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Form **990**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 04-01-2024 , and ending 03-31-2025

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
AMERICAN MENSA LTD

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1315 BROOKSIDE DR

City or town, state or province, country, and ZIP or foreign postal code
HURST, TX 76053

D Employer identification number
11-1986754

E Telephone number
(817) 607-0060

G Gross receipts $ 6,074,922

F Name and address of principal officer:
TAMESHA LOGAN
1315 BROOKSIDE DR
HURST, TX 76053

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☐ 501(c)(3) ☑ 501(c) (4) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.US.MENSA.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1971

M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO IDENTIFY, FOSTER, STIMULATE, RESEARCH AND SUPPORT HUMAN INTELLIGENCE TO BENEFIT HUMANITY.

2 Check this box ☐

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	2,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	119,199
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	16,238	21,894
9	Program service revenue (Part VIII, line 2g)	3,994,006	4,031,716
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	429,714	515,796
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	617,396	584,081
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,057,354	5,153,487
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,000	10,000
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,774,609	1,700,815
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 195,677		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,404,222	3,587,806
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,188,831	5,298,621
19	Revenue less expenses. Subtract line 18 from line 12	-131,477	-145,134

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	13,049,286	13,389,688
21	Total liabilities (Part X, line 26)	14,604,269	15,192,150
22	Net assets or fund balances. Subtract line 21 from line 20	-1,554,983	-1,802,462

Part II Signature Block

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 BETH ANNE DEMETER NATIONAL TREASURER Type or print name and title	2025-12-22 Date

Paid Preparer Use Only				
Print/Type preparer's name	Preparer's signature	Date 2025-12-22	Check ☐ if self-employed	PTIN P01684134
Firm's name CLIFTONLARSONALLEN LLP			Firm's EIN 41-0746749	
Firm's address 1145 BROADWAY SUITE 1300 TACOMA, WA 98402			Phone no. (253) 272-1555	

May the IRS discuss this return with the preparer shown above? See Instructions. . . . . ☑ **Yes** ☐ **No**

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2024)

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Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

TO IDENTIFY AND FOSTER HUMAN INTELLIGENCE FOR THE BENEFIT OF HUMANITY; TO ENCOURAGE RESEARCH IN THE NATURE, CHARACTERISTICS, AND USES OF INTELLIGENCE; AND TO PROVIDE A STIMULATING INTELLECTUAL AND SOCIAL ENVIRONMENT FOR ITS MEMBERS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ **Yes** ☑ **No**

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 services? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,660,992 including grants of $) (Revenue $ 3,713,153)

MEMBERSHIP: MEMBERSHIP WAS 46,145 AT THE END OF THE YEAR. WITHIN THE ORGANIZATION,MORE THAN 130 SPECIAL INTEREST GROUPS, 122 CHAPTERS, AND NUMEROUS ONLINE COMMUNITIES PROVIDE EDUCATIONAL AND SOCIAL EXPERIENCES FOR MENSA MEMBERS. THE ORGANIZATION PROVIDES SUPPORT AND ASSISTANCE FOR PUBLIC PROGRAMS SUCH AS GIFTED YOUTH, INCLUDING A MENSA HONOR SOCIETY FOR VOLUNTEERING, A BOOK PARADE PROGRAM, AND SUPPORT FOR PARENTS AND EDUCATORS. SUPPORT IS PROVIDED TO THE MENSA FOUNDATION AND TO OTHER RELATED ORGANIZATIONS TO SUPPORT AREAS OF EDUCATION, GIFTEDNESS, AND RESEARCH. PROGRAMS SUCH AS MIND GAMES PROVIDE A VENUE NOT ONLY FOR MEMBERS TO PARTICIPATE, BUT EXTEND PAST THE ORGANIZATION TO GIVE THE PUBLIC A MENSA SEAL OF APPROVAL FOR BOARD GAMES. THE MENSA HOME TEST PROVIDES AN AVENUE FOR THE GENERAL PUBLIC TO GAUGE THEIR INTELLIGENCE LEVEL IN A RELAXED ENVIRONMENT AND ENCOURAGES THEM TO RECOGNIZE THEIR APTITUDE. IN ADDITION TO ADMISSIONS TESTING, MORE THAN 1,500 MENSA EVENTS ARE HELD THROUGHOUT THE COUNTRY ON AN ANNUAL BASIS. MENSA PROVIDES OPPORTUNITIES FOR MEMBERS OF ALL AGES TO GIVE BACK TO THE ORGANIZATION IN VOLUNTEER ROLES. OVER 2,000 MEMBERS ARE VOLUNTEERING FOR MENSA AT ANY GIVEN TIME.

4b (Code:) (Expenses $ 1,093,004 including grants of $) (Revenue $)

LOCAL GROUP SUPPORT: AS THE KEY CONNECTION BETWEEN OUR MEMBERS AND THE ORGANIZATION, OUR LOCAL CHAPTERS PROVIDE EDUCATIONAL AND SOCIAL EVENTS, AS WELL AS PROVIDING ADMISSIONS TESTING ON THE ORGANIZATION'S BEHALF. MANY LOCAL CHAPTERS SUPPORT THEIR COMMUNITIES WITH CHARITABLE AND SOCIAL WORK.

4c (Code:) (Expenses $ 850,890 including grants of $) (Revenue $)

PUBLICATIONS: THE MENSA BULLETIN PROVIDES MEMBERS WITH INFORMATIONAL AND INTRIGUING ARTICLES, AS WELL AS WAYS TO INTERACT WITH OTHER MEMBERS VIA POLLS AND OTHER FEEDBACK. THE MENSA BULLETIN IS GENERATED 10 TIMES A YEAR IN BOTH PRINT AND ELECTRONIC FORMATS FOR THE MEMBERS. A VAST MAJORITY OF THE CONTENT (ARTICLES AND ILLUSTRATIONS) IN EACH ISSUE IS CREATED BY THE MEMBERS THEMSELVES. ELECTRONIC PUBLICATIONS ARE ALSO USED TO SUPPLEMENT THE PRINT PUBLICATIONS. THE YOUNG MENSA MAGAZINE (YM2) IS GENERATED QUARTERLY BY THE YOUTH MEMBERS OF THE ORGANIZATION AND DISTRIBUTED TO ALL YOUTH MEMBERS. THE WWW.US.MENSA.ORG WEBSITE PROVIDES MORE THAN 4,000 PAGES OF CONTENT ABOUT THE ORGANIZATION, ITS LOCAL GROUPS, TESTING, PROGRAMS AND MEMBERSHIP. ADDITIONALLY, MENSA SUPPORTS WEB SITES FOR MANY OF ITS SPECIFIC PROGRAMS AND EVENTS.

(Code:) (Expenses $ 497,645 including grants of $ 10,000) (Revenue $ 302,386)

PUBLIC RELATIONS: MENSA HAS BEEN DETERMINED TO BE A FAMOUS MARK AND OUR MARKETING EFFORTS FOCUS ON GROWING THE PUBLIC AWARENESS AND RESPECT FOR THE ORGANIZATION. EFFORTS SUCH AS MENSA TESTING DAY, THE ANNUAL MIND GAMES COMPETITION, AS WELL AS THE MENSA BRAND ON BOOKS AND CALENDARS, INCREASES THE PUBLIC PERCEPTION OF THE ORGANIZATION IN A POSITIVE WAY. MENSA CONTINUES TO FIND WAYS THAT ALIGN OUR BRAND WITH OTHER PRODUCTS ON THE MARKET THAT STRENGTHEN OUR IMAGE IN A POSITIVE WAY.

4d Other program services (Describe in Schedule O.)
(Expenses $ 497,645 including grants of $ 10,000) (Revenue $ 302,386)

4e **Total program service expenses** 4,102,531

Part IV **Checklist of Required Schedules**

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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	**25b**		No
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% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	**26**		No
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 entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	**27**		No
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):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
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**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	**1a**	31		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**	Yes	
4a	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)? . .	**4a**		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		No

16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		**17**		

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Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*
Check if Schedule O contains a response or note to any line in this Part VI ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	7		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
DAVID C PEERY 1315 BROOKSIDE DR HURST, TX 76053 (817) 607-5531

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, box 6 of 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, or 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LORI NORRIS CHAIR	20.00 0.00	X		X				0	0	0
(2) BAKER RING 1ST VICE CHAIR THRU 6/24	20.00 0.00	X		X				0	0	0
(3) IAN RANDAL STROCK 1ST VICE CHAIR; SECRETARY THRU 6/24	20.00 0.00	X		X				0	0	0
(4) JON GRUEBELE RVC;2ND VC;1ST VC THRU 3/25	20.00 0.00	X		X				0	0	0
(5) TABITHA VOS 2ND VICE CHAIR	20.00 0.00	X		X				0	0	0
(6) TREBOR LEFEBVRE SECRETARY 07/24-03/25	20.00 0.00	X		X				0	0	0
(7) TASHA CRISS TREASURER 04/24-06/24	20.00 0.00	X		X				0	0	0
(8) BETH ANNE DEMETER TREASURER 07/24-03/25	20.00 0.00	X		X				0	0	0
(9) TERESA CAMPBELL REGIONAL VICE CHAIR 1 04/24-06/24	20.00 0.00	X						0	0	0
(10) STEVE WELCH REGIONAL VICE CHAIR 2 07/24-01/25	20.00 0.00	X						0	0	0

(11) RICK MAGNUS REGIONAL VICE CHAIR 3 07/24-03/25	20.00 0.00	X						0	0	0
(12) MATT CRAWFORD REGIONAL VICE CHAIR 4 07/24-01/25	20.00 0.00	X						0	0	0
(13) DAVID MCCALLISTER REGIONAL VICE CHAIR 6 07/24-01/25	20.00 0.00	X						0	0	0
(14) LORA MITCHELL REGIONAL VICE CHAIR 3 04/24-06/24	20.00 0.00	X						0	0	0
(15) LILY NOONAN COMMUNICATIONS OFFICER 07/24-01/25	20.00 0.00	X						0	0	0
(16) KELLY-MARIE JONES REGIONAL VICE CHAIR 9 07/24-01/25	20.00 0.00	X						0	0	0
(17) NANCY CAMPBELL REGIONAL VICE CHAIR 5 04/24-01/25	20.00 0.00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	**(B)** Average hours per week (list any hours for related organizations below dotted line)	**(C)** Position (do not check more than one box, unless person is both an officer and a director/trustee)						**(D)** Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	**(E)** Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHAD ANDERSON OMBUDSMAN 04/24-06/24	20.00 0.00	X						0	0	0
(19) JOHN NEEMIDGE REGIONAL VICE CHAIR 6 04/24-06/24	20.00 0.00	X						0	0	0
(20) TRACEY GUICE REGIONAL VICE CHAIR 8 04/24-06/24	20.00 0.00	X						0	0	0
(21) RACHEL KIBLER REGIONAL VICE CHAIR 9 04/24-06/24	20.00 0.00	X						0	0	0
(22) THOMAS G THOMAS REGIONAL VICE CHAIR 10 04/24-06/24	20.00 0.00	X						0	0	0
(23) CHARLES STEINHICE DIR. OF SCI. & ED. 04/24-06/24	5.00 10.00	X						0	0	0
(24) KIMBERLY STRICKLAND MEMBERSHIP OFFICER 04/24-01/25	20.00 0.00	X						0	0	0
(25) TOMMY RYAN COMMUNICATION OFFICER 04/24-06/24	20.00 0.00	X						0	0	0
(26) DAVID LEAVITT MARKETING OFFICER 04/24-06/24	20.00 0.00	X						0	0	0
(27) CURT KRAMBECK REGIONAL VICE CHAIR 7 07/24-03/25	20.00 0.00	X						0	0	0
(28) MICHAEL EAGER REGIONAL VICE CHAIR 8 07/24-01/25	20.00 0.00	X						0	0	0
(29) FRANCK MOUNIER REGIONAL VICE CHAIR 1 07/24-01/25	20.00 0.00	X						0	0	0
(30) KAY KLASEN REGIONAL VICE CHAIR 10 07/24-01/25	20.00 0.00	X						0	0	0

(31) TREVOR MITCHELL	42.00			X				122,945	0	22,183
EXECUTIVE DIRECTOR THRU 7/24	8.00									
(32) DAVID PEERY	44.00					X		111,625	0	20,085
DIRECTOR OF FINANCE	0.50									
(33) TIMOTHY BROOKS	45.00					X		101,971	0	2,974
DIRECTOR OF MEMBERSHIP & TECHNOLOGY	0.00									
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								336,541	0	45,242

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 3

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?*If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ROYLE PRINTING 745 S BIRD ST SUN PRAIRIE, WI 53590	PRINTING & PUBLISHING SVCS	186,227
MPOWER 10817 FERNALD AVE DALLAS, TX 75318	BRAND & LICENSING DEVELOPMENT	116,879

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 2

Part VIII **Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	derated campaigns . . **1a**				
	embership dues . . **1b**				
	indraising events . . **1c**				
	lated organizations **1d** 4,000				
	vernment grants (contributions) **1e**				
	f All other contributions, gifts, grants, and similar amounts not included above **1f** 17,894				
	g Noncash contributions included in lines 1a - 1f:$ **1g**				
	h Total. Add lines 1a–1f				

h Total. Add lines 1a–1f		21,894				
Program Service Revenue		Business Code				
2a MEMBERSHIP DUES		900099	2,928,308	2,928,308		
b GATHERING/EVENTS		900099	784,845	784,845		
c TESTING		900099	302,386	302,386		
d PUBLICATIONS		541800	16,177		16,177	
e						
f All other program service revenue.						
g Total. Add lines 2a–2f		4,031,716				
3 Investment income (including dividends, interest, and other similar amounts)			360,885			360,885
4 Income from investment of tax-exempt bond proceeds						
5 Royalties			67,179		15,000	52,179
	(i) Real	(ii) Personal				
6a Gross rents	**6a**					
b Less: rental expenses	**6b**					
c Rental income or (loss)	**6c**					
d Net rental income or (loss)						
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	**7a** 937,194					
b Less: cost or other basis and sales expenses	**7b** 782,283					
c Gain or (loss)	**7c** 154,911					
d Net gain or (loss)			154,911			154,911
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	**8a**					
b Less: direct expenses . . .	**8b**					
c Net income or (loss) from fundraising events . .						
9a Gross income from gaming activities. See Part IV, line 19 . . .	**9a**					
b Less: direct expenses . . .	**9b**					
c Net income or (loss) from gaming activities . .						
10a Gross sales of inventory, less returns and allowances . .	**10a** 227,174					
b Less: cost of goods sold . .	**10b** 139,152					
c Net income or (loss) from sales of inventory . .			88,022		88,022	
Other Revenue		Business Code				
11a ADMINSTRATIVE SUPPORT		561000	391,805			391,805
b MISCELLANEOUS		900099	37,075			37,075
c OtherRevenueMiscAmt						
d All other revenue						
e Total. Add lines 11a–11d			428,880			
12 Total revenue. See instructions			5,153,487	4,915,539	119,199	996,855

	5,153,487	4,015,539	119,199	998,855

Part IX **Statement of Functional Expenses**

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 or note to any line in this Part IX . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	**(A)** Total expenses	**(B)** Program service expenses	**(C)** Management and general expenses	**(D)** Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,000	10,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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				
5 Compensation of current officers, directors, trustees, and key employees	72,601	50,618	18,847	3,136
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,316,122	917,555	341,716	56,851
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	45,798	31,928	11,891	1,979
9 Other employee benefits	122,644	85,502	31,844	5,298
10 Payroll taxes	143,650	100,147	37,298	6,205
11 Fees for services (non-employees):				
a Management				
b Legal	10,439	6,646	3,428	365
c Accounting	35,576		35,576	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	27,826		27,826	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	577,802	425,101	127,494	25,207
12 Advertising and promotion	65,191	62,950	95	2,146
13 Office expenses	265,328	218,530	46,109	689
14 Information technology	203,418	1,238	202,103	77
15 Royalties				
16 Occupancy	162,120	111,274	43,952	6,894
17 Travel	115,995	43,423	3,859	68,713
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	774,995	774,995		
20 Interest				
21 Payments to affiliates	434,092	434,092		
22 Depreciation, depletion, and amortization	29,276	20,318	7,699	1,259
23 Insurance	160,279	137,231	19,809	3,239
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a NEWSLETTER PRODUCTION E	580,338	578,159	624	1,555
b MISCELLANEOUS	60,506	52,101	1,546	6,859
c EQUIPMENT RENTAL	40,695		35,941	4,754
d AWARDS	33,448	33,448		
e All other expenses	10,482	7,275	2,756	451
25 **Total functional expenses.** Add lines 1 through 24e	5,298,621	4,102,531	1,000,413	195,677
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined				

educational campaign and fundraising solicitation.Check here ☐ if following SOP 98-2 (ASC 958-720).			

Part X **Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

					(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			612,146	1	556,707
	2	Savings and temporary cash investments			1,134,305	2	1,319,388
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			86,915	4	85,364
	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	
	8	Inventories for sale or use			134,815	8	142,459
	9	Prepaid expenses and deferred charges			309,068	9	292,854
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	786,104			
	b	Less: accumulated depreciation	10b	674,428	126,411	10c	111,676
	11	Investments—publicly traded securities			8,135,559	11	8,539,412
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,510,067	15	2,341,828
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)			13,049,286	16	13,389,688
Liabilities	17	Accounts payable and accrued expenses			367,049	17	451,370
	18	Grants payable				18	
	19	Deferred revenue			11,763,393	19	12,393,725
	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				24	
	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			2,473,827	25	2,347,055
	26	**Total liabilities.** Add lines 17 through 25			14,604,269	26	15,192,150
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☑ **and complete lines 27, 28, 32, and 33.**					
	27	Net assets without donor restrictions			-1,554,983	27	-1,802,462
	28	Net assets with donor restrictions				28	
		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				31	
	32	Total net assets or fund balances			-1,554,983	32	-1,802,462
	33	Total liabilities and net assets/fund balances			13,049,286	33	13,389,688

Part XI Reconcilliation 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	5,153,487
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,298,621
3	Revenue less expenses. Subtract line 2 from line 1	3	-145,134
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-1,554,983
5	Net unrealized gains (losses) on investments	5	-28,604
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-73,741
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-1,802,462

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2024)

Form 990 (2024)

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

efile Public Visual Render | ObjectId: 202513579349301026 - Submission: 2025-12-23 | TIN: 11-1986754

Schedule B (Form 990) (Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization
AMERICAN MENSA LTD

Employer identification number
11-1986754

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization

Form 990-PF

- ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- ☐ 527 political organization
- ☐ 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

☐ 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 other 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 or 990-EZ), 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, 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 . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X **Schedule B (Form 990) (Rev. 1-2025)**

Schedule B (Form 990) (Rev. 1-2025)

Page **2**

Name of organization	**Employer identification number**
AMERICAN MENSA LTD	11-1986754

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (Rev. 1-2025)

Name of organization
AMERICAN MENSA LTD

Employer identification number
11-1986754

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. 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	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

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

Schedule B (Form 990) (Rev. 1-2025)

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization	**Employer identification number**
AMERICAN MENSA LTD	11-1986754

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or 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 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified 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 conservation easement on the last day of the tax year.

		Held at the End of the Year
a	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 July 25, 2006, 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 organization during the tax year ▶ _____

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 ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part 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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ $

(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, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ $

b Assets included in Form 990, Part X . . . . . ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c	Beginning balance	**1c**
d	Additions during the year	**1d**
e	Distributions during the year	**1e**
f	Ending balance	**1f**

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,135,559	7,348,130	6,983,215	5,510,901	
b Contributions			727,073	1,486,237	5,528,947
c Net investment earnings, gains, and losses	431,679	812,889	-338,474	8,712	
d Grants or scholarships					
e Other expenditures for facilities and programs					18,046
f Administrative expenses	27,826	25,460	23,684	22,635	
g End of year balance	8,539,412	8,135,559	7,348,130	6,983,215	5,510,901

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 100.000 %

b Permanent endowment ▶

c Term endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations . . . . . **3a(i)**		No
(ii) Related organizations . . . . . **3a(ii)**		No

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				

b Buildings				
c Leasehold improvements		2,625		2,625
d Equipment		783,479	674,428	109,051
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				111,676

Schedule D (Form 990) (Rev. 1-2025)

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	**(b)** Book value	**(c)** Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (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-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (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.

(a) Description	**(b)** Book value
(1)LOCAL GROUP CASH	1,894,789
(2)DUE FROM MENSA EDUCATION AND RESEARCH FOUNDATION	9,385
(3)RIGHT OF USE ASSET	437,654
(3)	
(4)	
(5)	
(6)	

(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	2,341,828

Part X Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.

1. **(a)** Description of liability	**(b)** Book value
(1) Federal income taxes	
LOCAL GROUP CASH LIABILITY	1,894,789
LEASE LIABILITIES	452,266
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	2,347,055

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Schedule D (Form 990) (Rev. 1-2025)

Page 4

Schedule D (Form 990) (Rev. 1-2025) Page **4**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
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**	4,773,794
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	**2a**	-28,604		
b	Donated services and use of facilities	**2b**			
c	Recoveries of prior year grants	**2c**			
d	Other (Describe in Part XIII.)	**2d**			
e	Add lines **2a** through **2d**			**2e**	-28,604
3	Subtract line **2e** from line **1**			**3**	4,802,398
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	**4a**	27,826		
b	Other (Describe in Part XIII.)	**4b**	323,263		
c	Add lines **4a** and **4b**			**4c**	351,089
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			**5**	5,153,487

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			**1**	5,021,273
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	**2a**			
b	Prior year adjustments	**2b**			
c	Other losses	**2c**			
d	Other (Describe in Part XIII.)	**2d**			
e	Add lines **2a** through **2d**			**2e**	0
3	Subtract line **2e** from line **1**			**3**	5,021,273
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	**4a**	27,826		
b	Other (Describe in Part XIII.)	**4b**	249,522		
c	Add lines **4a** and **4b**			**4c**	277,348
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			**5**	5,298,621

Part XIII Supplemental Information

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

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.

Return Reference	Explanation
PART V, LINE 4:	MENSA'S BOARD DESIGNATED FUNDS ARE RESERVED FOR MEMBERSHIP SERVICES TO LIFETIME MEMBERS AND MULTI-YEAR MEMBERS. BENEFITS INCLUDE ACCESS TO RESEARCH, REGISTRATION FOR THE ANNUAL MEETING, AND ACCESS TO OTHER EVENTS AND PUBLICATIONS.
PART X, LINE 2:	MENSA IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE (IRC). THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE IRC AS A SECTION 501(A) ORGANIZATION WITHIN THE MEANING OF SECTION 509(A). THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE FOUNDATION IS A PUBLICLY SUPPORTED ORGANIZATION. TAXES ARE PAID ON NET INCOME EARNED FROM SOURCES UNRELATED TO THE EXEMPT PURPOSES. THERE WAS NO NET INCOME FROM UNRELATED BUSINESS FOR THE YEARS ENDED MARCH 31, 2025 AND 2024. THE ORGANIZATIONS FILE AS A TAX-EXEMPT ORGANIZATION. THE ORGANIZATIONS' TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	LOCAL CHAPTER REVENUE 323,263.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	LOCAL CHAPTER EXPENSES 249,522.

Schedule D (Form 990) (Rev. 1-2025)

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Schedule I (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
AMERICAN MENSA LTD

Employer identification number
11-1986754

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MENSA EDUCATION AND RESEARCH FOUNDATION 1315 BROOKSIDE DR HURST, TX 76053	75-2857248	501(C)(3)	10,000	0	N/A	N/A	GENERAL PROGRAM ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 1
3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P **Schedule I (Form 990) Rev. 1-2025**

Page 2

Schedule I (Form 990) Rev. 1-2025 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	THE GRANTS ISSUED ARE UNRESTRICTED GIFTS. NO FORMAL MONITORING IS REQUIRED.

Schedule I (Form 990) Rev. 1-2025

Additional Data **Return to Form**

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SCHEDULE O
(Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
AMERICAN MENSA LTD

Employer identification number
11-1986754

Return Reference	Explanation
FORM 990, PART V, LINE 2A:	AMERICAN MENSA USES A PROFESSIONAL EMPLOYMENT ORGANIZATION (PEO) FOR PAYROLL, BENEFITS, HUMAN RESOURCE CONSULTING AND PAYROLL TAX FILING UNDER THE PEO'S MULTI-EMPLOYER TAX IDENTIFICATION NUMBER. THE PEO REPORTED 21 W-2S IN CALENDAR YEAR 2024.
FORM 990, PART VI, SECTION A, LINE 1A	AN EXECUTIVE COMMITTEE (EXCOMM) SHALL BE CREATED AT THE BEGINNING OF EACH AMC TERM AND RUN FOR THE DURATION OF THAT AMC TERM. THE STANDING MEMBERS OF THE EXCOMM SHALL BE THE CHAIR, FIRST VICE-CHAIR, SECOND VICE-CHAIR, SECRETARY, AND TREASURER. THE EXECUTIVE COMMITTEE SHALL ALSO INCLUDE AN RVC, PROVIDED AN RVC IS AVAILABLE TO SERVE IN THIS CAPACITY. OTHER AMC MEMBERS WHOSE AREA OF RESPONSIBILITY WOULD BE DIRECTLY INVOLVED WITH BUSINESS BEFORE THE EXCOMM MAY BE APPOINTED WITH THE APPROVAL OF THE AMC. ALL EXCOMM MEMBERS SHALL HAVE EQUAL VOTING RIGHTS, SO LONG AS THE EXCOMM MEMBER IS A VOTING MEMBER OF THE AMC. A. THE EXECUTIVE DIRECTOR IS CONSIDERED AN EX-OFFICIO MEMBER OF THE EXCOMM BUT MAY NOT MAKE MOTIONS OR VOTE. B. BETWEEN AMC MEETINGS, THE EXCOMM IS AUTHORIZED TO CONDUCT ALL ROUTINE AND ORDINARY BUSINESS NECESSARY FOR THE DAY TO DAY ADMINISTRATION OF ALL ITEMS INCLUDED IN THE APPROVED BUDGET AND TO APPROVE UNBUDGETED EXPENDITURES OF UP TO $5000 NOT INCLUDED IN THE APPROVED BUDGET. DETAILS OF ALL EXCOMM ACTIONS SHALL BE RECORDED AND REPORTED AT THE NEXT AMC MEETING. C. ON RARE OCCASIONS, SITUATIONS MAY ARISE WHICH NECESSITATE UNBUDGETED EXPENDITURES EXCEEDING $5000 OR NON-ROUTINE DECISIONS THAT MAY SUBSTANTIALLY IMPACT AML OR ITS LOCAL GROUPS. WHEN SUCH AN EMERGENCY EXISTS AND A DECISION IS REQUIRED WITHIN FOURTEEN OR FEWER DAYS, THUS NOT PERMITTING THE FULL AMC TO FULFILL ITS CUSTOMARY FORMAL ROLE IN THE SUPERVISORY PROCESS, THE EXCOMM MAY DECLARE AN EMERGENCY AND ADDRESS THE SITUATION. WHEN DOING SO, THE EXCOMM SHALL APPRISE AND CONSULT THE REST OF THE AMC BEFORE IMPLEMENTING ANY SUCH DECISION. SUCH CONSULTATION MAY INCLUDE INFORMAL POLLING VIA TELECONFERENCE OR OTHER TECHNOLOGY AND WOULD NOT BE CONSIDERED A SPECIAL AMC MEETING SUBJECT TO THE USUAL QUORUM OR FOURTEEN (14) DAYS NOTICE REQUIRED BY THE BYLAWS. D. THE EXCOMM SHALL ALSO CONDUCT THE ANNUAL EVALUATION OF THE EXECUTIVE DIRECTOR'S (ED'S) PERFORMANCE, INCLUDING DETERMINING THE ANNUAL REVIEW FORMAT. THE EXCOMM SHALL GATHER FEEDBACK AND INFORMATION FROM THE AMC BY WAY OF THE FORMAL EVALUATIONS, AS WELL AS BEING RECEPTIVE TO INFORMAL FEEDBACK YEAR-ROUND. THE EXCOMM SHALL BE RESPONSIBLE FOR REVIEWING THE PERFORMANCE EVALUATION WITH THE ED AND RECOMMENDING FUTURE GOALS OR ACTION TO BE TAKEN. THE ED MAY ALSO USE THIS EXCOMM AS NEEDED IN AN ADVISORY CAPACITY REGARDING STAFF RELATED ISSUES AND CONCERNS. BECAUSE OF THE SUBJECT MATTER WITH WHICH THE EXCOMM WILL BE DEALING, ALL OF ITS MEETINGS AND REPORTS REGARDING THIS EVALUATION SHALL BE CONSIDERED CONFIDENTIAL.
FORM 990, PART VI, SECTION A, LINE 6	MEMBERSHIP IS OPEN TO ALL PERSONS FOUND QUALIFIED IN ACCORDANCE WITH THE ELIGIBILITY REQUIREMENTS SET FORTH IN THE INTERNATIONAL CONSTITUTION AND WHO PAY ANNUAL DUES.
FORM 990, PART VI, SECTION A, LINE 7A	ALL ARE MEMBERS. FIVE ARE ELECTED BY THE ENTIRE NATIONAL MEMBERSHIP. THE 10 REGIONAL OFFICERS ARE ELECTED BY MEMBERS IN THEIR RESPECTIVE GEOGRAPHIC AREAS. THE 15 ELECTED OFFICERS APPOINT 4 ADDITIONAL OFFICERS. EACH ELECTED OFFICER IS ENTITLED TO ONE VOTE ON THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 7B	THE ORGANIZATION'S BYLAWS MAY NOT BE AMENDED EXCEPT ON THE AFFIRMATIVE VOTE OF TWO-THIRDS OF THE BALLOTS CAST BY VOTING MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11B	A COPY OF IRS FORMS 990 AND 990-T ARE UPLOADED TO THE BOARD SECTION OF MENSA CONNECTION FOR THE BOARD TO REVIEW THE FILINGS. MENSA CONNECT IS A MEDIUM FOR SHARING AND EXCHANGING INFORMATION.
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS ARE REQUIRED TO AGREE TO AND SIGN THE ACKNOWLEDGEMENT OF RESPONSIBILITIES FOR AMC MEMBERS, WHICH INCLUDES THE CONFLICT OF INTEREST POLICY. DISCLOSURE OF BUSINESS INTERESTS THAT GIVE RISE TO SUCH ARE PROVIDED TO THE AMC. SHOULD AN INDIVIDUAL HAVE A CONFLICT, THE INDIVIDUAL IS NOT ALLOWED TO PARTICIPATE IN DISCUSSIONS AND MUST ABSTAIN FROM VOTING ON THE ISSUES. ALL PROCEEDINGS RELATED TO CONFLICTS OF INTEREST ARE DOCUMENTED IN THE MEETING MINUTES OR AS OTHERWISE APPROPRIATE.
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BY THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE REVIEWS THE ANNUAL ASSESSMENT OF PERFORMANCE AS UNDERTAKEN BY THE BOARD OF DIRECTORS. IN ADDITION, THEY USE COMPARABLE SALARY DATA WHEN MAKING THEIR RECOMMENDATION TO THE FINANCE & AUDIT COMMITTEE. DISCUSSIONS AND DETERMINATIONS ARE KEPT WITH THE PERSONNEL FILE WITH THE PEO. FOR OTHER DIRECTOR LEVEL STAFF MEMBERS, THE EXECUTIVE DIRECTOR ANNUALLY REVIEWS AND UPDATES THE COMPENSATION PLAN, WHICH TAKES INTO ACCOUNT NON-PROFIT DATA FOR SIMILAR JOBS THROUGHOUT THE U.S. ALL INCREASES ARE BASED ON PERFORMANCE (MERIT) REVIEWS. THE PROCESS

	DESCRIBED HERE WAS LAST COMPLETED IN 2024.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE MEMBERSHIP UPON REQUEST.
FORM 990, PART IX, LINE 11G	OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 425,101. MANAGEMENT AND GENERAL EXPENSES 127,494. FUNDRAISING EXPENSES 25,207. TOTAL EXPENSES 577,802.
FORM 990, PART XI, LINE 9:	LOCAL GROUPS EQUITY ADJUSTMENT -73,741.

Additional Data

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SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
AMERICAN MENSA LTD

Employer identification number
11-1986754

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)MENSA EDUCATION AND RESEARCH FOUNDATION 1315 BROOKSIDE DR HURST, TX 76053 75-2857248	EDUCATION AND RESEARCH SUPPORT	TX	501(C)(3)	LINE 7	AMERICAN MENSA LTD	Yes	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

Schedule R (Form 990) (Rev. 1-2025)

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes
c	Gift, grant, or capital contribution from related organization(s)	1c	No
d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o	Sharing of paid employees with related organization(s)	1o	No
p	Reimbursement paid to related organization(s) for expenses	1p	Yes
q	Reimbursement paid by related organization(s) for expenses	1q	Yes
r	Other transfer of cash or property to related organization(s)	1r	No
s	Other transfer of cash or property from related organization(s)	1s	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)MENSA EDUCATION AND RESEARCH FOUNDATION	B	10,000	DONATION/GRANT
(2)MENSA EDUCATION AND RESEARCH FOUNDATION	K	115,487	CASH TRANSFERRED
(3)MENSA EDUCATION AND RESEARCH FOUNDATION	L	350,209	CONTRACT VALUE

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

Additional Data Return to Form

Software ID:

Software Version: