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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

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.

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

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN ASSOCIATION OF MUSEUMS		D Employer identification number 53-0205889
	Doing business as AMERICAN ALLIANCE OF MUSEUMS		E Telephone number 202-289-1818
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	2451 CRYSTAL DRIVE	1005	G Gross receipts \$ 10,636,405.
	City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22202		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: MARILYN JACKSON SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
J Website: WWW.AAM-US.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1906	M State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE AMERICAN ALLIANCE OF MUSEUMS (THE ALLIANCE) IS DEDICATED TO PROMOTING EXCELLENCE WITHIN THE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	44
	6 Total number of volunteers (estimate if necessary)	6	449
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	804,001.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	424,453.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,091,829.	Current Year 1,577,140.
	9 Program service revenue (Part VIII, line 2g)	7,159,240.	7,928,700.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	767,178.	252,735.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	134,442.	103,685.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,152,689.	9,862,260.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	24,750.	19,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,175,432.	4,423,430.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	532,017.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,113,251.	5,846,016.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,313,433.	10,288,446.	
19 Revenue less expenses. Subtract line 18 from line 12	839,256.	-426,186.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 15,937,363.	End of Year 15,593,155.
	21 Total liabilities (Part X, line 26)	10,001,133.	9,329,984.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,936,230.	6,263,171.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer MARILYN JACKSON, PRESIDENT & CEO		Date		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name TRACY M. MOREY, CPA	Preparer's signature <i>Tracy M. Morey</i>	Date 5/28/2024	Check if self-employed <input type="checkbox"/>	PTIN P01521539
	Firm's name THOMPSON GREENSPON	Firm's EIN 54-1029635	Phone no. (703) 385-8888		
Firm's address 4035 RIDGE TOP RD, SUITE 700 FAIRFAX, VA 22030					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: CHAMPION EQUITABLE AND IMPACTFUL MUSEUMS BY CONNECTING PEOPLE, FOSTERING LEARNING AND COMMUNITY, AND NURTURING MUSEUM EXCELLENCE.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 2,587,046. including grants of \$ 17,000.) (Revenue \$ 2,948,856.) LEARNING, MEETINGS AND PROFESSIONAL EDUCATION: CAPTURES THE ALLIANCE'S COMMITMENT TO THE ADVANCEMENT, PROFESSIONAL DEVELOPMENT, AND NETWORKING OF THE MUSEUM COMMUNITY. THE ALLIANCE'S ANNUAL MEETING IS THE LARGEST CULTURAL MEETING THAT BRINGS TOGETHER ALL DISCIPLINES OF MUSEUM MANAGEMENT, AND REPRESENTS THE BROAD SPECTRUM OF ALLIANCE MEMBERS, FROM AQUARIUMS AND ART MUSEUMS TO SCIENCE CENTERS AND ZOOS. THE MEETING IS ALSO THE LARGEST EXPOSITION OF ITS KIND FEATURING COMPANIES AND PRODUCTS SERVING THE MUSEUM INDUSTRY. THE FUTURE OF MUSEUMS SUMMIT IS A VIRTUAL CONFERENCE DEVOTED TO CURRENT TOPICS, TRENDS AND ISSUES FACING MUSEUMS NOW AND IN THE FUTURE.

4b (Code:) (Expenses \$ 2,056,911. including grants of \$ 2,000.) (Revenue \$ 880,422.) FIELD-WIDE SERVICES: INCLUDE THOSE SERVICES WHICH DIRECTLY ADDRESS THE ALLIANCE'S COMMITMENT TO CHAMPIONING EQUITABLE AND IMPACTFUL MUSEUMS AND NURTURING THE HIGHEST STANDARDS OF MUSEUM EXCELLENCE. PROGRAMS INCLUDED THE CONTINUUM OF EXCELLENCE (ACCREDITATION, MUSEUM ASSESSMENT PROGRAM, AND CORE DOCUMENTS VERIFICATION), DEAI AND ANTI-RACISM, SOCIAL IMPACT, AND GRANT-FUNDED INITIATIVES.

4c (Code:) (Expenses \$ 751,094. including grants of \$ 0.) (Revenue \$ 3,258,129.) MEMBERSHIP: IS THE HUB OF THE ALLIANCE'S CUSTOMER SERVICE CENTER FOR MEMBER INQUIRIES AND ASSISTANCE, AND THE COORDINATION OF MEMBER BENEFITS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,395,952. including grants of \$ 0.) (Revenue \$ 918,337.)

4e Total program service expenses 6,791,003.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
	1a 17		
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 relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
CAROL CONSTANTINE - (202) 289-1818
2451 CRYSTAL DRIVE, 1005, ARLINGTON, VA 22202

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAURA LOTT PRESIDENT & CEO UNTIL 6/15/2023	40.00			X			225,149.	0.	15,845.	
(2) BROOKE LEONARD INTERIM CEO & CHIEF OF STAFF	40.00			X			200,170.	0.	30,154.	
(3) JENNIFER CALVERT HALL VP, LEARNING & ADVANCEMENT	40.00				X		162,467.	0.	8,881.	
(4) CAROL CONSTANTINE SR. DIRECTOR OF FINANCE & ADMIN	40.00			X			116,823.	0.	27,738.	
(5) DEAN PHELUS SR. DIRECTOR OF SPECIAL PROJECTS	40.00					X	115,057.	0.	26,522.	
(6) RYAN BOURKE SR. DIRECTOR OF MEMBERSHIP & REVENUE	40.00					X	130,052.	0.	7,237.	
(7) NATANYA KHASHAN SR. DIRECTOR OF AUDIENCE DEVELOPMENT	40.00					X	116,876.	0.	19,672.	
(8) JULIE HART SR. DIRECTOR OF EXCELLENCE	40.00					X	115,338.	0.	20,014.	
(9) CARLOS ARROYO RODRIGUEZ SR. WEB DEVELOPER	40.00					X	116,551.	0.	5,822.	
(10) CHEVY HUMPHREY IMMEDIATE PAST CHAIR	2.00	X		X			0.	0.	0.	
(11) JORGE ZAMANILLO CHAIR	2.00	X		X			0.	0.	0.	
(12) NATHAN RICHIE VICE CHAIR	2.00	X		X			0.	0.	0.	
(13) DEVON AKMON TREASURER	2.00	X		X			0.	0.	0.	
(14) DINA BAILEY DIRECTOR	2.00	X					0.	0.	0.	
(15) CARRIE REBORA BARRATT DIRECTOR	2.00	X					0.	0.	0.	
(16) FREDERIC BERTLEY DIRECTOR	2.00	X					0.	0.	0.	
(17) ALISON REMPEL BROWN DIRECTOR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JESSICA CHAVEZ DIRECTOR	2.00	X						0.	0.	0.
(19) CAROLE CHARNOW DIRECTOR	2.00	X						0.	0.	0.
(20) MARCIA DEWITT DIRECTOR	2.00	X						0.	0.	0.
(21) CHRISTINE A. DONOVAN DIRECTOR UNTIL 5/18/2023	2.00	X						0.	0.	0.
(22) LARRY DUBINSKI DIRECTOR	2.00	X						0.	0.	0.
(23) ANN FRIEDMAN DIRECTOR	2.00	X						0.	0.	0.
(24) LINDA HARRISON DIRECTOR	2.00	X						0.	0.	0.
(25) CHARLES L. KATZENMEYER DIRECTOR	2.00	X						0.	0.	0.
(26) JULISSA MARENCO DIRECTOR UNTIL 11/9/2023	2.00	X						0.	0.	0.
1b Subtotal								1,298,483.	0.	161,885.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,298,483.	0.	161,885.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 14

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PROJECTION PRESENTATION TECHNOLOGY, INC., 5803 ROLLING ROAD, SUITE 200, SPRINGFIELD, SERVICE AMERICA CORP	A/V RENTAL SERVICES	523,260.
700 14TH STREET, DENVER, CO 80202	CATERING SERVICES	305,708.
ALLEY INTERACTIVE LLC, 228 PARK AVENUE SOUTH, #85467, NEW YORK, NY 10003	CONSULTING	206,400.
WILKENING CONSULTING LLC 2649 W BOSTON STREET, SEATTLE, WA 98199	CONSULTING	194,225.
APTIFY P.O. BOX 737451, DALLAS, TX 75373-4596	CONSULTING	184,419.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 11

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	732,024.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	845,116.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 15,120.				
	h Total. Add lines 1a-1f			1,577,140.			
Program Service Revenue	2 a MEMBERSHIP DUES	Business Code 541900	3,258,129.	3,258,129.			
	b REGISTRATIONS	541900	1,741,458.	1,741,458.			
	c EXHIBIT AND OTHER FEES	541900	1,520,906.	1,520,906.			
	d ADVERTISING INCOME	541800	762,725.		762,725.		
	e ACCREDITATION AND MAP	541900	504,336.	504,336.			
	f All other program service revenue	541800	141,146.	99,870.	41,276.		
	g Total. Add lines 2a-2f			7,928,700.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		259,782.			259,782.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		26,641.			26,641.	
	6 a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	b Less: cost or other basis and sales expenses		770,258.	785.			
c Gain or (loss)		-6,262.	-785.				
d Net gain or (loss)		-7,047.			-7,047.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
b Less: direct expenses							
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19							
b Less: direct expenses							
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		80,089.					
	b Less: cost of goods sold		3,102.				
	c Net income or (loss) from sales of inventory		76,987.	76,987.			
Miscellaneous Revenue	11 a OTHER	Business Code 900099	57.	57.			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			57.			
12 Total revenue. See instructions			9,862,260.	7,201,743.	804,001.	279,376.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	19,000.	19,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	787,227.	78,180.	582,139.	126,908.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,965,825.	2,160,051.	568,841.	236,933.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	116,995.	88,499.	19,472.	9,024.
9 Other employee benefits	279,542.	198,956.	49,928.	30,658.
10 Payroll taxes	273,841.	166,676.	80,536.	26,629.
11 Fees for services (nonemployees):				
a Management				
b Legal	11,000.		11,000.	
c Accounting	40,085.		40,085.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	54,177.		54,177.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,581,502.	979,126.	584,038.	18,338.
12 Advertising and promotion				
13 Office expenses	688,367.	412,188.	268,568.	7,611.
14 Information technology	559,222.	346,221.	206,517.	6,484.
15 Royalties				
16 Occupancy	831,877.	492,575.	284,166.	55,136.
17 Travel	305,841.	296,529.	6,298.	3,014.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,191,470.	1,191,470.		
20 Interest	27.		27.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	183,512.	123,082.	51,096.	9,334.
23 Insurance	43,894.	35,363.	7,213.	1,318.
24 Other expenses. Itemize expenses not covered 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.)				
a UBIT	116,485.		116,485.	
b HONORARIA	88,300.	88,300.		
c FOOD AND BEVERAGE	65,267.	60,282.	4,985.	
d PROFESSIONAL DEVELOPMEN	47,594.	44,766.	2,253.	575.
e All other expenses	37,396.	9,739.	27,602.	55.
25 Total functional expenses. Add lines 1 through 24e	10,288,446.	6,791,003.	2,965,426.	532,017.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	984,628.	1	776,581.
	2 Savings and temporary cash investments	831,311.	2	1,311,620.
	3 Pledges and grants receivable, net	1,356,714.	3	407,438.
	4 Accounts receivable, net	128,140.	4	111,190.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	42,621.	8	58,026.
	9 Prepaid expenses and deferred charges	315,895.	9	495,858.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,221,954.		
	b Less: accumulated depreciation	10b 2,330,094.		
	11 Investments - publicly traded securities	943,323.	10c	891,860.
	12 Investments - other securities. See Part IV, line 11	5,923,178.	11	6,769,624.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	5,411,553.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	15,937,363.	15	4,770,958.	
		16	15,593,155.	
Liabilities	17 Accounts payable and accrued expenses	398,001.	17	408,538.
	18 Grants payable		18	
	19 Deferred revenue	2,809,624.	19	2,772,367.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,793,508.	25	6,149,079.
	26 Total liabilities. Add lines 17 through 25	10,001,133.	26	9,329,984.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,908,585.	27	5,398,619.
	28 Net assets with donor restrictions	1,027,645.	28	864,552.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	5,936,230.	32	6,263,171.
33 Total liabilities and net assets/fund balances	15,937,363.	33	15,593,155.	

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	9,862,260.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,288,446.
3	Revenue less expenses. Subtract line 2 from line 1	3	-426,186.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,936,230.
5	Net unrealized gains (losses) on investments	5	753,127.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,263,171.

Part XII Financial Statements and Reporting

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

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

Form 990 (2023)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,730,459.	1,386,141.	4,255,228.	2,091,829.	1,577,140.	11,040,797.
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	1,730,459.	1,386,141.	4,255,228.	2,091,829.	1,577,140.	11,040,797.
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)						894,950.
6 Public support. Subtract line 5 from line 4.						10,145,847.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	1,730,459.	1,386,141.	4,255,228.	2,091,829.	1,577,140.	11,040,797.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	133,569.	110,761.	127,406.	145,175.	286,423.	803,334.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	317,098.	223,342.	538,881.	532,056.	425,453.	2,036,830.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-723.	20,122.	5,194.			24,593.
11 Total support. Add lines 7 through 10						13,905,554.
12 Gross receipts from related activities, etc. (see instructions)					12	29,576,047.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	72.96 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	62.64 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
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.		
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.		
1		
2		

Section 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		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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).		
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.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Part VI

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.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

AMERICAN ASSOCIATION OF MUSEUMS

Employer identification number

53-0205889

Organization type (check one):

Filers of:

Section:

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 totaling \$5,000 or more during the year \$ _____

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

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

Schedule B (Form 990) (2023)

Name of organization AMERICAN ASSOCIATION OF MUSEUMS	Employer identification number 53-0205889
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>595,205.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>73,986.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>62,834.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN ASSOCIATION OF MUSEUMS	Employer identification number 53-0205889
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN ASSOCIATION OF MUSEUMS	Employer identification number 53-0205889
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization AMERICAN ASSOCIATION OF MUSEUMS	Employer identification number 53-0205889
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization AMERICAN ASSOCIATION OF MUSEUMS	Employer identification number 53-0205889
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)	149,883.													
c Total lobbying expenditures (add lines 1a and 1b)	149,883.													
d Other exempt purpose expenditures	9,646,452.													
e Total exempt purpose expenditures (add lines 1c and 1d)	9,796,335.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	639,817.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	159,954.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	546,603.	535,064.	601,336.	639,817.	2,322,820.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,484,230.
c Total lobbying expenditures	166,893.	122,146.	117,549.	149,883.	556,471.
d Grassroots nontaxable amount	136,651.	133,766.	150,334.	159,954.	580,705.
e Grassroots ceiling amount (150% of line 2d, column (e))					871,058.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, 1, 2a, 2b, 2c, 3, 4, 5. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: AMERICAN ASSOCIATION OF MUSEUMS; Employer identification number: 53-0205889

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	419,874.	543,483.	509,242.	457,995.	394,984.
b Contributions					
c Net investment earnings, gains, and losses	63,694.	-105,944.	52,585.	67,945.	78,835.
d Grants or scholarships					
e Other expenditures for facilities and programs	16,860.	17,665.	18,344.	16,698.	15,824.
f Administrative expenses					
g End of year balance	466,708.	419,874.	543,483.	509,242.	457,995.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 34.2730 %
 - b** Permanent endowment 58.1340 %
 - c** Term endowment 7.5930 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,275,047.	693,992.	581,055.
d Equipment		316,649.	266,678.	49,971.
e Other		1,630,258.	1,369,424.	260,834.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				891,860.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) FINANCE LEASE RIGHT-OF-USE ASSET	41,586.
(2) OPERATING LEASE RIGHT-OF-USE ASSET	4,729,372.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	4,770,958.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FINANCE LEASE LIABILITY	41,280.
(3) OPERATING LEASE LIABILITY	6,080,819.
(4) OTHER LIABILITY	26,980.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	6,149,079.

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...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	10,785,749.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	753,127.
b	Donated services and use of facilities	2b	221,437.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	3,102.
e	Add lines 2a through 2d	2e	977,666.
3	Subtract line 2e from line 1	3	9,808,083.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	54,177.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	54,177.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	9,862,260.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	10,458,808.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	221,437.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	3,102.
e	Add lines 2a through 2d	2e	224,539.
3	Subtract line 2e from line 1	3	10,234,269.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	54,177.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	54,177.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,288,446.

Part XIII Supplemental Information

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

PART V, LINE 4:

DEVELOPED IN RESPONSE TO THE ACCREDITATION COMMISSION'S OBSERVATION OF THE NEED FOR IMPROVED COLLECTIONS CARE IN AMERICA'S MUSEUMS, THE PROFESSIONAL STANDARDS ENDOWMENT WAS CREATED IN 1984 TO SUPPORT AND SUSTAIN THE AAM ACCREDITATION PROGRAM, AND OTHER MUSEUM STANDARDS PROGRAMS. FUNDS ARE USED TO SUPPORT ONGOING ACTIVITY OF THE PROGRAM WHICH INCLUDES THE DEVELOPMENT OF CORE STANDARDS IN THE AREAS OF COLLECTIONS STEWARDSHIP, FINANCIAL STABILITY, RISK MANAGEMENT AND PUBLIC TRUST AND ACCOUNTABILITY.

PART X, LINE 2:

THE ALLIANCE COMPLIES WITH THE PROVISIONS OF FASB ASC TOPIC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE

Part XIII Supplemental Information (continued)

DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. MANAGEMENT EVALUATED THE ALLIANCE'S TAX POSITIONS AND CONCLUDED THAT THE ALLIANCE HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022, NO UNRECOGNIZED TAX PROVISION OR BENEFIT EXISTS IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COGS	3,102.
------	--------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COGS	3,102.
------	--------

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS & AWARDS	53	19,000.	0.		

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

PART I, LINE 2:

THE ALLIANCE RECEIVES A SIGNED IMPLEMENTATION AGREEMENT STATING THE
 SUBRECIPIENT AGREES TO THE OUTLINED TERMS AND CONDITIONS. TERMS AND
 CONDITIONS INCLUDE REGULATIONS STATED BY THE GRANTOR.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

AMERICAN ASSOCIATION OF MUSEUMS

Employer identification number

53-0205889

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LAURA LOTT PRESIDENT & CEO UNTIL 6/15/2023	(i)	225,149.	0.	0.	9,755.	6,090.	240,994.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BROOKE LEONARD INTERIM CEO & CHIEF OF STAFF	(i)	200,170.	0.	0.	10,562.	19,592.	230,324.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JENNIFER CALVERT HALL VP, LEARNING & ADVANCEMENT	(i)	159,967.	2,500.	0.	7,837.	1,044.	171,348.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

THE EXECUTIVE COMMITTEE HAS THE RESPONSIBILITY OF REVIEWING AND SETTING THE
 PRESIDENT AND CHIEF EXECUTIVE OFFICER'S COMPENSATION PACKAGE. THE
 COMMITTEE REVIEWS MARKET DATA ALONG WITH PERFORMANCE IN DETERMINING AN
 EQUITABLE COMPENSATION PACKAGE. THE ORGANIZATION HAS A WRITTEN EMPLOYMENT
 CONTRACT WITH THE PRESIDENT AND CHIEF EXECUTIVE OFFICER. THE LAST CONTRACT
 FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER WAS SIGNED IN 2019. A
 CONTRACT FOR THE INTERIM PRESIDENT & CEO WAS SIGNED IN 2023.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

AMERICAN ASSOCIATION OF MUSEUMS

Employer identification number

53-0205889

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

MUSEUM COMMUNITY. THE ALLIANCE SUPPORTS MUSEUM STAFF, BOARDS, AND VOLUNTEERS ACROSS THE COUNTRY IN BETTER SERVING THE PUBLIC. THE ALLIANCE WILL SUPPORT OPPORTUNITIES FOR SOUND PROFESSIONAL PREPARATION AND PROVIDE OUTLETS FOR PROFESSIONAL RESEARCH AND PUBLICATION, AS WELL AS FOSTER THE CONTINUED IMPROVEMENT OF THE MUSEUM PROFESSION THROUGH THE DEVELOPMENT AND OBSERVANCE OF HIGH STANDARDS OF ETHICS. IN PROMOTING ITS PURPOSES, THE ALLIANCE USES MEETINGS, REPORTS, PAPERS, DISCUSSIONS, PUBLICATIONS, AND OTHER MEDIA OF PUBLICITY AND COMMUNICATION SO AS TO INCREASE AND DIFFUSE KNOWLEDGE OF ALL MATTERS PERTAINING TO MUSEUMS AND ENCOURAGE COOPERATION AMONG MUSEUMS, MUSEUM PROFESSIONALS, MUSEUM USERS, AND THE GENERAL PUBLIC.

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

PUBLICATIONS AND BUSINESS ENTERPRISES - INCLUDES TITLES DEVELOPED AND SOLD THROUGH THE ALLIANCE BOOKSTORE, IN PARTNERSHIP WITH THE ALLIANCE'S CO-PUBLISHER, MUSEUM MAGAZINE, AND THE ALLIANCE'S JOB BOARD.

ADVOCACY - EFFORTS ENSURE THAT MUSEUMS' STORIES ARE TOLD TO POLICYMAKERS, THE PRESS, AND THE PUBLIC. ACTIVITIES INCLUDE MUSEUMS ADVOCACY DAY, MONTHLY ADVOCACY ALERTS, AND PUBLICATIONS THAT ENCOURAGE MUSEUMS TO SPEAK UP FOR THEMSELVES AND THE FIELD.

CENTER FOR THE FUTURE OF MUSEUMS - HELPS MUSEUMS NAVIGATE THE FUTURE THROUGH BLOG POSTS, ANNUAL PUBLICATION OF ECONOMIC AND CULTURAL TRENDS, AND SPECIALIZED REPORTS AND RESEARCH.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

AMERICAN ASSOCIATION OF MUSEUMS

Employer identification number

53-0205889

EXPENSES \$ 1,395,952. INCLUDING GRANTS OF \$ 0. REVENUE \$ 918,337.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE SHALL BE COMPRISED OF THE OFFICERS OF THE CORPORATION AND AT LEAST ONE ADDITIONAL BOARD MEMBER TO BE APPOINTED BY THE AFFIRMATIVE VOTE OF A MAJORITY OF BOARD MEMBERS AT A MEETING AT WHICH A QUORUM IS PRESENT. THE CHAIR OF THE BOARD SHALL BE THE CHAIR OF THE EXECUTIVE COMMITTEE. THE PRESIDENT SHALL BE AN EX OFFICIO NON-VOTING MEMBER OF THE COMMITTEE.

THE EXECUTIVE COMMITTEE IS THE ONLY COMMITTEE AUTHORIZED TO ACT FOR THE FULL BOARD. ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE SHALL HAVE THE SAME FORCE AND EFFECT AS ACTIONS TAKEN BY THE BOARD. HOWEVER, THE EXECUTIVE COMMITTEE MAY ACT ONLY IF (I) SPECIFICALLY AUTHORIZED BY THESE BYLAWS OR BY RESOLUTION OF THE BOARD OF DIRECTORS OR (II) WARRANTED BY EXCEPTIONAL OR EMERGENCY CIRCUMSTANCES (E.G., AN ACT OF GOD). THE EXECUTIVE COMMITTEE SHALL REPORT ANY AND ALL ACTIONS IT TAKES TO THE FULL BOARD OF DIRECTORS AS SOON AS POSSIBLE, AND NO LATER THAN THE NEXT REGULAR MEETING OF THE BOARD.

THE EXECUTIVE COMMITTEE SHALL BE RESPONSIBLE FOR CONDUCTING AN ANNUAL REVIEW OF THE PRESIDENT'S PERFORMANCE AND ASSURING THE REASONABLENESS OF THEIR TOTAL COMPENSATION, AND FOR REVIEWING, APPROVING, AND ENSURING THE REASONABLENESS OF COMPENSATION RANGES FOR KEY EMPLOYEES AND OTHERS WHO ARE DISQUALIFIED PERSONS WITHIN THE MEANING OF SECTION 4958 OF THE INTERNAL REVENUE CODE.

THE EXECUTIVE COMMITTEE SHALL NOT BE DELEGATED THE POWER TO: (1) AUTHORIZE DISTRIBUTIONS; (2) FILL VACANCIES ON THE BOARD OF DIRECTORS OR THE

Name of the organization

AMERICAN ASSOCIATION OF MUSEUMS

Employer identification number

53-0205889

EXECUTIVE COMMITTEE; OR (3) ADOPT, AMEND, OR REPEAL BYLAWS. THE DELEGATION OF AUTHORITY TO THE EXECUTIVE COMMITTEE SHALL NOT OPERATE TO RELIEVE THE BOARD OF DIRECTORS, OR INDIVIDUAL BOARD MEMBER, OF ANY RESPONSIBILITY IMPOSED UPON THEM BY LAW.

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

MEMBERSHIP OF THE CORPORATION SHALL BE COMPOSED OF INDIVIDUAL AND INSTITUTIONAL MEMBERS IN SUCH MEMBERSHIP CATEGORIES AS THE BOARD OF DIRECTORS SHALL DETERMINE. MEMBERS SHALL NOT BE ELIGIBLE TO VOTE. THE ADMITTANCE AND CONTINUED MEMBERSHIP OF ALL MEMBERS SHALL BE SUBJECT TO THE APPROVAL OF THE BOARD OF DIRECTORS. THE MEMBERSHIP STRUCTURE AND ANNUAL MEMBERSHIP DUES OR OTHER DUES AND ASSESSMENTS FOR MEMBERSHIP OR AFFILIATION, AS WELL AS THE PRIVILEGES AND RESPONSIBILITIES ACCORDED CATEGORIES OF MEMBERSHIP SHALL BE DETERMINED BY THE BOARD OF DIRECTORS.

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

THE INFORMATION FOR THE FEDERAL FORM 990 IS PREPARED BY AAM STAFF AND DELIVERED TO A PUBLIC ACCOUNTING FIRM. ONCE THE FIRM HAS PREPARED A DRAFT, THE AUDIT COMMITTEE OF THE BOARD REVIEWS IT AND IT IS THEN FORWARDED ON TO THE ENTIRE BOARD OF DIRECTORS FOR THEIR REVIEW. THE PRESIDENT & CEO REVIEWS THE RETURN PRIOR TO SIGNATURE AND PROVIDING E-FILE AUTHORIZATION TO THE ACCOUNTING FIRM.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ALLIANCE STAFF, BOARD OF DIRECTORS, AND VOLUNTEERS ACT IN THE BEST INTEREST OF THE ALLIANCE RATHER THAN IN FURTHERANCE OF PERSONAL INTERESTS OR THE INTERESTS OF THIRD PARTIES, SUCH AS FRIENDS AND FAMILY. DECISIONS ABOUT THE ALLIANCE AND THE USE OR DISPOSITION OF ITS ASSETS ARE MADE SOLELY

Name of the organization

AMERICAN ASSOCIATION OF MUSEUMS

Employer identification number

53-0205889

IN TERMS OF THE BENEFITS TO THE ALLIANCE AND ARE NEITHER INFLUENCED NOR APPEAR TO BE INFLUENCED BY ANY PRIVATE PROFIT, PERSONAL GAIN, OR OUTSIDE BENEFIT FOR STAFF, BOARD OF DIRECTORS, AND VOLUNTEERS; THEIR FRIENDS AND FAMILY MEMBERS; OR ANY ORGANIZATION OR COMPANY WITH WHICH THEY ARE AFFILIATED. ON AN ANNUAL BASIS, ALL OFFICERS, BOARD OF DIRECTORS, AND KEY EMPLOYEES SHALL BE PROVIDED WITH A COPY OF THE CONFLICT OF INTEREST POLICY AND REQUIRED TO COMPLETE AND SIGN AN ACKNOWLEDGEMENT AND DISCLOSURE FORM PREPARED BY THE BOARD OF DIRECTORS. IF A CONFLICT ARISES IN REGARDS TO A BOARD MEMBER, THE MEMBER IMMEDIATELY NOTIFIES THE CHAIR; THAT MEMBER WILL THEN RECUSE HIM/HERSELF FROM ANY VOTING ON A RELATED ISSUE, AND WILL ALSO NOT BE COUNTED TOWARDS A QUORUM ON A RELATED ISSUE. FOR OFFICERS AND KEY EMPLOYEES, A CONFLICT WOULD IMMEDIATELY BE REPORTED TO MANAGEMENT AND APPROPRIATE ACTION WOULD BE TAKEN DEPENDING ON THE INDIVIDUAL ISSUE.

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS (BOD) HAS THE RESPONSIBILITY FOR REVIEWING AND SETTING THE PRESIDENT & CHIEF EXECUTIVE OFFICER (CEO) AND OTHER KEY STAFF'S COMPENSATION PACKAGE. THE COMMITTEE REVIEWS MARKET DATA ALONG WITH THE PRESIDENT & CEO AND OTHER KEY STAFF'S PERFORMANCE IN DETERMINING WHAT AN EQUITABLE COMPENSATION PACKAGE SHOULD BE. IN TURN, THE PRESIDENT AND CEO IS CHARGED WITH PREPARING EVALUATIONS FOR THE ALLIANCE'S SENIOR MANAGEMENT TEAM BASED ON EACH INDIVIDUAL'S PERFORMANCE DURING THE CURRENT YEAR. THIS DATA IS THEN USED BY THE PRESIDENT & CEO IN SETTING COMPENSATION PACKAGES FOR THE SENIOR MANAGEMENT TEAM. THE LAST COMPENSATION REVIEW FOR THE PRESIDENT & CEO WAS PERFORMED IN 2019. A COMPENSATION REVIEW FOR THE INTERIM PRESIDENT & CEO WAS PERFORMED IN 2023.

Name of the organization AMERICAN ASSOCIATION OF MUSEUMS	Employer identification number 53-0205889
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FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
 AL, AK, AZ, AR, CT, FL, IL, KS, KY, ME, MD, MA, MN, MS, NH, NJ, NM, NY, NC, ND, OK, OR, PA, RI, SC
 TN, VA, WA, WV, WY

FORM 990, PART VI, SECTION C, LINE 19:
 THE ALLIANCE'S MOST RECENT ANNUAL REPORT, AUDITED FINANCIAL STATEMENTS, AND
 IRS FORM 990 ARE AVAILABLE ON ITS WEBSITE AND UPON REQUEST. THE ALLIANCE'S
 GOVERNING DOCUMENTS ARE AVAILABLE ON THE WEBSITE AND THE CONFLICT
 OF INTEREST POLICY IS MADE AVAILABLE ON A PER REQUEST BASIS.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACTORS:

PROGRAM SERVICE EXPENSES	979,126.
MANAGEMENT AND GENERAL EXPENSES	584,038.
FUNDRAISING EXPENSES	18,338.
TOTAL EXPENSES	1,581,502.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,581,502.

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. AMERICAN ASSOCIATION OF MUSEUMS	Taxpayer identification number (TIN) 53-0205889
	Number, street, and room or suite no. If a P.O. box, see instructions. 2451 CRYSTAL DRIVE, 1005	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARLINGTON, VA 22202	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **CAROL CONSTANTINE**
2451 CRYSTAL DRIVE, 1005 - ARLINGTON, VA 22202

Telephone No. **(202)289-1818** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **23** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2023

Department of the Treasury Internal Revenue Service

For calendar year 2023 or other tax year beginning , and ending

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

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

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

Form header section including: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 15,593,155, G Check organization type, H Check if filing only to claim, I Check if a 501(c)(3) organization filing a consolidated return, J Enter the number of attached Schedules A (Form 990-T) 1, K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No, L The books are in care of CAROL CONSTANTINE Telephone number (202) 289-1818

Form header section including: M Part I Total Unrelated Business Taxable Income, N Part II Tax Computation, O Part III Tax and Payments

Table for Part I: Total Unrelated Business Taxable Income. Rows include: 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ... 425,453. 2 Reserved. 3 Add lines 1 and 2 ... 425,453. 4 Charitable contributions (see instructions for limitation rules) ... 0. 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 ... 425,453. 6 Deduction for net operating loss. See instructions. 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 ... 425,453. 8 Specific deduction (generally \$1,000, but see instructions for exceptions) STATEMENT 1 ... 1,000. 9 Trusts. Section 199A deduction. See instructions. 10 Total deductions. Add lines 8 and 9 ... 1,000. 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero ... 424,453.

Table for Part II: Tax Computation. Rows include: 1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) ... 89,135. 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: Tax rate schedule or Schedule D (Form 1041). 3 Proxy tax. See instructions. 4 Other tax amounts. See instructions. 5 Alternative minimum tax. 6 Tax on noncompliant facility income. See instructions. 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies ... 89,135.

Table for Part III: Tax and Payments. Rows include: 1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 1b Other credits (see instructions). 1c General business credit. Attach Form 3800 (see instructions). 1d Credit for prior-year minimum tax (attach Form 8801 or 8827). 1e Total credits. Add lines 1a through 1d. 2 Subtract line 1e from Part II, line 7 ... 89,135. 3a Amount due from Form 4255. 3b Amount due from Form 8611. 3c Amount due from Form 8697. 3d Amount due from Form 8866. 3e Other amounts due (see instructions). 3f Total amounts due. Add lines 3a through 3e ... 0. 4 Total tax. Add lines 2 and 3f (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here ... 89,135. 5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) ... 0.

Part III Tax and Payments (continued)

6 a	Payments: Preceding year's overpayment credited to the current year	6a	200.	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	100,200.	
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Elective payment election amount from Form 3800	6g		
h	Payment from Form 2439	6h		
i	Credit from Form 4136	6i		
j	Other (see instructions)	6j		
7	Total payments. Add lines 6a through 6j	7	100,400.	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	11,265.	
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax 11,265. Refunded	11	0.	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year		
4	Enter available pre-2018 NOL carryovers here \$		
	Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer _____ Date _____ Title **PRESIDENT & CEO**

May the IRS discuss this return with the preparer shown below (see instructions)? **Yes** **No**

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
TRACY M. MOREY, CPA	<i>Tracy M. Morey</i>	5/28/2024		P01521539
Firm's name	Firm's address		Firm's EIN	
THOMPSON GREENSPON	4035 RIDGE TOP RD, SUITE 700 FAIRFAX, VA 22030		54-1029635	
			Phone no.	(703) 385-8888

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

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

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

2023

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

A Name of the organization AMERICAN ASSOCIATION OF MUSEUMS	B Employer identification number 53-0205889
C Unrelated business activity code (see instructions) 540000	D Sequence: 1 of 1

E Describe the unrelated trade or business **ADVERTISING**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10	631,343.	453,546.
11 Advertising income (Part IX)	11	172,658.	29,006.
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13	804,001.	482,552.

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

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	27,093.
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	29,006.
14 Other deductions (attach statement) SEE STATEMENT 2	14	1,000.
15 Total deductions. Add lines 1 through 14	15	57,099.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	425,453.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	425,453.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____
 B _____
 C _____
 D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____
 B _____
 C _____
 D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: <u>CONSOLIDATED</u>		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	631,343.
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	177,797.
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	453,546.
5	Gross income from activity that is not unrelated business income	5	0.
6	Expenses attributable to income entered on line 5	6	0.
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	0.

Part IX Advertising Income

STATEMENT 5

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A PERIODICAL ADVERTISING

B

C

D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income	172,658.			
Add columns A through D. Enter here and on Part I, line 11, column (A)				172,658.

a				
3 Direct advertising costs by periodical	143,652.			
a Add columns A through D. Enter here and on Part I, line 11, column (B)				143,652.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8	29,006.			
5 Readership costs	297,485.			
6 Circulation income	137,942.			
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-	159,543.			
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7	29,006.			
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				29,006.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 2

DESCRIPTION	AMOUNT
TAX PREPARATION	1,000.
TOTAL TO SCHEDULE A, PART II, LINE 14	1,000.

FORM 990-T (A) PART VIII - EXPLOITED EXEMPT ACTIVITY INCOME STATEMENT 3

(1) DESCRIPTION OF ACTIVITY	(2) GROSS UBI	(3) UBI EXPENSES	(4) NET INCOME	(5) GROSS INCOME	(6) NON UBI EXPENSES
JOB HQ/ JOB TARGET	566,948.	46,629.	520,319.	0.	0.
ANNUAL MEETING ADVERTISING	9,471.	29,270.	-19,799.	0.	0.
MUSEUM MARKETPLACE ONLINE	31,679.	10,918.	20,761.	0.	0.
WEB ADVERTISING	23,245.	90,980.	-67,735.	0.	0.
COLUMN TOTALS	631,343.	177,797.	453,546.	0.	0.

FORM 990-T (A) PART VIII - EXPENSES DIRECTLY CONNECTED WITH PRODUCTION OF UNRELATED BUSINESS INCOME STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DIRECT EXPENSE - JOB HQ/ JOB TARGET		46,629.	
- SUBTOTAL -	1		46,629.
DIRECT EXPENSE - ANNUAL MEETING ADVERTISING		29,270.	
- SUBTOTAL -	2		29,270.
DIRECT EXPENSE - MUSEUM MARKETPLACE ONLINE		10,918.	
- SUBTOTAL -	3		10,918.
DIRECT EXPENSE - WEB ADVERTISING		90,980.	
- SUBTOTAL -	4		90,980.
TOTAL OF FORM 990-T, SCHEDULE A, PART VIII, COLUMN 3			177,797.

SEPARATE PERIODICALS INCLUDED IN STATEMENT 5
A CONSOLIDATED PERIODICAL

		GROSS INCOME	DIRECT COSTS	CIRC. INCOME	RDRSHIP COSTS
PERIODICAL	- AVISO	27,985.	30,292.	21,501.	38,133.
ADVERTISING	- MUSEUM				
	MAGAZINE	116,423.	104,572.	99,557.	214,522.
	- EXHIBITION	28,250.	8,788.	16,884.	44,830.
	SUBTOTAL	172,658.	143,652.	137,942.	297,485.

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. AMERICAN ASSOCIATION OF MUSEUMS	Taxpayer identification number (TIN) 53-0205889
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2451 CRYSTAL DRIVE, 1005	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARLINGTON, VA 22202	

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **CAROL CONSTANTINE**
2451 CRYSTAL DRIVE, 1005 - ARLINGTON, VA 22202

Telephone No. **(202)289-1818** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **23** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	85,901.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	100,400.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**

Form 500

Virginia Department of Taxation
P.O. Box 1500
Richmond, VA 23218-1500

2023 Virginia Corporation
Income Tax Return



Attention: Return must be filed electronically. Use this form only if you have an approved waiver.
Do not file this form to carry back a net operating loss. Use Form 500NOLD.

Official Use Only

FISCAL or SHORT Year Filer: Beginning Date, 2023; Ending Date
Short Year Return Change in Accounting Period

Form fields for FEIN (53-0205889), Name (AMERICAN ASSOCIATION OF MUSEUMS), Mailing Address (2451 CRYSTAL DRIVE, NO. 1005), City or Town (ARLINGTON), State (VA), ZIP Code (22202), Entity Type Code (NP), NAICS Code (540000), Date Incorporated (01/01/1906), State or Country of Incorporation (DISTRICT OF COLUM), Description of Business Activity (ADVERTISING).

Check Applicable Boxes section including Consolidated, Nonprofit Corporation (checked), and Corporate Telecommunications Company options.

QUESTIONS AND RELATED INFORMATION section with questions A through F regarding payments, future use, NOLs, and location of books.

**2023 Virginia
Form 500**

Page 2

FEIN
53-0205889



INCOME

1. Federal taxable income (from enclosed federal return)	1.	424453 .00
2. Total additions from Schedule 500ADJ, Section A, Line 7	2.	27093 .00
3. Total (add Lines 1 and 2)	3.	451546 .00
4. Total subtractions from Schedule 500ADJ, Section B, Line 10	4.	.00
5. Balance (subtract Line 4 from Line 3)	5.	451546 .00
6. Savings and Loan Association's Bad Debt Deduction (see instructions)	6.	.00
7. Virginia taxable income (subtract Line 6 from Line 5)	7.	451546 .00

TAX COMPUTATION

8. Apportionable Income (Schedule 500A Filers) - Complete Lines 8(a) through 8(d). See instructions.		
(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)	8(a).	.00
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(f)	8(b).	%
(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)	8(c).	.00
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)	8(d).	.00
9. Income tax (6% of Line 7 or 6% of Line 8(a))	9.	27093 .00

PAYMENTS AND CREDITS

10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B	10.	.00
11. Adjusted corporate tax (subtract Line 10 from Line 9)	11.	27093 .00
12. 2023 estimated Virginia income tax payments including overpayment credit from 2022	12.	30508 .00
13. Extension payment	13.	.00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A	14.	.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section D	15.	.00
16. Total payments and credits (add Lines 12 through 15)	16.	30508 .00

REFUND OR TAX DUE

17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17.	.00
18. Penalty (see instructions)	18.	.00
19. Interest (see instructions)	19.	.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C)	20.	.00
21. Total due (add Lines 17 through 20)	21.	.00
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22.	3415 .00
23. Amount to be credited to 2024 estimated tax	23.	3415 .00
24. Amount to be refunded (subtract Line 23 from Line 22)	24.	.00

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer. →

Date	Signature of Officer	Title
		PRESIDENT & CEO
Printed Name of Officer		Phone Number
MARILYN JACKSON		202-289-1818
Print Preparer's Name and Firm Name		Preparer Phone Number
TRACY M. MOREY, CPA THOMPSON GREENSPON		(703) 385-8888
Date	Individual or Firm, Signature of Preparer	Address of Preparer
5/28/2024	Tracy M. Morey	4035 RIDGE TOP RD, SUITE 7 FAIRFAX, VA 22030
Preparer's FEIN, PTIN, or SSN		Approved Vendor Code
54-1029635		1019

IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN

**2023 Virginia
Schedule 500ADJ**

**Corporation Schedule
of Adjustments**



Name as shown on Virginia return AMERICAN ASSOCIATION OF MUSEUMS FEIN 53-0205889

Use **Schedule 500ADJS** in addition to the Schedule 500ADJ if you are claiming more additions or subtractions than the Schedule 500ADJ allows. Refer to the Form 500 Instructions for addition and subtraction codes.

Check this box and enclose Schedule 500ADJS with your return

Section A - Additions to Federal Taxable Income

1. Conformity addition - Depreciation	1.	_____	.00			
2. Conformity addition - Other	2.	_____	.00			
3. Taxable addition from Schedule 500AB, Line 10	3.	_____	.00			
4. Net income tax and other taxes that are based on, measured by, or computed with reference to net income	4.	27093	.00			
5. Interest on state obligations other than Virginia	5.	_____	.00			
6. Other Additions See instructions for addition codes.						
		Code				
6a. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>				6a.	_____	.00
6b. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>				6b.	_____	.00
6c. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>				6c.	_____	.00
7. Total Additions. Add Lines 1-5 and 6a-6c. Enter here and on Form 500, Line 2	7.	27093	.00			

Section B - Subtractions from Federal Taxable Income

1. Conformity subtraction - Depreciation	1.	_____	.00			
2. Conformity subtraction - Other	2.	_____	.00			
3. Income from obligations or securities of the U.S. exempt from state income taxes, but not from federal income taxes	3.	_____	.00			
4. Foreign dividend gross-up (IRC § 78)	4.	_____	.00			
5. Refund or credit of income taxes included in federal taxable income	5.	_____	.00			
6. Subpart F income (IRC § 951) and/or Global Intangible Low-Taxed Income (IRC § 951A)	6.	_____	.00			
7. Foreign source income subtraction allowed by Va. Code § 58.1-402 C 8	7.	_____	.00			
8. Dividends received from corporations in which the recipient owns 50% or more of the voting stock, to the extent remaining in federal taxable income	8.	_____	.00			
9. Other Subtractions. See instructions for subtraction codes.						
		Certification Number				
		Code				
9a. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>				9a.	_____	.00
9b. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>				9b.	_____	.00
9c. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>				9c.	_____	.00
10. Total Subtractions. Add Lines 1-8 and 9a-9c. Enter here and on Form 500, Line 4	10.	_____	.00			

Section C - Amended Return

If you are filing an amended return, complete Section C to determine if you will receive an additional refund or if you need to make an additional payment.

1. Add amount paid with original return plus additional tax paid after it was filed. (Do not include amount paid from Form 500, Line 20.)	1.	_____	.00
2. Add Line 1 from above and Line 16 from Form 500 and enter the total here	2.	_____	.00
3. Overpayment, if any, as shown on original return or as previously adjusted	3.	_____	.00
4. Subtract Line 3 from Line 2	4.	_____	.00
5. If Line 4 above is less than Line 11 on amended Form 500, subtract Line 4 above from Line 11 on amended Form 500. This is the tax you owe	5.	_____	.00
6. Refund. If Line 11 on amended Form 500 is less than Line 4 above, subtract Line 11 on amended Form 500 from Line 4 above. This is the tax you overpaid	6.	_____	.00

EXPLANATION OF CHANGES TO INCOME AND MODIFICATIONS

Enclose an explanation for amending return. Provide the line reference from the Form 500 for which a change is reported and give the reason for each change. Show any computation in detail and enclose any applicable schedules.

**2023 Virginia
Schedule 500FED**

**Corporation Schedule of
Federal Line Items**



Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500.
Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Name as shown on Virginia return AMERICAN ASSOCIATION OF MUSEUMS FEIN 53-0205889

Form 1120 - Deductions and Taxable Income

1. Federal Taxable Income before NOL and Special Deductions	1.	425453	.00
2. Net Operating Loss Deduction	2.		.00
3. Special Deductions	3.	1000	.00
4. Federal Taxable Income after NOL and Special Deductions	4.	424453	.00

Form 1120, Schedule C - Dividends and Special Deductions

5. Subpart F Income and/or Global Intangible Low-Taxed Income	5.		.00
6. Gross-Up for Foreign Taxes Deemed Paid	6.		.00

Form 1120, Schedule K or M-1

7. Tax Exempt Interest	7.		.00
------------------------------	----	--	-----

Form 5884 - Work Opportunity Credit

8. Salaries and Wages not deducted due to the WOTC	8.		.00
--	----	--	-----

Form 4562 - Special Depreciation Allowance and Other Depreciation

9. Special depreciation allowance for qualified property placed in service during the taxable year	9.		.00
10. Property subject to 168(f)(1) election	10.		.00
11. Other depreciation	11.		.00

Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Income or Loss

12. Total: Dividends	12.		.00
13. Reserved for future use	13.		
14. Total: Inclusions (Exclude Gross-up)	14.		.00
15. Total: Inclusions (Gross-up)	15.		.00
16. Total: Interest	16.		.00
17. Total: Gross Rents, Royalties, and License Fees	17.		.00
18. Total: Gross Income from Performance of Services	18.		.00
19. Total: Other	19.		.00
20. Total: Total Gross Income or Loss from Outside the US	20.		.00

Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions

21. Total: Allocable - Rental, Royalty, and Licensing Expenses - Depreciation, Depletion, and Amortization	21.		.00
22. Total: Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses	22.		.00
23. Total: Allocable - Expenses Related to Gross Income from Performance of Services	23.		.00
24. Total: Allocable - Other Allocable Deductions	24.		.00
25. Total: Total Allocable Deductions	25.		.00
26. Total: Apportioned Share of Deductions	26.		.00
27. Total: Net Operating Loss Deduction	27.		.00
28. Total: Total Deductions	28.		.00

Form 1118, Schedule A - Income or Loss Before Adjustments - Total Income

29. Total: Total Income or (Loss) Before Adjustments	29.		.00
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Form 500C

**2023 Underpayment of Virginia
Estimated Tax by Corporations**



Department of Taxation
P.O. Box 1500
Richmond, VA 23218-1500

FISCAL year filer or SHORT year filer: Enter beginning date _____, and ending date _____, and check here

Name AMERICAN ASSOCIATION OF MUSEUMS	FEIN 53-0205889
Mailing Address (Rural Route and Box Number) 2451 CRYSTAL DRIVE, NO. 1005	
City or Town, State, and ZIP Code ARLINGTON, VA 22202	

Part I - How to Compute the Underpayment

By completing Lines 1 through 8, a corporation can determine whether or not it paid the correct amount of estimated tax by the proper due dates. If the minimum amounts were not timely paid, an additional charge may be imposed for the period of underpayment. A corporation that filed its return on a basis other than a calendar year should enter the dates corresponding to its taxable year in the space provided below

1. Income tax reduced by allowable nonrefundable and refundable credits from Schedule 500CR	27093.00			
2. 90% of Line 1	24384.00			
Enter in Columns (a) through (d) the installment due dates (the 15th day of the 4th, 6th, 9th, and 12th months) of your taxable year	Due Dates of Installments			
	(a)	(b)	(c)	(d)
	04/17/23	06/15/23	09/15/23	12/15/23
3. Enter 25% of Line 2 in Columns (a) through (d)	6096.00	6096.00	6096.00	6096.00
4. Amounts paid or credited for each period	7627.00	7627.00	7627.00	7627.00
5. Amount of 2022 overpayment credited against 2023 estimated tax .....	.00	.00	.00	.00
6. Overpayment of previous installment		1531.00	3062.00	4593.00
7. Total (Add Lines 4, 5, and 6)	7627.00	9158.00	10689.00	12220.00
8. Underpayment (or overpayment) Subtract Line 3 from Line 7	-1531.00	-3062.00	-4593.00	-6124.00

An overpayment of an installment in Line 8 in excess of all prior underpayments should be applied as a credit against the next installment.

Part II - Exceptions to the Additional Charge

If you meet any of the exceptions to the addition to the tax, complete Lines 9 through 12.

	(a)	(b)	(c)	(d)
9. Total amount paid or credited from the beginning of the taxable year through the installment dates that correspond to the 15th day of the 4th, 6th, 9th, and 12th months of your taxable year ...	.00	.00	.00	.00
	25% of tax	50% of tax	75% of tax	100% of tax
10. Exception 1 - Prior year's tax .....	.00	.00	.00	.00
11. Exception 2 - Tax on prior year's income based on the facts shown on the prior year's return, but using current year's rates .....	.00	.00	.00	.00
12. Exception 3 - Tax on annualized income (Enclose computation) .....	.00	.00	.00	.00

There is no additional charge imposed on an underpayment shown in Line 8 for any installment date if by that date the corporation made the minimum payment determined under any of the exceptions reflected in the instructions.

Part III - Computation of the Additional Charge

If an underpayment of estimated tax is shown on Line 8 for an installment and an exception is not applicable, the additional charge should be computed by completing the portion(s) of this applicable to the installment(s).

	(a)	(b)	(c)	(d)
Enter the same installment dates used above in Part I ...				
13. Amount of underpayment from Line 8 .....	.00	.00	.00	.00
14. Enter the date of payment or the 15th day of the 4th month after the close of your taxable year, whichever is earlier				
15. Number of days from the due date of installment to the date shown on Line 14				
16. Additional charge (Rate of interest established in IRC § 6621, plus 2%, times the amount on Line 13 for the number of days shown on Line 15) .....	.00	.00	.00	.00
17. Total additional charge. Add Columns (a) through (d), Line 16. Enter amount here and on Form 500, Line 20. ....				.00

A payment of estimated tax on any installment date shall be considered a payment of any previous underpayment only to the extent such payment exceeds the amount of the installment as computed in Line 3. If the corporation made more than 1 payment for a given installment, enclose a schedule showing a separate computation for each payment.