SOUTHEASTERN MUSEUMS CONFERENCE INSTRUCTIONS FOR FILING FORM 8879-TE IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990 FOR THE YEAR ENDED JUNE 30, 2023

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

RETURN YOUR SIGNED IRS E-FILE SIGNATURE AUTHORIZATION FORM 8879-TE TO:

SMITH & HOWARD ADVISORY, LLC 271 17TH STREET, NW SUITE 1600 ATLANTA GA 30363

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

AN ADDITIONAL COPY OF THE RETURN SHOULD BE FILED WITH: GEORGIA DEPARTMENT OF REVENUE P.O. BOX 740395
ATLANTA, GA 30374-0395

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE MAY 15, 2024. WE WOULD APPRECIATE YOU RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning 07/01/2022 and ending 06/30/2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN SOUTHEASTERN MUSEUMS CONFERENCE 54-1042825 Name and title of officer or person subject to tax ZINNIA WILLITS, EXECUTIVE DIRECTOR Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1a Form 990 check here Form 990-EZ check here Form 1120-POL check here . . b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part V, line 5). . . . Form 990-PF check here 4a b Balance due (Form 8868, line 3c) 5a Form 8868 check here 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D). 8b Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9b b Amount of credit payment requested (Form 8038-CP, Part III, line 22) .10b 10a Form 8038-CP check here Declaration and Signature Authorization of Officer or Person Subject to Tax I am an officer of the above entity or ____ I am a person subject to tax with respect to (name Under penalties of perjury, I declare that of entity) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X I authorize SMITH & HOWARD ADVISORY, to enter my PIN 11 | 8 | 2 | 2 | 8 | as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 05/15/2024 Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. |6|7|8|8|2|7|9|2|0|7|4 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Return ERO's signature Date 05/15/2024 **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2022)

PUBLIC INSPECTION, COPY

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury Internal Revenue Service 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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

Open to Public Inspection

A F	or th	e 202	2 calendar year, or tax year beginning 07/01/2022	and endin	g			30/2		
Всь	eck if ap	nnlicable.	C Name of organization			D Employer ide	ntifica	ition nui	mber	
	_		SOUTHEASTERN MUSEUMS CONFERENCE							
	Addre chang		Doing Business As	ı				2825		
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephone nu	ımber			
	Initial	return	P.O. BOX 550746			(40	14)8	114-2	048	
	Termi		City or town, state or province, country, and ZIP or foreign postal code							
	Amen return	ı	ATLANTA, GA 30355-3246			G Gross receipt			11,6	76.
	Applio pendi		F Name and address of principal officer: ZINNIA WILLITS			H(a) Is this a grou subordinates	p return	for	Yes	X No
			130 WEST PACES FERRY ROAD, NW, ATLANTA, GA	30305		H(b) Are all subordi		uded?	Yes	No.
<u> </u>	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	7	If "No," attac	h a list.	(see instr	uctions)	
J١	Websi	te: 🕨	WWW.SEMCDIRECT.NET			H(c) Group exemp	tion nur	mber 🕨	•	
K	Form o	of organ	nization: X Corporation Trust Association Other	L Year of	format	tion: 1977 M	State o	f legal d	iomicile	: VA
Pa	art I	Sui	mmary							
	1	Briefly	y describe the organization's mission or most significant activities: SEMC	, A NONPE	ROFI	T MEMBERSI	HIP	ORGA	NIZA	TION
æ			AN ASSOCIATION OF MUSEUMS, MUSEUM STAFF, INDE							
and			CORP. PARTNERS. WE PROVIDE EDUCATION AND PRO							
ern	2		this box							
Governance			per of voting members of the governing body (Part VI, line 1a)			1	3			17
≪ಶ	4	Numb	per of independent voting members of the governing body (Part VI, line 1b)				4			17
ies	5	Total	number of individuals employed in calendar year 2022 (Part V, line 2a)				5			3
Activities			number of volunteers (estimate if necessary)				6			30
Act	72	Total	unrelated business revenue from Part VIII, column (C), line 12				7a			2,032.
			nrelated business revenue from Form 990-T, line 34				7b			NONI
_		ivet ui	inclated business taxable income nom rom 330-1, line 34			Prior Year	15	Cur	rrent Y	
	8	Contr	ibutions and grants (Part VIII line 1b)			113,02	1			3,973.
ne	9	Drogr	ibutions and grants (Part VIII, line 1h)	Y FOR						
Revenue			am service revenue (Part VIII, line 2g) PUBLIC II	NSPECTION		219,97				7,769.
Re			tment income (Part VIII, column (A), lines 3, 4, and 7d)			10,83				3,094.
			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			3,78	_			1,840
-			revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			347,61				<u>,676.</u>
			s and similar amounts paid (Part IX, column (A), lines 1-3)			5,00				7,100
			its paid to or for members (Part IX, column (A), line 4)				ONE			NONI
ses			es, other compensation, employee benefits (Part IX, column (A), lines 5-10)			100,09			95	3,750.
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)			NC	ONE			NONE
EX			fundraising expenses (Part IX, column (D), line 25) ▶NON				_			
	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			291,10				5,090.
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			396,19				940.
- v	19	Rever	nue less expenses. Subtract line 18 from line 12			-48,58				,264.
ts o nce					Begin	ning of Current Y		En	nd of Ye	
sse			assets (Part X, line 16)			862,45				,269.
ᇴᆮ			liabilities (Part X, line 26)			71,74				5,965.
			ssets or fund balances. Subtract line 21 from line 20.			790,70	7.		720	,304.
Pa			gnature Block							
Und true	ler per . corre	nalties o ct. and	of perjury, I declare that I have examined this return, including accompanying sched complete. Declaration of preparer (other than officer) is based on all information of wh	ules and statem	nents, a s anv ki	and to the best of nowledge.	my kn	iowledge	e and b	elief, it is
	·	ĺ				Ĭ				
Sig	n						15/2	024		
Her			Signature of officer			Date				
HE	-			TIVE DIRE	ECTO:	R				
		<u> </u>	Type or print name and title							
Paid		Print/	Type preparer's name	Date		Check	if PT	ΠN		
		MAR	C A AZAR	05/15	/202	4 self-employe	ed P	9173	9349	
Prep	oarer Only	Firm's	sname ▶ SMITH & HOWARD ADVISORY, LLC			Firm's EIN	92	-074	9631	
_	- City	Firm's	s address > 271 17TH STREET, NW SUITE 1600 ATLANTA, GA 30363			Phone no.	40	4-87	4-62	44
Мау	the II	RS dis	cuss this return with the preparer shown above? (see instructions)					X	Yes	No
For	Paper	rwork	Reduction Act Notice, see the separate instructions.					Fc	rm 99	0 (2022)

Page 2 Form 990 (2022)

Pa	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:
	SEE SCHEDULE O
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 X No If "Yes," describe these new services on Schedule O.
2	Did the organization cease conducting, or make significant changes in how it conducts, any program
J	services?
	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 \$199,851. including grants of \$7,100.) (Revenue \$181,120.)
	SINCE 1951, MUSEUMS IN THE SOUTHEAST HAVE GATHERED STAFF TOGETHER
	FOR NETWORKING AND TRAINING PURPOSES AT AN ANNUAL FALL MEETING.
	TRADITIONALLY, THE SEMC ANNUAL CONFERENCE IS HELD IN OCTOBER. SEMC
	AWARDS PROGRAMS RECOGNIZE EXCELLENCE IN SOUTHEASTERN MUSEUMS AND
	MUSEUM PROFESSIONALS.
4b	(Code:) (Expenses \$59,326. including grants of \$) (Revenue \$55,847.)
	THE ANNUAL JEKYLL ISLAND MANAGEMENT INSTITUTE (JIMI) PROVIDES A
	TOTAL IMMERSION ENVIRONMENT FOR MUSEUM PROFESSIONALS TO LEARN MORE
	ABOUT GENERAL MUSEUM ADMINISTRATION AND OPERATIONS. JIMI GIVES
	ADMINISTRATORS THE KEY RESOURCES IMPERATIVE TO ORCHESTRATING
	PERSONNEL EFFICIENCY, STAFF MORALE AND OVERALL ORGANIZATIONAL
	IMPROVEMENT. JIMI OFFERS OPPORTUNITIES FOR PARTICIPANTS TO LEARN
	MANAGEMENT SKILLS THROUGH PRESENTATIONS, SMALL GROUP DISCUSSIONS,
	PROJECTS AND PARTICIPATORY EXERCISES.
4с	(Code:) (Expenses \$) (Revenue \$) (Revenue \$)
	SEMC IS LAUNCHING A PROFESSIONAL DEVELOPMENT PROGRAM TO EQUIP A
	NEW GENERATION OF MUSEUM LEADERS WITH OUTWARD-LOOKING SKILLS AND
	STRATAGEMS THAT INCREASE THEIR EFFECTIVENESS AS LEADERS AND THEIR
	ABILITY TO CREATE A PRODUCTIVE AND INCLUSIVE ENVIRONMENT WITHIN
	THE MUSEUM AND AMONG THE MUSEUM'S BOARD. THE PROGRAM IS DEVELOPED
	IN PARTNERSHIP WITH THE ASSOCIATION OF AFRICAN AMERICAN MUSEUMS
	(AAAM) AND FOCUSES ON LEADERSHIP STAFF OF SMALL AND MID-SIZED
	INSTITUTIONS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 259,577.

Form 990 (2022) Page **3**

Part	V Checklist of Required Schedules			
	<u> </u>		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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		Х
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		Х
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		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
D	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	446		3.7
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	11b		X
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		Λ
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	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		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		Х
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.		3.7
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	'		X
. 5	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		21
. •	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2022)

Part IV Chocklist of Poquired Schodules (continued)

Part	Checklist of Required Schedules (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	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		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·		24c		
	to defease any tax-exempt bonds?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			21
20	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		20-		3.7
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334		21
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
20		330		
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		X
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		X
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	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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Form **990** (2022)

Form 990 (2022) Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	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		Х
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		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	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		Х
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).			
	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
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.			
а	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:			
	Initiation fees and capital contributions included on Part VIII, line 12			
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:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	1 Ja		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
^	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	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?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
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?	17		
	If "Yes," complete Form 6069.			

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

Sect	ion 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	17			
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with			
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or un	nder t	he direct			
	supervision of officers, directors, trustees, or key employees to a management company or other	persor	1?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f	iled?.		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's	assets	?	5		X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to e	lect o	r appoint			
	one or more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval	by) n	nembers,			
	stockholders, or persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	n during			
	the year by the following:		_			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code	.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
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 p	urpose	es?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	iling th	e form? .	11a	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	that c	ould give			
	rise to conflicts?			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy?	If "Yes,"			
	describe on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review ar	nd app	oroval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	n and	decision?			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		X
	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		•			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
	on 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 Forms 1023 (1024 or 1024-A, if applicable)		and 990-T	(sect	ion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap		- 0\			
	Own website Another's website X Upon request Other (explain on So		•			
19	Describe on Schedule O whether (and if so, how) the organization made its governing docur	nents,	conflict of	f inter	est p	olicy,
	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 ZINNIA WILLITS 130 WEST PACES FERRY ROAD, NW ATLANTA, GA 30305	books	and record	S		

404-814-2048

Form **990** (2022)

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

- 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more the box, unless person is officer and a directory				is both	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) ZINNIA WILLITS	40.00									
EXECUTIVE DIRECTOR	NONE			Х				74,002.	NONE	9,823.
(2) MATTHEW S. DAVIS	3.00							7170021	1,01,1	3,023.
PRESIDENT	NONE	X						NONE	NONE	NONE
(3) CALINDA LEE	3.00									
VICE PRESIDENT	NONE	Х						NONE	NONE	NONE
(4) DEITRAH J. TAYLOR	3.00									
SECRETARY	NONE	Х						NONE	NONE	NONE
(5) SCOTT ALVEY	3.00									
TREASURER	NONE	Х						NONE	NONE	NONE
(6) HEATHER MARIE WELLS	3.00									
PAST PRESIDENT	NONE	Х						NONE	NONE	NONE
(7) GLENNA BARLOW	3.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(8) ALEXANER BENITEZ	3.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(9) TAFENI ENGLISH	3.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(10) KATIE ERICSON	3.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(11) NANCY FIELDS	3.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(12) ALICIA FRANCK	3.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(13) DEBORAH ROSE VAN HORN	3.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(14) BRIGETTE JANEA JONES	3.00									
DIRECTOR	NONE	X						NONE	NONE	NONE

Form **990** (2022)

Dogo	Ω

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations	box,	unle:	Pos heck ss pe	erson	e than of is both tor/trust employ	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	,			and related organizations
15) PAMELA D. C. JUNIOR	3.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
16) ROSALIND MARTIN	3.00	٠						17017	17017	370377
DIRECTOR	NONE	X						NONE	NONE	NONE
17) MICHELLE SCHULTE DIRECTOR	3.00 NONE	v						NONE	NONE	NONE
18) MICHAEL SCOTT	3.00	X						NONE	NONE	NOINE
DIRECTOR	NONE	X						NONE	NONE	NONE
19) AHMAD WARD	3.00	21						110111	110111	110111
DIRECTOR	NONE	X						NONE	NONE	NONE
20) SCOTT WARREN	3.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
21) LANCE WHEELER	3.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
		-								
	+	1								
1h Sub-total								74,002.	NONE	9,823.
1b Sub-total c Total from continuation sheets to Part VII, §	Section A		• •		• •			NONE		NONE
d Total (add lines 1b and 1c)							•	74,002.	NONE	9,823.
2 Total number of individuals (including but not								•		,,,,,,,
reportable compensation from the organization	on ►				NO	ΝĒ			•	
										Yes No
3 Did the organization list any former office	cer, directo	or, or	tru	uste	e,	key e	emp	oloyee, or highes	t compensated	
employee on line 1a? If "Yes," complete Scheo	dule J for su	ch ina	livid	ual						3 X
4 For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	50,0	00?	. It	"Yes	5,"	complete Schedu	le J for such	
individual										4 X
5 Did any person listed on line 1a receive or										E
for services rendered to the organization? If "Section B. Independent Contractors	res," comple	te Scl	nedu	ııe J	ι τοι	sucn	per	son		5 X
·	anoncatad :	ndon	nd.	n+	005	tracta	rc +	hat received man	than \$100 000 a	f
1 Complete this table for your five highest con compensation from the organization. Report										

year.

(A) SEE SCHEDULE O Name and business address	(B) Description of services	(C) Compensation

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

54-1042825

Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse or note to ar	ny line in this Part V	/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s, s	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
P G	C	Fundraising events 1c					
its, r A	d	Related organizations 1d					
Gif	e	Government grants (contributions) 1e					
ns, Sim	f	All other contributions, gifts, grants,					
tio ≥r.		and similar amounts not included above . 1f	128,973.				
the	_	Noncash contributions included in					
a di	g	lines 1a-1f 1g	¢				
Col	h	Total. Add lines 1a-1f		128,973.			
_	- "	Total. Add lilles 1a-11	Business Code	120,575.			
ø		MEMBERSHIP INCOME	900001	118,838.	86,806.	32,032.	
, Ki	2a	MEETING REGISTRATION FEES	900001	111,531.	111,531.	32,032.	
Ser	b		•				
Ver	С	TRADE BOOTH EXHIBIT SPACE	900001	37,400.	37,400.		
gra Re	d		-				
Program Service Revenue	е		-				
ъ.	f	All other program service revenue		068 860			
	g	Total. Add lines 2a-2f		267,769.			
	3	Investment income (including dividends		12.004			12.004
	_	other similar amounts)		13,094.			13,094.
	4	Income from investment of tax-exempt bor	•	NONE			
	5	Royalties	(ii) Personal	NONE			
			(II) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NO					
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ne	b	Less: cost or other basis					
evenue		and sales expenses 7b					
Re	С	Gain or (loss)					
	d	Net gain or (loss)		NONE			
Other	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	NONE				
	b	Less: direct expenses 81	NONE				
	С	Net income or (loss) from fundraising even	s	NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9	NONE				
	b	Less: direct expenses 91	NONE				
	С	Net income or (loss) from gaming activitie	S	NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10	a NONE				
	b	Less: cost of goods sold	b NONE				
		Net income or (loss) from sales of inventory		NONE			
S			Business Code				
Miscellaneous Revenue	11a	JOB POSTINGS	900001	1,840.	1,840.		
ane	b						
scellaned Revenue	C						
ls R	d	All other revenue					
≥	е	Total. Add lines 11a-11d	`	1,840.			
	12	Total revenue. See instructions		411,676.	237,577.	32,032.	13,094.

54-1042825

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									
	not include amounts reported on lines 6b, 7b, 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	NONE								
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22	7,100.	7,100.							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and									
	foreign individuals. See Part IV, lines 15 and 16	NONE								
4	Benefits paid to or for members	NONE								
5	Compensation of current officers, directors,									
	trustees, and key employees	87,087.	60,961.	26,126.						
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	NONE								
7	Other salaries and wages	NONE								
8	Pension plan accruals and contributions (include	NONE								
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits	NONE								
10	Payroll taxes	6,663.	4,664.	1,999.						
	Fees for services (nonemployees):	150 050		150 050						
	Management	179,250.		179,250.						
b	Legal	NONE		5 050						
	Accounting	5,250.		5,250.						
	Lobbying	NONE								
	Professional fundraising services. See Part IV, line 17.	NONE								
	Investment management fees	NONE								
g	Other. (If line 11g amount exceeds 10% of line 25, column	NONE								
	(A), amount, list line 11g expenses on Schedule O.)	NONE 7,060.		7 060						
	Advertising and promotion	174,161.	157,641.	7,060. 16,520.						
13	Office expenses	7,442.	137,041.	7,442.						
14	Information technology	NONE		7,442.						
15	Royalties	55.		55.						
16	Occupancy	26,250.	17,724.	8,526.						
17 18	Payments of travel or entertainment expenses	20,230.	17,721.	0,320.						
.0	for any federal, state, or local public officials	NONE								
10	Conferences, conventions, and meetings	NONE								
	Interest	NONE								
21	_	NONE								
	Depreciation, depletion, and amortization	NONE								
23		2,423.	632.	1,791.						
24				•						
	above. (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A), amount, list line 24e expenses on Schedule O.)									
а	PRINTING	18,426.	8,605.	9,821.						
b	POSTAGE	4,772.	2,250.	2,522.						
С	DUES & SUBSCRIPTIONS	1,001.		1,001.						
d										
е	All other expenses									
	Total functional expenses. Add lines 1 through 24e	526,940.	259,577.	267,363.	NONE					
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)									

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Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Pa	I		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	270,083.	1	78,536
2	Savings and temporary cash investments	NONE	2	NON:
3	Pledges and grants receivable, net	5,000.	3	25,000
4	Accounts receivable, net	1,500.	4	NON:
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	NONE	5	NON:
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).	NONE	6	NON
<u>م</u> ع	Notes and loans receivable, net	NONE		NON
Assets 8 8	Inventories for sale or use	NONE		NON
AS 9	Prepaid expenses and deferred charges SEE SCHEDULE .O	17,790.	9	16,808
_	Land, buildings, and equipment: cost or other	27,7500		20,000
	basis. Complete Part VI of Schedule D 10a			
h	Less: accumulated depreciation	NONE	100	
11	Investments - publicly traded securities SEE SCHEDULE .O	568,079.	11	625,925
12	Investments - other securities. See Part IV, line 11	NONE		NON:
13	Investments - other securities. See Part IV, line 11	NONE		
14				NON
	Intangible assets	NONE		NON
15	Other assets. See Part IV, line 11	NONE		NON
16	Total assets. Add lines 1 through 15 (must equal line 33)	862,452.	16	746,269
17	Accounts payable and accrued expenses	46,330.	17	1,735
18	Grants payable	NONE		NON:
19	Deferred revenue SEE SCHEDULE O	25,415.	19	24,230
20	Tax-exempt bond liabilities	NONE		NON:
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON:
မွ 22	Loans and other payables to any current or former officer, director,			
≣∣	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities	controlled entity or family member of any of these persons	NONE	22	NON
2 3	Secured mortgages and notes payable to unrelated third parties	NONE	23	NON
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NON
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	NONE	25	NON
26	Total liabilities. Add lines 17 through 25	71,745.	26	25,965
27 28 28	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
[27	Net assets without donor restrictions	761,058.	27	690,655
g 28	Net assets with donor restrictions.	29,649.	28	29,649
2	Organizations that do not follow FASB ASC 958, check here	20,010.		20,010
	and complete lines 29 through 33.			
ဝ် ဖ 29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Assets 30 31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	790,707.	32	720,304.
Z 33	Total liabilities and net assets/fund balances	862,452.	33	746,269.
		, 1		Form 990 (2022)

Form 990 (2022) Page **12**

i Oiiii Ja	(2022)					90 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4	11,	<u>676</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2		5	26,	<u>940</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		-1	15,	<u> 264</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		7	90,	<u>707</u> .
5	Net unrealized gains (losses) on investments	5			44,	<u>861</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		7.	20,	<u> 304</u> .
Part						
	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 X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	kplain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		🗀	2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	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		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted on	ı a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounted	nt?	🗀	2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	he			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo t	he			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .	;	3b		

Form **990** (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

To to www.no.gov/r ormoso for instructions and the latest information.

Open to Publi Inspection

Employer identification number

SOL	JTH:	EASTERN MUSEUMS CONI	FERENCE				54-1	042825
Pai	rt I	Reason for Public Cha	arity Status. (All	organizations must	comple	te this p	oart.) See instruction	IS.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 throug	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E	Form 99	0).)		
3		A hospital or a cooperative		•	-		(1)(A)(iii).	
4		A medical research organiz	•	=				(iii). Enter the
		hospital's name, city, and st		,	•		(/ / / /	` '
5		An organization operated f		a college or universit	v owned	d or ope	erated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C		3	,		, 3	
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		An organization that norma	•			,	,,,,,,,	om the general public
		described in section 170(b)	=	•	PP	u go		om the goneral paising
8		A community trust describe			Part II.)			
9	H	An agricultural research org					I in conjunction with a	land-grant college
•		or university or a non-land-	=			-	=	
		university:	grant conege or ag	grioditaro (oco motraci	юпо). Е	nor the	name, ony, and state of	Title college of
10	v	An organization that norma	lly receives (1) mo	ore than 331/3 % of its	sunnort	from cou	ntributions membersh	in fees, and gross
		receipts from activities rela	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s: and (2) no more thar	1331/3 % of its
		support from gross investmacquired by the organizatio	nent income and u	nrelated business tax	able inco	me (les	s section 511 tax) from	businesses
11		An organization organized				•	•	
 12	\vdash	An organization organized a		•	•			ry out the nurnoses of
12		one or more publicly support	•		•			• • •
		the box on lines 12a throug	-					
_		¬		• • • • • • • • • • • • • • • • • • • •			·	•
а			•	•	-		• , ,	
		the supported organization				ajority of	the directors of truste	es of the
		supporting organization.	-			:41- :4-		()
b		Type II. A supporting org	•					
		control or management o	· · · -	=	the sam	e persor	is that control of man	age the supported
		organization(s). You must	•			4 ! -		l :
С		Type III functionally integ						ly integrated with,
		its supported organization		•				
d		Type III non-functionally			-			
		that is not functionally inte	-		_		•	an attentiveness
		requirement (see instructi	•	-				L. Tomas III
е		_ Check this box if the orga					71 . 71	ı, rype iii
f	En	functionally integrated, or ter the number of supported			porting c	organizai	lion.	
g		ovide the following information	-	orted organization(s)				
9_		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
	(,, .,	ame of supported organization	(,	(described on lines 1-10		ur governing	support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(C)								
(D)								
(E)								
Tota	ai							

Page 2 Schedule A (Form 990) 2022

Par	Support Schedule for Orga (Complete only if you checke Part III. If the organization fail	d the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	
Sec	tion A. Public Support	,		, р			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)		(0) = 0 = 0		(0, 2.2.2	(7,750
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	oort Percenta	ige			T	
14	Public support percentage for 2022 (lin						%
15	Public support percentage from 2021						%
16a	331/3% support test - 2022. If the org						
	box and stop here. The organization qu						
b	331/3% support test - 2021. If the org						
	this box and stop here. The organization	•		•			
	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets organization 10%-facts-and-circumstances test - 2	n meets the fa the facts-and-	cts-and-circums	stances test, ch est. The organi	eck this box ar zation qualifies	nd stop here. I as a publicly s	Explain in supported
J	15 is 10% or more, and if the organizin Part VI how the organization meets organization.	zation meets the the the	ne facts-and-ciro I-circumstances	cumstances test test. The organ	t, check this box sization qualifies	x and stop her as a publicly s	e. Explain supported
18	Private foundation. If the organization						

Schedule A (Form 990) 2022 Page 3

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	52,540.	153,934.	93,757.	113,021.	128,973.	542,225.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	275,684.	295,146.	115,542.	191,779.	235,737.	1,113,888.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						NONE
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						NONE
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						NONE
6	Total. Add lines 1 through 5	328,224.	449,080.	209,299.	304,800.	364,710.	1,656,113.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						NONE
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						NONE
С	Add lines 7a and 7b						NONE
8	Public support. (Subtract line 7c from						
	line 6.)						1,656,113.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	328,224.	449,080.	209,299.	304,800.	364,710.	1,656,113.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,147.	12,650.	NONE	10,832.	13,094.	39,723.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						NONE
С	Add lines 10a and 10b	3,147.	12,650.	NONE	10,832.	13,094.	39,723.
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.	20,817.	NONE	NONE	NONE		20,817.
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.) SEE SUPP PAGE	1,360.	700.	619.	3,788.	1,840.	8,307.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	353,548.	462,430.	209,918.	319,420.	379,644.	1,724,960.
14	First 5 years. If the Form 990 is for	ŭ			•		` ^ ` /
	organization, check this box and stop here						
	tion C. Computation of Public Supp			(£))			06.010/
15	Public support percentage for 2022 (line 8,	` ,	•			15	96.01%
16	Public support percentage from 2021 Sche					16	95.77%
	tion D. Computation of Investment						0.201/
17	Investment income percentage for 2022 (lin				Г	17	2.30%
18	Investment income percentage from 2021					18	1.89%
19 a	331/3% support tests - 2022. If the or	-					
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2021. If the orga						
20	line 18 is not more than 331/3%, check			•			
20	Private foundation. If the organization of	aid HOL CHECK 8	DOX OIL IIIIE 14	r, 19a, UI 19D,	, CHECK THIS DOX	. anu see mistru	CHOHS

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Schedule A (Form 990) 2022 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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		Yes	No
ng by	_		
us ed	1		
er	2		
nd he	3a		
В)	3b		
If	3c 4a		
gn o <i>n</i>	44		
on	4b		
ed B)			
s," IN on; on	4c		
	5a		
dy	5b 5c		
to ed or			
or ty	6		
ne	8		
re ns			
ch	9a 9b		
fit	9с		
on ed	10a		
to	10a 10b		

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Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
_	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	44-		
Socti	on B. Type I Supporting Organizations	11c		
Jecu	on B. Type i Supporting Organizations		Yes	No
			163	140
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
30011	on b. 7th Typo in cupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Sooti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:	-truoti	one)	
' а	The organization satisfied the Activities Test. Complete line 2 below.	su ucu	oris).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	uctions	s).
		1	Yes	
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2022 Page **6**

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	S				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (expla	in in Part VI). See			
	instructions. All other Type III non-functionally integrated supporting organi	izations n	nust complete Sectio	ns A through E.			
Section A - Adjusted Net Income (A) Prior Year (B) Current Ye (optional)							
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection						
	of gross income or for management, conservation, or maintenance of						
	property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
		8					
	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
	Multiply line 5 by 0.035.	6					
	Recoveries of prior-year distributions	7					
8		8					
Se	ection C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
-	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting	g organization			
	(see instructions).	. 0	, ii ,				

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 Page **7**

					. ago .
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - p	5			
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	10			
Sect	ion E - Distribution Allocations (see instructions)	s	(iii) Distributable Amount for 2022		

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

Schedule A (Form 990) 2022

Schedule A (Form 990 or 990-EZ) 2022

Part VI Supplemental Inf

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART III - OTHER INC	COME					
DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
JOB POSTINGS	1,360.	700.	619.	3,788.	1,840.	8,307.
TOTALS	1,360.	700.	619.	3,788.	1,840.	8,307.

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

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

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Employer identification number Name of the organization SOUTHEASTERN MUSEUMS CONFERENCE 54-1042825 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** 🗓 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization SOUTHEASTERN MUSEUMS CONFERENCE

Employer identification number 54-1042825

Part I	Contributors (se	ee instructions).	Use duplicate	copies of Pa	art I if additional	space is needed.
--------	------------------	-------------------	---------------	--------------	---------------------	------------------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	N/A	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
3	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

SOUTHEASTERN MUSEUMS CONFERENCE

54-1042825

	SUUTERSIERN MUSEUMS	CONFERENCE	34-1042623
Part II	Noncash Property (see instructions)	. Use duplicate copies of Part II if additional s	space is needed.

	(oco mondono). Oco dapnodio copico c	or r art ii ii additional opaco io no	odod.
(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 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
	I .	l	

Page 4 Schedule B (Form 990) (2022)

Name of or	rganization			Employer identification number
	SOUTHEASTERN MUSEUMS			54-1042825
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any ons completing Par e year. (Enter this in	one contributor. One contributor. One till, enter the total of formation once. So	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	_	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	_	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	•	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	_	ship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	-	
	THEASTERN MUSEUMS CONFERENCE	54-1042825
Pai		r 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 f	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?	Yes No
Pai	t 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).	
		of a historically important land area
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	n the form of a conservation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
a b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c 2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on	20
u		2d
3	a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or term	
3		illiated by the organization during the
4	tax year Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspect	tion handling of
J	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	
U	Stail and volunteer flours devoted to monitoring, inspecting, flanding of violations, and emorcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
•	7 through of opportude mountain mannering, mappeding, narraining of froid to the office in ording o	senser valien eacomonic adming the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect	ion 170(h)(4)(B)(i)
	and section 170/b)/4/(R)/ii)?	Voc. No.
9	In Part XIII, describe how the organization reports conservation easements in its re	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's file	
	organization's accounting for conservation easements.	
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er 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 revenu	ue statement and balance sheet works
	If the organization elected, as permitted under FASB ASC 958, not to report in its revenu 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 t	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue s art, historical treasures, or other similar assets held for public exhibition, education, or res	statement and balance sheet works of
	provide the following amounts relating to these items:	bearon in furtherance of public service,
	(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	
	following amounts required to be reported under FASB ASC 958 relating to these items:	and the second s
а	Revenue included on Form 990, Part VIII, line 1	\$
	Assets included in Form 990, Part X	

Sche	dule D (Form 990) 2022 SOII	THEASTERN MUSE	IIMS CONFERENC	·г.	54-1	1042825 Page 2
	organizations Maintaini					
3	Using the organization's acquisitio					
	collection items (check all that appl		,	,	5 5	
а	Public exhibition	,,-	d Loan	or exchange progra	m	
b	Scholarly research		e Other	0 1 0		
С	Preservation for future gener	ations				
4	Provide a description of the organ		and explain how t	they further the or	ganization's exemp	t purpose in Part
	XIII.			,	g	
5	During the year, did the organizatio	n solicit or receive d	onations of art, hist	orical treasures, or	other similar	
	assets to be sold to raise funds rath				_	Yes No
Pa	Irt IV Escrow and Custodial A		•		<u>.</u>	
	Complete if the organiza 990, Part X, line 21.		s" on Form 990, F	Part IV, line 9, or r	eported an amou	nt on Form
1a	Is the organization an agent, trust	ee, custodian or ot	her intermediary for	or contributions or	other assets not	
	included on Form 990, Part X?				[Yes X No
b	If "Yes," explain the arrangement in	Part XIII and comp	lete the following tal	ole:	_	
					Amount	!
С	Beginning balance			1c		
	Additions during the year					
е	Distributions during the year			1e		
f	Ending balance			1f		
2a	Did the organization include an ame	ount on Form 990, F	Part X, line 21, for e	scrow or custodial	account liability?	Yes X No
b	If "Yes," explain the arrangement in	Part XIII. Check he	ere if the explanation	has been provided	on Part XIII	
Pa	rt V Endowment Funds.					
	Complete if the organiza	tion answered "Ye	s" on Form 990, F	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	568,079.	654,642.	537,350.	518,787.	491,316.
	Contributions	22,850.	2,340.	2,320.	5,023.	29,131.
С	Net investment earnings, gains,					
	and losses	57,955.	-67,644.	135,717.	33,420.	45,515.
d	Grants or scholarships					
	Other expenditures for facilities					
	and programs	22,960.	21,259.	20,745.	19,879.	47,175.
f	Administrative expenses					
g	End of year balance	625,924.	568,079.	654,642.	537,351.	518,787.
2	Provide the estimated percentage	of the current year e	end balance (line 1a.	column (a)) held as	:	
а	Board designated or quasi-endowm			. //		

_	•				
2	Provide the estimated	I nercentage of the ci	irrent year and halan	ce (line 1a colu	mn (a)) held as:

Land Duildings and Equipment

Permanent endowment NONE %

9.0000 % 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:

	organization by:		Yes	No
	(i) Unrelated organizations	3a(i)		X
	(ii) Related organizations	3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI	Complete if the organization an	swered "Yes" on	Form 990, Part IV,	line 11a. See For	m 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
1 a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment				
е	Other				
Tota	II. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Part	X, column (B), line 1	0c.)	

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 SOUTHEASTERN	MUSEUMS CONFEREN	ICE 5	4-1042825	Page 🕻
Part VII	Investments - Other Securities.				
	Complete if the organization answer	red "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 valua Cost or end-of-year mar		
(1) Financ	ial derivatives				
(2) Closely	held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	on (h) must equal Form 000. Part V. cal. (P) line 12.)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII	Investments - Program Related. Complete if the organization answer	rod "Voc" on Form 000	Dart IV line 11c See Form 000	Dort V line	12
			i i		13.
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion: ket value	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.	L			
	Complete if the organization answer	red "Yes" on Form 990	, Part IV, line 11d. See Form 990	, Part X, line	15.
		Description		(b) Book v	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	lumn (b) must equal Form 990, Part X, col. (l	D) lino 15)		 	
Part X	Other Liabilities.	b) IIIIe 13.)			
Part A	Complete if the organization answer	rod "Voc" on Form 000	Dort IV line 11e or 11f See For	m 000 Part	v
	line 25.	red res diri dilli 990	, raitiv, lille Tie of Til. See Fol	111 990, Fait 2	Λ,
1.		cription of liability		(b) Book v	alue
	ral income taxes				
(2)					
(3)					
(4)					
(5)					
				 	
(6)					
(7)					
(8)				 	
(9)					
Total (Colu	mn (h) must equal Form 000 Part V col (R) line 3	0.5 N		1	

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

8886BJ 9242

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
	Behated convices and accommon filling in the second convices and a	-
C	The solution of prior year grants, i	-
d	(= ====================================	20
e	Add lines 2a through 2d	2e 3
3	Subtract line 2e from line 1	3
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	-
b	Other (Describe in Part XIII.)	4.5
_ C	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).	5
Part	XIII Supplemental Information.	
Provid 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, line 4; Part X, line nation.
SEE	SUPPLEMENTAL PAGE	
<u> </u>		

Part XIII Supplemental Information (continued)

ENDOWMENT FUND

THE ENDOWMENT FUND IS USED TO SUPPORT THE OPERATIONS AND ACTIVITIES OF SEMC. THIS INCLUDES THE ANNUAL MEETING, PROFESSIONAL DEVELOPMENT PROGRAMS, AND GENERAL OPERATIONS.

SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2022

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Open to Public Inspection

e of grant funds in the	e United States.	plete if the organizadditional space is representational space is representation (book, FMV, appraisal, other)	zation answered "Y	X Yes No
e of grant funds in the and Domestic Go 55,000. Part II can	e United States. vernments. Combe duplicated if a	nplete if the organiz additional space is r	zation answered "Y needed.	res" on Form 990,
e of grant funds in the and Domestic Go 55,000. Part II can	e United States. vernments. Combe duplicated if a	nplete if the organiz additional space is r	zation answered "Y needed.	res" on Form 990,
(d) Amount of cash	be duplicated if a	additional space is r	needed. (g) Description of	(h) Purpose of grant
(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	
		(f) Method of valuation (book, FMV, appraisal, other)		
	listed in the line 1 tal	listed in the line 1 table		listed in the line 1 table

54-1042825

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 travel assistance	10	7,100.		FMV	
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.

SCH I, LINE 1

GRANTS ARE AWARDED TO RECIPIENTS BASED ON NEED.

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 54-1042825

SOUTHEASTERN MUSEUMS CONFERENCE

PART VI #3

THE ATLANTA HISTORICAL SOCIETY, INC. ASSISTS IN THE MANAGEMENT OF SEMC BY SHARING ACCOUNTING SERVICES, WEBSITE, AND MEMBERSHIP RENEWAL PROCESS.

PART VI #6

SEMC IS A MEMBER ORGANIZATION SERVING MUSEUM PROFESSIONALS.

PART VI #7A & #7B

SEMC HAS 3 CLASSES OF MEMBERSHIP: INDIVIDUAL, INSTITUTIONAL, AND CORPORATE. ALL CLASSES HAVE THE SAME VOTING RIGHTS. SEMC MEMBERS ELECT THE OFFICERS AND COUNCIL DIRECTORS AND APPROVE ANY CHANGES TO THE BY-LAWS.

PART VI #11A

SEMC PROVIDES THE IRS FORM 990 TO ITS GOVERNING BODY AT A REGULARLY SCHEDULED MEETING OR BY EMAIL PRIOR TO FILING THE DOCUMENT WITH THE IRS.

PART VI #12C

ON AN ANNUAL BASIS, ALL DIRECTORS AND OFFICERS OF SEMC ARE PROVIDED A COPY OF THE CONFLICT OF INTEREST POLICY AND AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT. THIS DISCLOSURE STATEMENT MUST BE COMPLETED AND RETURNED TO THE SEMC OFFICE FOR REVIEW BY THE EXECUTIVE COMMITTEE. SHOULD A MEMBER OF THE EXECUTIVE COMMITTEE BE THE SUBJECT OF A POSSIBLE CONFLICT OF INTEREST, THAT MEMBER WILL EXCUSE THEMSELVES FROM THE ROOM DURING COMMITTEE DISCUSSION AND ANY VOTING REGARDING THAT CONFLICT. THE MINUTES OF THE MEETING SHALL REFLECT THIS ABSTENTION. CONFLICT OF INTEREST DISCLOSURES SHALL BE TREATED AS CONFIDENTIAL AND DISCLOSED TO OTHERS ONLY TO THE EXTENT NECESSARY FOR REVIEW AND RESOLUTION. ALL NEW DIRECTORS AND OFFICERS MUST COMPLETE THE DISCLOSURE

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 **Open to Public** Inspection **Employer identification number**

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

SOUTHEASTERN MUSEUMS CONFERENCE

54-1042825

STATEMENT PRIOR TO ASSUMING THEIR DUTIES FOR SEMC. IF A DIRECTOR OR OFFICER BECOMES AWARE OF A CONFLICT OF INTEREST OR POTENTIAL CONFLICT OF INTEREST FOLLOWING THE ANNUAL DISCLOSURE, THAT DIRECTOR OR OFFICER SHOULD NOTIFY THE EXECUTIVE COMMITTEE OF THE FACTS SURROUNDING THE CONFLICT OF INTEREST IN WRITING.

PART VI #15A

SEMC OFFICERS DECIDE ON THE COMPENSATION OF SEMC'S EXECUTIVE DIRECTOR IN AN ANNUAL REVIEW PROCESS. THE OFFICERS REVIEW AND APPROVE THE ANNUAL CONTRACT WITH THE ATLANTA HISTORY CENTER.

PART VI #19

SEMC CONFLICT OF INTEREST POLICY AND FINANCIAL REPORTS ARE AVAILABLE ON SEMCDIRECT.NET

Name of the organization

SOUTHEASTERN MUSEUMS CONFERENCE

Employer identification number

54-1042825

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE SOUTHEASTERN MUSEUMS CONFERENCE IS A NETWORKING ORGANIZATION THAT SERVES TO FOSTER PROFESSIONALISM, MUTUAL SUPPORT, AND COMMUNICATION. A NON-PROFIT MEMBERSHIP ASSOCIATION, SEMC STRIVES TO INCREASE EDUCATIONAL AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES AND IMPROVE THE INTERCHANGE OF IDEAS, INFORMATION, AND COOPERATION.

Name of the organization

SOUTHEASTERN MUSEUMS CONFERENCE

Employer identification number

54-1042825

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

ATLANTA HISTORICAL SOCIETY INC 130 WEST PACES FERRY RD

ATLANTA, GA 30305 ACCOUNTING AND EMPLO 258,685.

TOTALS

16,808.

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Schedule O (1 offin 990 of 990-LZ) 2022	i age 🚣
Name of the organization	Employer identification number
SOUTHEASTERN MUSEUMS CONFERENCE	54-1042825
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS	
	ENDING
DESCRIPTION	BOOK VALUE
PREPAID - GENERAL	3,190.
	•
PREPAID - ANNUAL MEETING	12,618.
PREPAID - LEADERSHIP INSTITUTE	1,000.

MUTUAL FUNDS

625,925.

FMV

Name of the organization Employer identification number 54-1042825 SOUTHEASTERN MUSEUMS CONFERENCE

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

ENDING COST DESCRIPTION BOOK VALUE OR FMV ----------

_____ TOTALS 625,925.

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Name of the organization

SOUTHEASTERN MUSEUMS CONFERENCE

Employer identification number

54-1042825

FORM 990, PART X - DEFERRED REVENUE

ENDING

DESCRIPTION BOOK VALUE

ANNUAL MEETING REGISTRATIONS 8,400.
ANNUAL MEETING SPONSORSHIPS 12,200.
ANNUAL MEETING EXHIBIT SPACE NONE
ANNUAL MEETING EXTRAS 3,630.

TOTALS 24,230.

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Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return. Go to www.irs.gov/Form2220 for instructions and the latest information. OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

SOUTHEASTERN MUSEUMS CONFERENCE

Employer identification number 54-1042825

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220. Part I Required Annual Payment

1	Total tax (see instructions)						1	NONE		
2a	Personal holding company tax (Schedule PH (For									
b	Look-back interest included on line 1 under sect		```	1						
	contracts or section 167(g) for depreciation under	the i	ncome forecast method.	<u>2b</u>						
_	Credit for federal tax paid on fuels (see instru	ıotio	no)	20						
C			,				2d			
a	Total. Add lines 2a through 2c Subtract line 2d from line 1. If the result is						Zu			
3						-	3	NONE		
4	does not owe the penalty Enter the tax shown on the corporation's 20							NONE		
4	the tax year was for less than 12 months, sk						4			
	the tax year was for loss than 12 months, six	ıp tıı	io inio ana cintor trio anio		c o on mic o i					
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter									
ŭ	the amount from line 3			•	•		5			
Part								orporation must file		
	Form 2220 even if it does not	owe	e a penalty. See inst	ructions.				•		
6	The corporation is using the adjusted	seas	onal installment method.							
7	The corporation is using the annualized income installment method.									
8	The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.									
Par	Figuring the Underpayment									
		_	(a)	(b)	(c)		(d)		
9	Installment due dates. Enter in columns (a)									
	through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months									
	of the corporation's tax year	9								
10	Required installments. If the box on line 6 and/or line 7 above is checked, enter the									
	amounts from Schedule A, line 38. If the box on									
	line 8 (but not 6 or 7) is checked, see instructions									
	for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in									
	each column	10								
11	Estimated tax paid or credited for each period.									
	For column (a) only, enter the amount from									
	line 11 on line 15. See instructions	11								
	Complete lines 12 through 18 of one column									
	before going to the next column.									
12	Enter amount, if any, from line 18 of the preceding column	12								
13	Add lines 11 and 12	13								
14	Add amounts on lines 16 and 17 of the preceding column									
15	Subtract line 14 from line 13. If zero or less, enter -0	15								
16	If the amount on line 15 is zero, subtract line 13									
4-7	from line 14. Otherwise, enter -0-	16								
17	Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to									
	line 12 of the next column. Otherwise, go to	4-								
	line 18	17								
18	Overpayment. If line 10 is less than line 15,									

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2022)

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Part IV Figuring the Penalty									
			(a)	(b)	(c)	(d)			
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations								
	with tax years ending June 30 and S corporations: Use 3rd month								
	instead of 4th month. Form 990-PF and Form 990-T filers: Use								
	5th month instead of 4th month.) See instructions	19							
20	Number of days from due date of installment on line 9 to the								
	date shown on line 19	20							
21	Number of days on line 20 after 4/15/2022 and before 7/1/2022	21							
22	Hadamaymaat an line 17 y Number of days on line 21 y 40/ (0.04)	22	e e	\$	œ.	œ.			
22	Underpayment on line 17 x Number of days on line 21 x 4% (0.04)	22	Φ	Ψ	\$	\$			
23	Number of days on line 20 after 6/30/2022 and before 10/1/2022	23							
	Trainbol of days of the 25 dio 6/55/2022 and boloto 10/1/2022								
24	Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 5% (0.05)	24	\$	\$	\$	\$			
	365								
25	Number of days on line 20 after 9/30/2022 and before 1/1/2023	25							
26	Underpayment on line 17 x Number of days on line 25 x 6% (0.06)	26	\$	\$	\$	\$			
	365								
27	Number of days on line 20 after 12/31/2022 and before 4/1/2023	27							
	Number of days on line 27								
28	Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 7% (0.07)	28	\$	\$	\$	\$			
20	Number of days on line 20 after 3/31/2023 and before 7/1/2023	29							
23	Number of days of line 20 after 5/51/2025 and before 1/1/2025	23							
30	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$			
	365		,	*	,	·			
31	Number of days on line 20 after 6/30/2023 and before 10/1/2023	31							
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$			
	303								
33	Number of days on line 20 after 9/30/2023 and before 1/1/2024	33							
	Number of days on line 33								
34	Underpayment on line 17 x Number of days on line 33 \times *%	34	\$	\$	\$	\$			
25		35							
33	Number of days on line 20 after 12/31/2023 and before 3/16/2024	33							
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$			
	366		,		,				
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$			
38	Penalty. Add columns (a) through (d) of line 37. Enter the to				•				
	line for other income tax returns				38	\$			

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov**. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2022)