

Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning 07/01/22, and ending 06/30/23

AMERICAN COLLEGE OF PHYSICIANS
GEORGIA CHAPTER

-*9373

Net Asset / Fund Balance at Beginning of Year		<u>451,563</u>
Revenue		
Contributions	<u>200,986</u>	
Program service revenue	<u>111,130</u>	
Investment income	<u>5,248</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>1,244</u>	
Total revenue		<u>318,608</u>
Expenses		
Program services	<u>315,824</u>	
Management and general	<u>39,455</u>	
Fundraising		
Total expenses		<u>355,279</u>
Excess / (deficit)		<u>-36,671</u>
Changes		<u>-8,603</u>
Net Asset / Fund Balance at End of Year		<u><u>406,289</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>318,608</u>
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<u><u>318,608</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>355,279</u>
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	<u><u>355,279</u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>456,304</u>	<u>426,209</u>	
Liabilities	<u>4,741</u>	<u>19,920</u>	
Net assets	<u><u>451,563</u></u>	<u><u>406,289</u></u>	<u>-45,274</u>

Miscellaneous Information

Amended return _____
Return / extended due date 11/15/23
Failure to file penalty _____

Reed, Quinn & McClure, LLC
2055 N Brown Rd Ste 150
Lawrenceville, GA 30043-4920
770-449-9144

November 16, 2023

CONFIDENTIAL

AMERICAN COLLEGE OF PHYSICIANS
GEORGIA CHAPTER
11720 AMBER PARK DRIVE STE 160
ALPHARETTA, GA 30009

Dear Dr. Clyde Watkins:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Reed, Quinn & McClure, LLC

Filing Instructions

AMERICAN COLLEGE OF PHYSICIANS

Form

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning, 2022, and ending, 20

Department of the Treasury
Internal Revenue Service

Name of filer

Name and title of officer or person subject to tax

8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the

	<input type="checkbox"/>		_____
	<input type="checkbox"/>		_____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____

acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal

I authorize _____ to enter my PIN as my signature
ERO firm name Enter five numbers, but

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date _____



Part III Statement of Program Service Accomplishments

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



1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

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

4a (Code:) (Expenses \$ 315,824 including grants of \$) (Revenue \$ 111,130)

EDUCATION IS THE PRIMARY PROGP.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

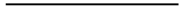
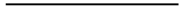
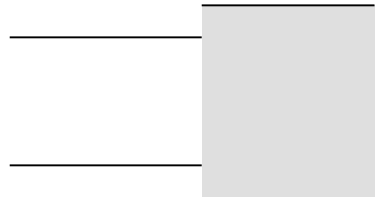
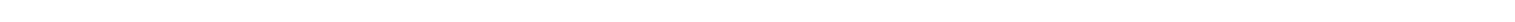
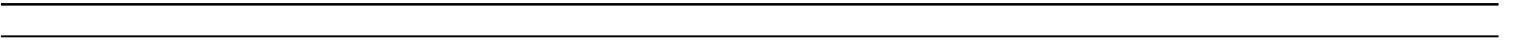
4e Total program service expenses



Series of horizontal lines for writing, with a grey rectangular block on the right side.







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

Table with 6 main columns and multiple rows for reporting compensation details.

d Total (add lines 1b and 1c)

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

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table for independent contractors with columns for Name and compensation.

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns					
	b	Membership dues	144,596				
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	56,390				
	g	Noncash contributions included in lines 1a-1f					
	1g	\$					
	h	Total. Add lines 1a-1f	200,986				
Program Service Revenue			Business Code				
	2a	REGISTRATION MEETING	900099	62,195	62,195		
	b	EXHIBIT FEES	900099	48,100	48,100		
	c	CHAPTER DEVELOPEMENT	900099	835	835		
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f	111,130					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,248		5,248	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
	b	Less: rental expenses	6b				
	c	Rental inc. or (loss)	6c				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a				
	b	Less: cost or other basis and sales exps	7b				
	c	Gain or (loss)	7c				
d	Net gain or (loss)						
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11a	OTHER	900099	1,244	1,244		
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d	1,244					
12	Total revenue. See instructions	318,608	112,374	0	5,248		

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).

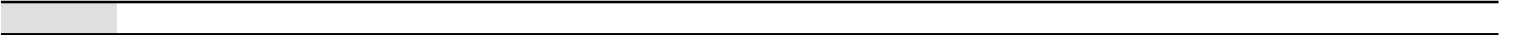
Table with 5 columns and rows 1-26. Row 1: Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. Row 2: Grants and other assistance to domestic individuals. See Part IV, line 22. Row 3: Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. Row 4: Benefits paid to or for members. Row 5: Compensation of current officers, directors, trustees, and key employees. Row 6: Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Row 7: Other salaries and wages. Row 8: Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). Row 9: Other employee benefits. Row 10: Payroll taxes. Row 11: Fees for services (nonemployees): a Management, b Legal, c Accounting, d Lobbying, e Professional fundraising services. See Part IV, line 17, f Investment management fees, g Other. (If line 11g amount exceeds 10% of line 25, column 23). Row 12: Advertising and promotion. Row 13: Office expenses. Row 14: Information technology. Row 15: Royalties. Row 16: Occupancy. Row 17: Travel. Row 18: Payments of travel or entertainment expenses for any federal, state, or local public officials. Row 19: Conferences, conventions, and meetings. Row 20: Interest. Row 21: Payments to affiliates. Row 22: Depreciation, depletion, and amortization. Row 23: Insurance. Row 24: Blank. Row 25: Total. Row 26: Blank.







	Cash	Accrual	Other _____		Yes	No
				2a		
				2b		
				2c		
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				3a		
If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				3b		



SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

Name of the organization

Employer identification number

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5
- 6
- 7

(i) Name of supported					

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

Section A. Public Support

Total. Add lines 1 through 3 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					

Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from					
Net income from unrelated business activities, whether or not the business is regularly carried on					
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					
Total support. Add lines 7 through 10					

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.)

Section A. Public Support

1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					
3	Gross receipts from activities that are not an unrelated trade or business under section 513					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					
5	The value of services or facilities furnished by a governmental unit to the organization without charge					
6	Total. Add lines 1 through 5					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000					
8	Public support. (Subtract line 7c from					

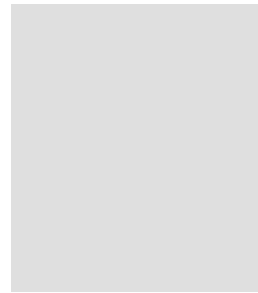
Section B. Total Support

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on 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? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
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)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and 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).		
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? If "Yes," provide detail in Part VI.		
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? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
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))? If "Yes," provide detail in Part VI.		
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? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

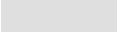
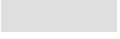
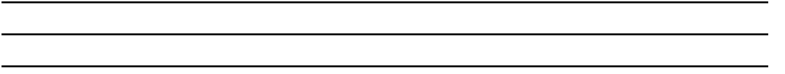
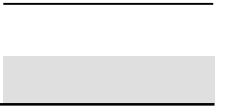


Part VI

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.)

PART III, LINE 12 - OTHER INCOME DETAIL

\$ 3,064



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.

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

	Amount

	(a) Current year				

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

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

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.



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				(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	Retirement and other deferred compensation			
1 MARY DANIELS ED EMERITUS	(i)	106,967	0	0	0	0	106,967	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(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.

Area with horizontal dotted lines for supplemental information.

Form 990 or 990-EZ or to provide any additional information.

Name of the organization

Employer identification number

Name of the organization

Employer identification number

AMERICAN COLLEGE OF PHYSICIANS

_*9373

PURPOSES.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

CHAPTER BOARD SETS EXECUTIVE DIRECTOR COMPENSATION

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

INFORMATION AVAILABLE UPON REQUEST

--	--	--

R e v e n u e	1.				
	2. Membership dues and assessments				
	3.				
	4. Program service revenue				
	5. Investment income				
	6.				
	Net gain or (loss) from sale of assets other than inventory				
	Net income or (loss) from fundraising events				
	Net income or (loss) from gaming				
	Net gain or (loss) on sales of inventory				
	Other revenue				
	Total revenue. Add lines 1 through 11				
E x p e n s e s	Grants and similar amounts paid				
	14. Benefits paid to or for members				
	15.				
	16.				
	17.				
	18.				
	19.				
	20.				
	21.				
	Total expenses. Add lines 13 through 21				
	Total liabilities				

Form **990**

Tax Projection Worksheet

2022 & 2023

Name

**AMERICAN COLLEGE OF PHYSICIANS
GEORGIA CHAPTER**

Taxpayer Identification Number

****_***9373**

		2022	2023	Differences
Revenue	1. Contributions, gifts, grants	56,390	56,390	
	2. Membership dues and assessments	144,596	144,596	
	3. Government contributions and grants			
	4. Program service revenue	111,130	111,130	
	5. Investment income	5,248	5,248	
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	1,244	1,244	
	12. Total revenue. Add lines 1 through 11	318,608	318,608	
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	25,000	25,000	
	16. Salaries, other compensation, and employee benefits	161,824	161,824	
	17. Professional fundraising fees			
	18. Other professional fees	28,237	28,237	
	19. Occupancy, rent, utilities, and maintenance			
	20. Depreciation and Depletion			
	21. Other expenses	140,218	140,218	
	22. Total expenses. Add lines 13 through 21	355,279	355,279	
	23. Excess or (Deficit). Subtract line 22 from line 12	-36,671	-36,671	
Other	24. Total exempt revenue	318,608	318,608	
	25. Total unrelated revenue			
	26. Total excludable revenue	117,622	117,622	
	27. Total assets	426,209	426,209	
	28. Total liabilities	19,920	19,920	
	29. Retained earnings	406,289	406,289	
	30. Number of voting members of governing body	19	19	
	31. Number of independent voting members of governing body	19	19	
	32. Number of employees	3	3	
	33. Number of volunteers	96	96	

Name	Employer Identification Number
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	2019	2020	2021	2022	2023
Fundraising revenue (income/a46551	262.18583 11.90551 s-0 1 119.42551 237.58583 Tm p583 Tm p583 Tm p583 Tm p583 Tm p583 Tm p583				
Total exempt revenue					
Total unrelated revenue					
Total excludable revenue	■	■	■	■	
Net Fund Balances					

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Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 5,248					
			14			
TOTAL	<u>\$ 5,248</u>					

-*9373

Federal Statements

FYE: 6/30/2023

Schedule A, Part III, Line 1(e)

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES	\$ 144,596
GOVERNOR ALLOWANCE	16,890
EDUCATIONAL GRANTS	39,500
TOTAL	\$ <u>200,986</u>

Schedule A, Part III, Line 2(e)

<u>Description</u>	<u>Amount</u>
REGISTRATION MEETING	\$ 62,195
EXHIBIT FEES	48,100
CHAPTER DEVELOPEMENT	835
OTHER	1,244
TOTAL	\$ <u>112,374</u>

Schedule A, Part III, Line 10a(e)

<u>Description</u>	<u>Amount</u>
INTEREST INCOME	\$ 5,248
TOTAL	\$ <u>5,248</u>