	antor of o	r transferor to a			
-	foreign trust?					x
	If "Yes," see instructions for other forms the organization may have to file.					
3	Enter the amount of tax-exempt interest received or accrued during the tax year		▶ \$			
4	Enter available pre-2018 NOL carryovers here ▶ \$ Do not			rrvover	_	
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by					
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 N	•				
•	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo					
	Business Activity Code		able post-2017 NOL c		_	
	· · · · · · · · · · · · · · · · · · ·	\$		an yerer	_	
		\$				
6a						X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990					
. .	explain in Part V				····	

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

	Under penalties of perjury, I declare that I have exa correct, and complete. Declaration of preparer (oth				nowledge and belief, it is true,	
Here	Signature of officer	Date D	-	RECTOR	May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No	
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Paid Preparer				self- employe	d	
	DAVID JONES				P01361002	
Use Only	Firm's name JM&M	Firm's name JM&M				
eee eniy	10500 LI	10500 LITTLE PATUXENT PARKWAY, SUITE				
	Firm's address 🕨 COLUMBIA	A, MD 21044		Phone no.	410-884-0220	
123711 01-31-22 Form 990-T (202						
		43	3			
071118	793927 17633	2021.05000 AM	ERICAN FISHE	RIES SOC	CIETY 176331	

07071118 793	927 17633
--------------	-----------

SCHEDULE A (Form 990-T)

F

Unrelated Business Taxable Income From an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

Open to Public Inspection for 501(c)(3) Organizations Only

1

B Employer identification number

1

of

54-0683803

D Sequence:

A Name of the organization AMERICAN FISHERIES SOCIETY

C Unrelated business activity code (see instructions) ► 541800

Describe the unrelated trade or business ADVERTISING

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance >	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a			
b		4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11	54,892.	12,690.	42,202.
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	54,892.	12,690.	42,202.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages		
3	Repairs and maintenance	. 3	
4	Bad debts		
5	Interest (attach statement). See instructions		
6	Taxes and licenses		
7	Depreciation (attach Form 4562). See instructions 7		
8	Less depreciation claimed in Part III and elsewhere on return 8a	8b	
9	Depletion	. 9	
10	Contributions to deferred compensation plans		
11	Employee benefit programs		
12	Excess exempt expenses (Part VIII)		
13	Excess readership costs (Part IX)		
14	Other deductions (attach statement) SEE STATEMENT 1	. 14	1,000.
15	Total deductions. Add lines 1 through 14	. 15	1,000.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	. 16	41,202.
17	Deduction for net operating loss. See instructions	. 17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16		41,202.
I HA	For Paperwork Reduction Act Notice, see instructions.	Schedu	le A (Form 990-T) 2021

					1
	ule A (Form 990-T) 2021				Page 2
Part		hod of inventory valua			
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter				Yes No
9 Dart	Do the rules of section 263A (with respect to property IV Rent Income (From Real Property and				
1	Description of property (property street address, city, street address)				
	A	State, ZIF COUEJ. Chec	k li a dual-use. See liist	ructions.	
	в 🗌				
	c 🗆				
	D				
		Α	В	С	D
2	Rent received or accrued				
a	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	A through D. Enter here	e and on Part I, line 6, c	olumn (A) 🕨	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Er		line 6, column (B)		0.
Part		,			
1	Description of debt-financed property (street address,	city, state, ZIP code).	Check if a dual-use. Se	e instructions.	
	B				
	D	•	D	0	
•	Overe in early from an ellegable to debt financed	Α	В	C	D
2	Gross income from or allocable to debt-financed				
2	property				
3	Deductions directly connected with or allocable to debt-financed property				
2	Straight line depreciation (attach statement)				
a b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,				
C	columns A through D)				
4	Amount of average acquisition debt on or allocable				
-	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
5	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	/0	/0	/0	//
8	Total gross income (add line 7, columns A through D)	Enter here and on Pa	urt L line 7. column (A)		0.
0		. Entor here and on Fa		·····	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr	L rough D. Enter here an	d on Part L line 7 colu	mn (B)	0.
	Total dividends-received deductions included in line				0.
					(Form 990-T) 2021
11 123721	Total dividends-received deductions included in line	45			(Form 990-T) 202

^{2021.05000} AMERICAN FISHERIES SOCIETY 17633__1

	ule A (Form 990-T) 2021		ovaltios and P	onto fro	m Contro		raanizatio	20 /2				Page 3
Fart	VI IIILEIESI, AIIII	illes, n	loyanties, and h		in contro		Exempt Contro	(,		
1. Name of controlled organization		2. Employer identification number	1		4. Tota	4. Total of specified payments made		5. Part of column 4 that is included in the controlling organiza- tion's gross income		he connected with a-		
(1)												
(2)												
(3)												
(4)												
				1	Controlled O	-	1					
7	ir		Net unrelated come (loss) e instructions)	9. Total of specified payments made			10. Part of co that is include controlling orga gross inco		uded in the rganization's		11. Deductions directly connected with income in column 10	
(1)												
(2)												
(3)												
(4)												
	Add columns 5 and 10. Enter here and on Part I, line 8, column (A)							n Part I,	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)			
Totals						►			0.			0.
Part			of a Section 50)1(c)(7),	(9), or (17) Orga	nization (s	ee inst	ructions)			
	1. Description of income			2. Amount of income				-asides tatement) 5. Total deductions and set-asides (add cols 3 and 4)				
(1)												
(2)					ļ							
(3)												
(4) Totals					Add amou column 2 here and o line 9, colu	. Enter n Part I,					colun here ar	amounts in nn 5. Enter nd on Part I, column (B) 0 .
Part	VIII Exploited E	xempt /	Activity Income	, Other	Than Adv	vertisir	ng Income (see ins	structions)		
1	Description of exploite											
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) 2											
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I,											
	line 10, column (B) 3											
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete											
_	lines 5 through 7						4					
5						5						
6 7										6		
7	Excess exempt expen									7		
	4. Enter here and on F	rart II, line	12							1		

Schedule A (Form 990-T) 2021

123731 01-28-22

	ule A (Form 990-T) 2021				Page 4	
Part						
1	Name(s) of periodical(s). Check box if reporting tw	vo or more periodicals on a	consolidated bas	is.		
	A FISHERIES MAGAZINE					
	В					
	c					
	D					
Enter	amounts for each periodical listed above in the corr	esponding column.				
		A	В	С	D	
2	Gross advertising income				E4 000	
	Add columns A through D. Enter here and on Par	t I, line 11, column (A)			54,892.	
а		12 600				
3	Direct advertising costs by periodical	12,090.			12,690.	
а	Add columns A through D. Enter here and on Par	t I, line 11, column (B)		>	12,090.	
4	Advertising gain (loss). Subtract line 3 from line					
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in					
	line 4 showing a loss or zero, do not complete	42,202.				
5	lines 5 through 7, and enter zero on line 8					
5 6	Readership costs	44 - 0 40 0				
7	Circulation income Excess readership costs. If line 6 is less than					
'	line 5, subtract line 6 from line 5. If line 5 is less					
	than line 6, enter zero					
8	Excess readership costs allowed as a					
Ŭ	deduction. For each column showing a gain on					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the greate		tal or zero here ar	nd on		
	Part II, line 13				0.	
Part				ŕ		
				3. Percentage	4. Compensation	
	1. Name	2. Title		of time devoted	attributable to	
				to business	unrelated business	
(1)				%		
(2)				%		
(3)				%		
(4)				%		
					0	
	Enter here and on Part II, line 1			🕨	0.	
Part	XI Supplemental Information (see ins	structions)				

123732 01-28-22

1

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		1,000.
TOTAL TO SCHEDULE A, PART	II, LINE 14	1,000.