** Public Disclosure Copy **

Form 990-EZ

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/Form990EZ for instructions and the latest information.

For the 2017 calendar year, or tax year beginning and ending

Name of organization

NORTH AMERICAN SOCIETY FOR BAT RESEARCH

Address

1 DENT DRIVE

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

LEWISBURG, PA 17837

Employer identification number

37-1360181

Accounting Method

Cash>

Website

WWW.NASBR.ORG

Tax-exempt status (check only one) — [ ] 501(c)(3) [ ] 501(c) (insert no.) [ ] 4947(a)(1) or [ ] 527

Form of organization

Corporation

Check if the organization is not required to attach Schedule B

$ 130,297.

Part I

Revenue, Expenses, and Changes in Net Assets or Fund Balances

(see the instructions for Part I)

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

Contributions, gifts, grants, and similar amounts received

1 30,101.

Program service revenue including government fees and contracts

2 99,306.

Membership dues and assessments

3 750.

Investment income

4 SEE SCHEDULE O 140.

Gross amount from sale of assets other than inventory

5 SEE SCHEDULE O

Less: cost or other basis and sales expenses

5b

Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)

5c

Gross income from gaming (attach Schedule G if greater than $15,000)

6a SEE SCHEDULE O

Less: direct expenses from gaming and fundraising events

6c

Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)

6d

Gross sales of inventory, less returns and allowances

7a

Less: cost of goods sold

7b

Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)

7c

Other revenue (describe in Schedule O)

8

Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8

9 130,297.

Grants and similar amounts paid (list in Schedule O)

10

Salaries, other compensation, and employee benefits

11

Professional fees and other payments to independent contractors

12

Occupancy, rent, utilities, and maintenance

13

Printing, publications, postage, and shipping

14

Other expenses (describe in Schedule O)

15 SEE SCHEDULE O

Total expenses. Add lines 10 through 16

16 106,958.

Excess or (deficit) for the year (Subtract line 17 from line 9)

18 23,339.

Net assets or fund balances at beginning of year (from line 27, column (A))

19 142,109.

Other changes in net assets or fund balances (explain in Schedule O)

20 0.

Net assets or fund balances at end of year. Combine lines 18 through 20

21 165,448.

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

- Health benefits, contributions to employee benefit plans, and deferred compensation (if not paid, enter -0-)

732172  11-22-17

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

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

What is the organization's primary exempt purpose? SEE SCHEDULE O

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

28 SEE SCHEDULE O

(Grants $ ) If this amount includes foreign grants, check here ► 28a 106,958.

29

(Grants $ ) If this amount includes foreign grants, check here ► 29a

30

(Grants $ ) If this amount includes foreign grants, check here ► 30a

31 Other program services (describe in Schedule O)

(Grants $ ) If this amount includes foreign grants, check here ► 31a

32 Total program service expenses (add lines 28a through 31a) ► 32 106,958.

Part IV | List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ✗

(a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) if not paid, enter -0- | (d) Health benefits contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation
---|---|---|---|---
BURTON LIM | CHAIR | 1.00 | 0. | 0.
ERIN GILLAM | SECRETARY | 1.00 | 0. | 0.
DEEANN M. REEDER | TREASURER | 1.00 | 0. | 0.
AL KURTA | PAST-CHAIR | 1.00 | 0. | 0.
GARY KWIECINSKI | PROGRAM DIRECTOR | 1.00 | 0. | 0.
RILEY BERNARD | ASSOCIATE PROGRAM DIRECTOR | 1.00 | 0. | 0.
SHAHRouKH MISTRY | ASSOCIATE PROGRAM DIRECTOR | 1.00 | 0. | 0.
EMMA WILCOX | ASSOCIATE PROGRAM DIRECTOR | 1.00 | 0. | 0.
LUIS VIQUEZ | ASSOCIATE PROGRAM DIRECTOR | 1.00 | 0. | 0.
JOY O'KEEFE | ASSOCIATE PROGRAM DIRECTOR | 1.00 | 0. | 0.
MEMBER | | | | |
RICK ADAMS | | | | |
MEMBER | | | | |
LIAM MCGUIRE | | | | |
MEMBER | | | | |
33. Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. 

   Yes   No

34. Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization’s name. Otherwise, explain the change on Schedule O (see instructions).

   Yes   No

35a. Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

   Yes   No

   a. If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.

   Yes   No

   b. If "Yes," complete Schedule L, Part II and enter the total amount involved.

   N/A

36. Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.

   Yes   No

37a. Enter amount of political expenditures, direct or indirect, as described in the instructions.

   0

37b. Did the organization file Form 1120-POL for this year?

   Yes   No

38a. Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

   Yes   No

   a. Initiation fees and capital contributions included on line 9

   N/A

39. Section 501(c)(7) organizations. Enter:

   a. Gross receipts, included on line 9, for public use of club facilities

   N/A

40a. Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

   section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.

   b. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

   X

   c. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

   0

   d. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization

   0

   e. All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

   X

41. List the states with which a copy of this return is filed. ► NONE

42a. The organization's books are in care of ► DEEANN M. REEDER, TREASURER Telephone no. ► 570-577-1208

   Located at ► 1 DENT DRIVE, LEWISBURG, PA

   ZIP + 4 ► 17837

   b. At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

   No

   If "Yes," enter the name of the foreign country:

   X

   See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

   X

43. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year.

   N/A

44a. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

   X

44b. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

   X

44c. Did the organization receive any payments for indoor tanning services during the year?

   X

44d. Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

   X

45a. Did the organization have a controlled entity within the meaning of section 512(b)(13)?

   X

45b. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).

   X
Part VI | Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

<table>
<thead>
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<th>Yes</th>
<th>No</th>
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46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

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

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

if "Yes," was the related organization a section 527 organization?

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

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
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<td>NONE</td>
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51 Complete this table for the organization’s five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
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52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

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.

Paid Preparer Use Only

<table>
<thead>
<tr>
<th>Print/Type preparer’s name</th>
<th>Preparer’s signature</th>
<th>Date</th>
<th>Check if self-employed</th>
<th>PTIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>JULIUS C. GREEN, CPA</td>
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</tbody>
</table>

Firm’s name ➤ BAKER TILLY VIRCHOW KRAUSE, LLP
Firm’s EIN ➤ 39-0859910
Firm’s address ➤ 1650 MARKET STREET, SUITE 4500
PHILADELPHIA, PA 19103-7341
Phone no. 215.972.0701

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2017)