Form **990-EZ**

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

		ne 2008 calendar year, or tax year beginning APR 22, 2008		and end	ing DEC	31	, 2	8008		
В_	Check i applical	ble: Please Uname of organization			D E	mplo	yer id	entification number		
L	Addre	SS USE IRS UNITED STATES ASSOCIATION OF								
		Name print or REPTILE KEEPERS. INC.						26-2668189		
	X Initia		E Telephone number							
	Term	Instruct DOID CAROLINA BEACH RUAD				(3	17)	431-3298		
	— retur	city or town, state or country, and ZIP + 4	U	U	F		Exem			
	Applic	wilmington, NC 28412					er ⊳	puon		
	• Sec	ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must atta	ch a cor	nnleted	G Accounting			X Cash Accrual		
		Schedule A (Form 990 or 990-EZ).			Other (spe			<u></u>		
I	Websi	te: ▶WWW.USARK.ORG						e organization is not		
		zation type (check only one)— 🗶 501(c) (6) ◀ (insert no.) 🔲 4947(a)(1) or	527				le B (Form 990, 990-EZ, or 990-PF).		
		if the organization is not a section 509(a)(3) supporting organization and its			normally not mo	re tha	n \$25	000 A return is not		
		d, but if the organization chooses to file a return, be sure to file a complete return.	, gross r	cocipio ai c i	iormany not mo	i C tila	الا پکی	,000. A return is not		
		es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file For	m 990 i	nstead of Fo	rm 990-E7		\$	10,216.		
P	art I	Revenue, Expenses, and Changes in Net Assets or Fun	d Bal	ances (S	ee the instruction	ns fo	r Part	10,210.		
	1	Contributions, gifts, grants, and similar amounts received					1	1,650.		
	2	Program service revenue including government fees and contracts				·	2	8,566.		
	3	Membership dues and assessments				·		0,300.		
	4	Investment income	•••••			·	3			
	5a	Gross amount from sale of assets other than inventory	5a				4			
	b	Less: cost or other basis and sales expenses	5b							
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	(ottoob	achadula)						
<u>e</u>	6	Special events and activities (complete applicable parts of Schedule G). If any amoun	t in from	scriedule)	and home	_ <u>5</u>	C			
enn	1 ~		1 15 11 0111	i gaming, cii	leck fiere	_				
Revenue		Ci contabationo								
ш	Ь	reported on line 1)	6a			-111				
	C	Less: direct expenses other than fundraising expenses					919191 959591			
		Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		1		6	C			
	7a	Gross sales of inventory, less returns and allowances	7a							
	b	Less: cost of goods sold	7b				С			
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)								
	8	Other revenue (describe >					3			
		Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			>			10,216.		
	10	Grants and similar amounts paid (attach schedule)				1				
	11	· · · · · · · · · · · · · · · · · · ·								
enses	12	, , , , , , , , , , , , , , , , , , , ,								
oen	13									
ž	14									
	15	Other eveness (describe					5			
						1	6	5,462.		
	17	Total expenses. Add lines 10 through 16			▶	1	7	5,462.		
ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				1	8	4,754.		
sse	19	Net assets or fund balances at beginning of year (from line 27, column (A))								
Net Assets		(must agree with end-of-year figure reported on prior year's return)					9	0.		
Se	20	Other changes in net assets or fund balances (attach explanation)					0			
_		Net assets or fund balances at end of year. Combine lines 18 through 20			<u>></u>	2	1	4,754.		
Pa	art II	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or (See the instructions for Part II.)	more, fi				EZ.			
		· · · · · · · · · · · · · · · · · · ·		- '	Beginning of yea			(B) End of year		
22	Cas	n, savings, and investments				0.		7,754.		
23 Land and buildings		d and buildings				_	23			
24	Othe	er assets (describe >)		_	24			
25	Tota	l assets				0.		7,754.		
26		Il liabilities (describe >)		0.		3,000.		
27 832	Net	assets or fund balances (line 27 of column (B) must agree with line 21)				0.	27	4,754.		
12-	17-08	LHA For Privacy Act and Panerwork Reduction Act Notice see the Instructions	for Forn	n 000				Form 990-F7 (2008)		

F	, 000 F7 (0000)	UNITED STATES ASSOCIATION	1 OF		0.5	06601	0.0	D 0
	n 990-EZ (2008)	REPTILE KEEPERS, INC. ent of Program Service Accomplishme	nto (Carthaintean)	D. 1111.)	<u> 26-</u>	<u>-26681</u>		Page 2
	·······			Part III.)		E: (Required	xpenses	n\(2\
		s primary exempt purpose? SEE STATEMENT				and (4) or		
		ved in carrying out the organization's exempt purposes. In		escribe the services		4947(a)(1) trusts;	optional
	i	persons benefited, or other relevant information for each pr	rogram title.			for others	-)	
28	SEE STAT	EMENT 3						
				<u></u>				
	(Grants \$) If this amount includes foreign of	grants, check here	>		28a		
29								
	(Grants \$) If this amount includes foreign (arants check here	>		29a		
30	Τοιαιτο φ) in allo amount molades foreign (granto, oricon rioro		<u> </u>	Ζυα		
00								
	(Ot- ¢	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
	(Grants \$) If this amount includes foreign of	grants, check here	>	لــــا	30a		
31		ces (attach schedule)						
	(Grants \$) If this amount includes foreign of	grants, check here	<u> </u>	<u> </u>	31a		· · · · · · · · · · · · · · · · · · ·
32	Total program servi	ice expenses (add lines 28a through 31a)				32		
Pa	art IV List of	Officers, Directors, Trustees, and Key E	mployees. List each one e	ven if not compensated.	(See the	instructions t	or Part IV.)	
			(h) Title and average hours	(a) Componentian		ontributions	(-) [-	
		(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter		employee		rpense Int and
		(a) Hamb and address	position	-0)		fit plans & eferred	1	lowances
			pooliio	",	1	pensation	ounor an	011411000
HC	WARD A. W	YATT, 114 EMPEROR'S ISLE,	PRESIDENT		l			
		C 27923	40.00	0.		0.		0.
		L, 3650 SACRAMENTO DRIVE,	CHAIRMAN OF T	<u>_</u>		<u></u>		
		ISPO, CA 93401	20.00	_		Ω		0
	ERRY TREG		TREASURER	0.		0.		0.
			-	_		0		^
		NGTON, NC 28412	10.00	0.		0.		<u> </u>
	RREN BOOT		SCIENCE DIREC	1				_
		HANT HALL 315, TULSA, OK	10.00	0.		0.		<u> </u>
			MARKETING DIR	ECTOR				
WI	NDSOR, MD		10.00	0.		0.		0.
	DD GOODMA		DIRECTOR					
<u>20</u>	1 E. TIMB	ERLINE, MARION, IL 62958	10.00	0.		0.		0.
<u>JE</u>	FF RONNE,	SR.	DIRECTOR					
Р.	O. BOX 39	4, CANNON FALLS, MN 55009	10.00	0.		0.		0.
		IS, 6628 MISSION GORGE RD						
ST	E A1, SAN	DIEGO, CA 92120	10.00	0.		0.		0.
	REN LEIGH		DIRECTOR					
		A CHELSEA, VISTA, CA 92081	4	0.		0.		0.
		The other party of the party of		0.				
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	Other Information (Note the statement requirements in the instructions for Part VI.)		Yes	No			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity						
34							
35							
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.						
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy						
	tax requirements?	35a		X			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/				
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		Х			
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.						
	Did the organization file Form 1120-POL for this year?	37b		Х			
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			400000			
	in a prior year and still unpaid at the start of the period covered by this return?	38a		X			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		4255				
39	Section 501(c)(7) organizations. Enter:			groter			
a	Initiation fees and capital contributions included on line 9 39a N/A						
b	Gross receipts, included on line 9, for public use of club facilities						
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:						
	section 4911 \blacktriangleright ; section 4912 \blacktriangleright ; section 4955 \blacktriangleright N/A						
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or						
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	N/	A			
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under						
	sections 4912, 4955, and 4958 O .						
	Enter amount of tax on line 40c reimbursed by the organization						
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		-0.00% (30.00%)				
	transaction? If "Yes," complete Form 8886-T	40e		X			
41	List the states with which a copy of this return is filed. NONE						
42 a	The books are in care of ► KEN FONTES Telephone no. ► (805)						
	Located at ► 3650 SACRAMENTO DRIVE, SAN LUIS OBISPO, CA ZIP+4 ►	9340	<u> </u>				
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ı	N /				
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes				
	account)?	42b	- Kaliston III	X			
	If "Yes," enter the name of the foreign country:			Madu			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	40.		\$155 E.			
G	If "Yes," enter the name of the foreign country:	42c		X			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		In				
70	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A					
	43	14 / E					
		[Yes	No			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		. 00	100			
• •	Form 990-EZ						
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	44		<u>X</u>			
	completed instead of Form 990-EZ	45	as Ash	X			
		Form 99	90-EZ (

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20	20	$O \cup T$		· ugo i

Part VI | Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public 46 Yes No office? If "Yes," complete Schedule C, Part I 46 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 47 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a b If "Yes," was the related organization(s) a section 527 organization? 49b Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (D) Contributions (b) Title and average hours (c) Compensation (E) Expense to employee (a) Name and address of each employee paid more per week devoted to benefit plans & account and than \$100,000 position other allowances deferred N/A compensation Total number of other employees paid over \$100,000 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer GARY BAGNALL THE BOARD Type or print name and title. Paid Preparer's signature Date Check if self-Preparer's Identifying Number (See instr.) Preparer's employed > Use Only PENAN & SCOTT, P.C. EIN > Firm's name (or yours 1451 ROCKVILLE PIKE, SUITE 400 if self-employed). Phone > ROCKVILLE, MD 20852-1498 (301) 838-0803 ➤ X Yes May the IRS discuss this return with the preparer shown above? See instructions Form 990-EZ (2008)

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
ADVERTISING TRAVEL OFFICE EXPENSE INSURANCE		790. 2,954. 1,018. 700.
TOTAL TO FORM 990-EZ, LINE 16		5,462.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~					
DIRECTLY O	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[]	YES	[X]	NO	
	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. []	YES	[X]	NO	

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STATEMENT 3

UNITED STATES ASSOCIATION OF REPTILE KEEPERS WAS FOUNDED TO PROVIDE THE REPTILE INDUSTRY A PROFESSIONAL ASSOCIATION TO COMBAT ANTI-PET LEGISLATION THAT CAN POTENTIALLY AFFECT 5% OF U.S. HOUSEHOLDS.

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STATEMENT

4

SCIENCE, EDUCATION AND CONSERVATION BASED ADVOCACY FOR THE RESPONSIBLE PRIVATE OWNERSHIP OF, AND TRADE IN REPTILES. TO ENDORSE CAGING STANDARDS, SOUND HUSBANDRY, ESCAPE PREVENTION PROTOCOLS, AND AN INTEGRATED APPROACH TO VITAL CONSERVATION ISSUES.