WEGNER CPAS, LLP 419 N LEE ST ALEXANDRIA, VA 22314

SOCIETY FOR TECHNICAL COMMUNICATION, INC 3251 OLD LEE HIGHWAY FAIRFAX, VA 22030

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#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

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 a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). 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. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print SOCIETY FOR TECHNICAL COMMUNICATION, 31-4424296 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 3251 OLD LEE HIGHWAY return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. FAIRFAX, VA 22030 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) TIM SHAW The books are in the care of ► 3251 OLD LEE HIGHWAY - FAIRFAX, VA 22030 Telephone No.  $\triangleright$  (703) 552-4114 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. I request an automatic 6-month extension of time until NOVEMBER 15, 2023 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or \_\_\_ tax year beginning , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. 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 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. 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

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

Form 8868 (Rev. 1-2022)

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury

A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change SOCIETY FOR TECHNICAL COMMUNICATION, Name change 31-4424296 Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 3251 OLD LEE HIGHWAY (703) 552-4114City or town, state or province, country, and ZIP or foreign postal code 1,184,409. G Gross receipts \$ Amended return FAIRFAX, VA 22030 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: TIM SHAW for subordinates? Yes X No SAME AS C ABOVE \_ Yes **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 4947(a)(1) or 501(c) ( (insert no.) If "No," attach a list. See instructions WWW.STC.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association Other L Year of formation: 1958 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: THE SOCIETY FOR TECHNICAL Activities & Governance COMMUNICATION (STC) IS AN INDIVIDUAL MEMBERSHIP ORGANIZATION 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) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 3 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 300 Total number of volunteers (estimate if necessary) 6 40,579. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 29,559. 7h **Prior Year Current Year** 68,151. Contributions and grants (Part VIII, line 1h) 8 1,169,739. 1,092,585. Program service revenue (Part VIII, line 2g) 58,106. 25,207. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 66,617. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,665. 11 1,297,661. 1,184,409. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 369,067. 342,858. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 918,893. 1,108,253. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,287,960. 1,451,111. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 9,701. -266,702. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 20, 864,405. 599,555. Total assets (Part X, line 16) 213,992. 325,248. 21 Total liabilities (Part X, line 26) 巨巨 -349,587. -725,693 Net assets or fund balances. Subtract line 21 from line 20 ..... 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. Signature of officer Date Sign FIM SHAW, CHIEF EXECUTIVE OFFICER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 12/01/23 P00086726 GLENN MILLER, CPA GLENN MILLER, CPA Paid self-employed Firm's EIN 39-0974031 Firm's name WEGNER CPAS, LLP Preparer Firm's address 419 N LEE ST Use Only Phone no. 608-274-4020 ALEXANDRIA, VA 22314 X Yes

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

Pai	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:
	THE SOCIETY FOR TECHNICAL COMMUNICATION ADVANCES TECHNICAL
	COMMUNICATION AS THE DISCIPLINE OF TRANSFORMING COMPLEX INFORMATION
	INTO USABLE CONTENT FOR PRODUCTS, PROCESSES, AND SERVICES. STC SERVES
	ITS MEMBERS BY IDENTIFYING AND PROMOTING BEST PRACTICES IN THE FIELD
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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 \$ 417,338. including grants of \$ 0. ) (Revenue \$ 264,035. )
	ANNUAL CONFERENCE: SERVES THE EDUCATIONAL NEEDS OF TECHNICAL
	COMMUNICATION. EDUCATIONAL PROGRAMS, SEMINARS, AND WORKSHOPS PROVIDE A
	FORUM FOR LEARNING AND DISCUSSION.
4b	(Code:) (Expenses \$ 207,500 • including grants of \$ 0 • ) (Revenue \$ 562,387 • )
	MEMBERSHIP: PROMOTES THE PURPOSES OF THE SOCIETY AMONG MEMBERS,
	FURTHERS MEMBER INTERACTION, AND PROVIDES A FORUM FOR DISCUSSION.
4c	(Code:) (Expenses \$
40	EDUCATION: SUPPORT TO PRACTITIONERS, TEACHERS, AND STUDENTS OF
	TECHNICAL COMMUNICATION THROUGH PROGRAMS, SCHOLARSHIPS, ANNUAL
	CONFERENCES, AND SEMINARS. THE SOCIETY ALSO PROVIDES INFORMATION ABOUT
	EVENTS AND COURSES RELATED TO TECHNICAL COMMUNICATION.
	EVENTE AND COORDED RELATED TO TECHNICAE COMMONICATION:
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 291,386 · including grants of \$ 0 · ) (Revenue \$ 47,008 · )
4e	Total program service expenses 1,084,878.
	Form <b>990</b> (2022)

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			37
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			Х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ıza	, , , , , , , , , , , , , , , , , , ,	12a		Х
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
b	- · · · · · · · · · · · · · · · · · · ·	12b		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	00-	X

SOCIETY FOR TECHNICAL COMMUNICATION, INC 31-4424296 Page 4 Form 990 (2022) Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% X controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III ....... 27 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, 28 instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV ...... 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? |f "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ..... 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 X 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? X Note: All Form 990 filers are required to complete Schedule O 38 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

	Check in Confedence of Containing a responder of the to any line in time that t					
					Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c		

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Form 990 (2022)

SOCIETY FOR TECHNICAL COMMUNICATION, INC Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No		
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	3					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O		3b	Х			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		X		
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccoun	ts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit					
	any contributions that were not tax deductible as charitable contributions?			6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts					
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).							
а	$ Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ services \ $	vices p	rovided to the payor?	7a		X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	uired					
	to file Form 8282?	1	 I	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		_X_		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g 7h				
_	, , , , , , , , , , , , , , , , , , , ,							
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	by the	9					
•	sponsoring organization have excess business holdings at any time during the year?			8				
9	Sponsoring organizations maintaining donor advised funds.			9a				
a				9b				
b 10	Section 501(c)(7) organizations. Enter:			90				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1				
11	Section 501(c)(12) organizations. Enter:	100	I	1				
a	Gross income from members or shareholders	11a						
	Gross income from other sources. (Do not net amounts due or paid to other sources against			1				
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10411	?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1					
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand	13c						
				14a		_X_		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			15		Х		
excess parachute payment(s) during the year?								
40	If "Yes," see the instructions and file Form 4720, Schedule N.		0	40		v		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ıncon	ne'?	16		X		
47	If "Yes," complete Form 4720, Schedule O.	41, ,i.t.: ~ -						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act that would result in the imposition of an excise tax under section 4951, 4952 or 49532			47				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  If "Yes," complete Form 6069.			17				
	155, Complete Form Cooc.							

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.

						X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9	9		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	9	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		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?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		5		X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point (	one or			
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	ders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	t the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	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			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe			
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval	by inc	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	th a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	d finan	cial	
	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 boo	ks and	records			
	TIM SHAW - (703) 552-4114					
	3251 OLD LEE HIGHWAY FAIRFAX VA 22030					

Page 7

## **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-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)  Name and title	(B) Average hours per	(do box	not c	Pos heck iss per	ition	than o	one i an	(D)  Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) ELIZABETH POHLAND CHIEF EXECUTIVE OFFICER	37.50			Х				158,039.	0.	18,759.
(2) KIRSTY TAYLOR	4.00							130,039.	0.	10,739.
PRESIDENT	4.00	Х		х				0.	0.	0.
(3) AIESSA MOYNA	2.00							-	-	
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) CRAIG BAEHR	4.00									
PAST PRESIDENT		Х		Х				0.	0.	0.
(5) ROBERTA WERNER	2.00									
TREASURER		X		Х				0.	0.	0.
(6) TIMOTHY ESPOSITO	2.00									
SECRETARY		Х		X				0.	0.	0.
(7) TODD DELUCA	2.00									
DIRECTOR		Х						0.	0.	0.
(8) SREE PATTABIRAMAN	2.00	ļ								
DIRECTOR		Х						0.	0.	0.
(9) LAURA PALMER	2.00	ļ								
DIRECTOR		Х						0.	0.	0.
(10) ANNMARIE QUEENEY	2.00	.,							_	0
DIRECTOR		Х						0.	0.	0.
										Form <b>990</b> (2022)

Form **990** (2022)

	rt VII Section A. Officers, Directors, Trus										1411			ge <b>o</b>
	(A) (B)				((		giice		(D)	(E)	$\Box$		(F)	
	Name and title	Average			Pos		1		Reportable	Reportable		Fe	timate	4
	Name and the	hours per					than o		compensation	compensatio	- 1		ount c	
		week					r/trus		from	from related	- 1	other		
		(list any	ector						the	organizations	s	com	pensat	ion
		hours for	or dir	au			rted		organization	(W-2/1099-MIS	iC/		om the	
		related organizations	stee	truste		a .	bens		(W-2/1099-MISC/	1099-NEC)		_	anizatio	
		below	ual tri	ional		ploye	t com	١.	1099-NEC)				d relate Inizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	lilizatio	115
		<u> </u>	=	=	0	¥	Ξ 0	4			$\dashv$			
											$\dashv$			
		1		$\vdash$	$\vdash$						$\dashv$			
											$\neg$			
											$\dashv$			
											$\dashv$			
											$\dashv$			
											$\dashv$			
											$\dashv$			
1b	Subtotal	1							158,039.		0.	18	3,75	9.
	Total from continuation sheets to Part VI								0.		0.		,	0.
	Total (add lines 1b and 1c)								158,039.		0.	18	3,75	9.
2	Total number of individuals (including but n								•	000 of reportable	<del></del>			
	compensation from the organization						,		, , , , , , , , , , , , , , , , , , , ,					1
	7												Yes	No
3	Did the organization list any <b>former</b> officer,	director, trust	ee. k	ev e	lame	ove	e. or	hia	hest compensated empl	ovee on	ſ			
_	line 1a? If "Yes," complete Schedule J for s	•	-	•		•		_	•	•	ı	3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	0.000? <i>If</i> "Yes	" co	mnle	ete S	Sche	dule	. I f	or such individual	J		4	Х	
5	Did any person listed on line 1a receive or a										····			
	rendered to the organization? If "Yes." com	•				-			-		[	5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	tion fro	m	
	the organization. Report compensation for													
	(A)								(B)			(C	;)	
	Name and business								Description of s	ervices	С	omper	nsation	
ASS	SOCIATION HEADQUARTERS,	1421 P	RI	NC	E	ST	٠,	-	ASSOCIATION					
SU:	ITE 300, ALEXANDRIA, VA	22314							MANAGEMENT			28	5,82	9.

Form **990** (2022)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2022) SOCIETY
Part VIII Statement of Revenue

1 a Foderated cameagins   1a				Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
Table   Tabl						, , , , , , , , , , , , , , , , , , ,				
1 a Federated campaigns							Total revenue			
1 a Federated campaigns   1 a   Federated campaigns   1 b   Membership dues   10   10   10   10   10   10   10   1								tunction revenue	business revenue	
b	SS	1	_	Federated campaigns	12					
2 a MEMBERSHIP DUES   5 CONFERENCES/SEMINARS   90.0099   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,03	ant									
2 a MEMBERSHIP DUES   5 CONFERENCES/SEMINARS   90.0099   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,03	S S									
2 a MEMBERSHIP DUES   5 CONFERENCES/SEMINARS   90.0099   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,03	fts,									
2 a MEMBERSHIP DUES   5 CONFERENCES/SEMINARS   90.0099   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,03	ية إق									
2 a MEMBERSHIP DUES   5 CONFERENCES/SEMINARS   90.0099   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,03	Sir									
2 a MEMBERSHIP DUES   5 CONFERENCES/SEMINARS   90.0099   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,03	utic le		١.		1 1					
2 a MEMBERSHIP DUES   5 CONFERENCES/SEMINARS   90.0099   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,03	ë E		_							
2 a MEMBERSHIP DUES   5 CONFERENCES/SEMINARS   90.0099   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,035.   26.4,03	on Dd		_		Ig					
2 a MEMBERSHIP DUES b CONFERENCES/SEMINARS c EDUCATIONAL REVENUE d PUBLICATIONS d PUBLICATIONS All other program service revenue f All other program service revenue g Total. Add lines 2a-27 All other program service revenue f All other program service revenue g Total. Add lines 2a-27 All other program service revenue g Total. Add lines 2a-27 All other program service revenue g Total. Add lines 2a-27 All other program service revenue g Total. Add lines 2a-27 All other program service revenue g Total. Add lines 2a-27 All other program service revenue g Total. Add lines 2a-27 All other program service revenue g Total. Add lines 2a-27 All other program service revenue g Total. Add lines 2a-27 All other program service revenue g Total. Add lines 11a-11d  900099 A90. 490. 490. 490. 490. 12,508.  12,508.  12,508.  12,508.  12,508.  66,617.  66,617.  66,617.  66,617.  66,617.  66,617.  66,617.  66,617.  67,000 Other assets other than inventory b Less: cost or other basis and sales expenses and sales expenses To D. C Gain or (loss) A Region or (loss) B Less: cost or other basis and sales expenses To D. C Gain or (loss) A Region or (loss) A Regi	Oa		<u> </u>	Total. Add lines 1a-11		Business Code				
Base   CONFERENCES / SEMINARS   900099   178,576.   178,576.	_	•	_	MEMBERCHID DIIEC			562 387	562 387		
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1,092,585.	ro			All all and a second a second and a second a		90009	100	100		
3   Investment income (including dividends, interest, and other similar amounts)   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,508.   12,509.   12,509.   12,509.   12,509.   12,509.   12,509.   12,509.   12,509.   12,509.   12,509.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   12,609.   1	-							490.		
12,508.   12,508.   12,508.	$\overline{}$		g				1,092,303.			
A Income from investment of tax-exempt bond proceeds Royalties 66,617. 666,617.  6 a Gross rents 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		3					12 500			12 500
Securities				,			12,500.			12,500.
10   10   10   10   10   10   10   10					-		66 617			66 617
6 a Gross rents 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 b Less: cost or other basis and sales expenses 7 b 0. 7 c 12,699. d Net gain or (loss) 7 d Net gain or (loss) 7 d Net gain or (loss)  8 a Gross income from fundraising events (not including \$		5					00,017.			00,017.
b Less: rental expenses 6 c Rental income or (loss) 6c d Net rental income or (loss) 77 a Gross amount from sales of assets other than inventory 78 and sales expenses 79 0. 70 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699. 12,699		•		<u>- `</u>	) neai	(II) Fersorial				
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d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b 0.  C Gain or (loss) 7c 12,699.  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses 8b				· · · · · · · · · · · · · · · · · · ·						
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C Gain or (loss) 7c 12,699.  d Net gain or (loss) 12,699.  8 a Gross income from fundraising events (not including \$			b		0					
including \$	nu.									
including \$	eve			·			12 600			12 600
including \$	Ä						14,099.			12,099.
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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 9b  c Net income or (loss) from gaming activities  10 a 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  Business Code  11 a Business Code  4 All other revenue  e Total. Add lines 11a-11d										
9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses 9 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10 b Less: cost of goods sold 10 c Net income or (loss) from sales of inventory    11 a										
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 b Less: cost of goods sold c Net income or (loss) from sales of inventory    11 a										
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C Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Business Code  d All other revenue e Total, Add lines 11a-11d			L							
10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Business Code  d All other revenue e Total, Add lines 11a-11d										
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C Net income or (loss) from sales of inventory  Business Code  C d All other revenue  e Total, Add lines 11a-11d			L							
Business Code										
Total, Add lines 11a-11d	$\overline{}$		C	Net income of (loss) from sales of in-	ventory					
e Total. Add lines 11a-11d	sn	11	2							
e Total. Add lines 11a-11d	e Te	• •	_							
e Total. Add lines 11a-11d	ella Ven									
e Total. Add lines 11a-11d	Sce									
U IVIMITAGUMIOS ITATIU	Σ					<u> </u>				
12 Total revenue. See instructions 1,184,409.1,052,006. 40,579. 91,824.			U.				1.184.409.	1.052.006.	40,579.	91.824.

#### Part IX | Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must compl				T
	Check if Schedule O contains a respons	e or note to any line in t	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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				
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,	186 800	100 500	F.C. 000	
	trustees, and key employees	176,798.	120,500.	56,298.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	120 065	00 (40	A1 A17	
7	Other salaries and wages	130,065.	88,648.	41,417.	
8	Pension plan accruals and contributions (include	1 E01	1 004	E 0.7	
_	section 401(k) and 403(b) employer contributions)	1,591. 5,609.	1,084. 3,823.	507. 1,786.	
9	Other employee benefits				
10	Payroll taxes	28,795.	19,626.	9,169.	
11	Fees for services (nonemployees):				
a	Management				
b	•	9,000.		9,000.	
	• • • • • • • • • • • • • • • • • • • •	3,000.		9,000.	
	Investment management fees	8,938.		8,938.	
f		0,550.		0,550.	
g	column (A), amount, list line 11g expenses on Sch 0.)	384,806.	318,895.	65,911.	
12	Advertising and promotion	301,000	320,0301	00/5220	
13	Office expenses	145,930.	85,397.	60,533.	
14	Information technology	136,107.	56,343.	79,764.	
15	Royalties	,	,	,	
16	Occupancy	74,571.	62,085.	12,486.	
17	Travel	31,343.	24,671.	6,672.	
18	Payments of travel or entertainment expenses	-			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	246,264.	245,709.	555.	
20	Interest	24,857.	20,694.	4,163.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,288.	1,072.	216.	
23	Insurance	27,998.	23,310.	4,688.	
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.)				
а					
b					
С					
d					
е	All other expenses	17,151.	13,021.	4,130.	
25	Total functional expenses. Add lines 1 through 24e	1,451,111.	1,084,878.	366,233.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

## Form 990 (2022) Part X Balance Sheet

Par	t X	Balance Sneet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			253,073.	1	109,232
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disqual	ified pers	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sect	ion 4958(c)(3)(B)		6	
ပ္သ	7	Notes and loans receivable, net		7			
ASSets	8	Inventories for sale or use				8	
¥	9	B			20,517.	9	3,167
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	527,480.			
	b	Less: accumulated depreciation	10b	523,493.	2,267.	10c	3,987
	11	Investments - publicly traded securities			570,387.	11	477,252
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			18,161.	15	5,917
	16	Total assets. Add lines 1 through 15 (must equ	ual line 3	3)	864,405.	16	599,555
	17	Accounts payable and accrued expenses			71,934.	17	125,324
	18	Grants payable		18			
	19	Deferred revenue	357,568.	19	329,769		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
န္တ	22	Loans and other payables to any current or form	mer office	er, director,			
Ĭ		trustee, key employee, creator or founder, subs	stantial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ns		22	
-	23	Secured mortgages and notes payable to unrel			744,517.	23	834,517
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, page 1)	ayables t	o related third			
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			
		of Schedule D			39,973.	25	35,638
	26	Total liabilities. Add lines 17 through 25			1,213,992.	26	1,325,248
,		Organizations that follow FASB ASC 958, ch	eck here	X			
š		and complete lines 27, 28, 32, and 33.			256 654		<b>500.000</b>
틸	27				-356,654.		-733,280
2	28	Net assets with donor restrictions			7,067.	28	7,587
<u> </u>		Organizations that do not follow FASB ASC 9					
		and complete lines 29 through 33.					
2	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			240 505	31	<b>705 600</b>
<u>8</u>	32	Total net assets or fund balances			-349,587.	32	-725,693
	33	Total liabilities and net assets/fund balances			864,405.	33	599,555

Form **990** (2022)

Pa	rt 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				09.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	<u>45</u> 2	1,1	11.			
3	Revenue less expenses. Subtract line 2 from line 1	3	-	260	5,7	02.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-	349	9,5	87.			
5	Net unrealized gains (losses) on investments	5	-	109	9,4	04.			
6	Donated services and use of facilities 6								
7	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	_	72!	5,6	93.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
	•				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed								
	separate basis, consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate								
	consolidated basis, or both:	,							
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.							
	review, or compilation of its financial statements and selection of an independent accountant?			2c		x			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche								
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?			3а		x			
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	ou addi		3h					

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection **Employer identification number** 

SOCIETY FOR TECHNICAL COMMUNICATION 31-4424296 INC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

#### 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.)

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")										
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3										
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)										
6	Public support. Subtract line 5 from line 4.										
	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
	Amounts from line 4			, ,							
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources										
9	Net income from unrelated business										
•	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)										
11	<b>Total support.</b> Add lines 7 through 10										
	Gross receipts from related activities,	etc. (see instruction	ons)		'	12					
	First 5 years. If the Form 990 is for the	· ·									
	organization, check this box and stop	-			-						
Sec	ction C. Computation of Publi	c Support Per	centage								
14	Public support percentage for 2022 (I	ine 6, column (f), c	livided by line 11, o	column (f))		14	%				
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%				
16a	33 1/3% support test - 2022. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and				
	stop here. The organization qualifies	as a publicly supp	orted organization								
b	33 1/3% support test - 2021. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box				
	and stop here. The organization qual	ifies as a publicly	supported organiza	ation							
17a	10% -facts-and-circumstances test	- 2022. If the org	ganization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,				
	and if the organization meets the fact										
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	blicly supported o	rganization						
b	10% -facts-and-circumstances test	-			-						
	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-circle				-						
18	Private foundation. If the organization						s				
	<u> </u>						(Form 990) 2022				

#### 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.)

Se	qualify under the tests listed be ction A. Public Support	elow, please comp	lete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(2) 2010	(0) 2020	(4) 2021	(0) 2022	(i) rotai
·	membership fees received. (Do not						
	include any "unusual grants.")	4,212.	7,495.	23,264.	68,151.		103,122.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	1600008.	1655254.	1074741.	1135172.	1052006.	6517181.
•	organization's tax-exempt purpose	10000000	1033234.	10/4/41•	1133172.	1032000	0317101.
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						
	Total. Add lines 1 through 5	1604220.	1662749.	1098005.	1203323.	1052006.	6620303.
	A Amounts included on lines 1, 2, and 3 received from disqualified persons			20,000.			20,000.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
(	Add lines 7a and 7b			20,000.			20,000.
8	Public support. (Subtract line 7c from line 6.)						6600303.
Section B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	1604220.	1662749.	1098005.	1203323.	1052006.	6620303.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	15,835.	16,202.	12,811.	14,718.	79,125.	138,691.
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	15,835.	16,202.	12,811.	14,718.	79,125.	138,691.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	21,235.	41,757.	23,420.	34,567.	40,579.	161,558.
12	Other income. Do not include gain	21,233.	41,737.	23,420.	34,307.	40,373	101,330.
	or loss from the sale of capital		2,621.	14,498.			17,119.
13	assets (Explain in Part VI.)	1641290.	1723329.	1148734.	1252608.	1171710.	6937671.
	First 5 years. If the Form 990 is for th						
				•			
Se	ction C. Computation of Publi						
15	Public support percentage for 2022 (li	ine 8, column (f), d	ivided by line 13, c	column (f))		15	95.14 %
	Public support percentage from 2021		•			16	96.65 %
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>)22</b> (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	2.00 %
18	Investment income percentage from 2	<b>2021</b> Schedule A,	Part III, line 17			18	1.00 %
19	a 33 1/3% support tests - 2022. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qualif	fies as a publicly s	upported organizat	tion	X
k	33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%. a	nd
k	33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che						

#### 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

- 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.)

	Yes	No
1		
2		
3a		
- Ou		
3b		
3с		
- 55		
4a		
4b		
4c		
40		
5a		
- Sa		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
ule A (Fo		2022

232024 12-09-22

<u>detail in Part VI</u>

1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
_	supported organizations played in this regard.	3		
Se	ction 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)	).		
á	The organization satisfied the Activities Test. Complete line 2 below.			
ŀ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
(	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	

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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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

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

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2022

2a

2b

3a

Yes No

Activities Test. Answer lines 2a and 2b below.

that these activities constituted substantially all of its activities.

Parent of Supported Organizations. Answer lines 3a and 3b below.

these activities but for the organization's involvement.

Schedule A (Form 990) 2022

4

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

3

4

5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Pa	rt V Type III Non-Functionally Integrated 509				
Sect	tion D - Distributions	·	Current Year		
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<b>,</b>	3	
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro		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				
	(provide details in Part VI). See instructions.	8			
9	Distributable amount for 2022 from Section C, line 6	·		9	
10	Line 8 amount divided by line 9 amount	·		10	
		/:\	/::\		/:::\

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

Schedule A (Form 990) 2022

#### **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 Inspection

Name of the organization

SOCIETY FOR TECHNICAL COMMUNICATION. INC

Employer identification number 31-4424296

Par	rt I Organizations Maintaining Donor Advised Funds or Other Simila	ar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		·
	(a) Donor advised fun	ids (	b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised fund	ls
	are the organization's property, subject to the organization's exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	nds can be used or	nly
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any oth	er purpose conferri	ng
	impermissible private benefit?		
Par	Complete it the organization anomalous too on	Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (for example, recreation or education)	eservation of a histo	rically important land area
		eservation of a certif	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	in the form of a cor	
	day of the tax year.		Held at the End of the Tax Year
_			2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure included in (a)		2c
d			
•	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	nated by the organia	zation during the tax
	year		
4	Number of states where property subject to conservation easement is located	andling of	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, it violations, and enforcement of the conservation easements it holds?	•	Yes No
6	violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcement of the conservation easements it holds?		
Ü	otali and voluntees floure devoted to morntening, inspecting, flanding of violations, and em	ioroling conscivation	n casements daring the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	ng conservation eas	sements during the year
•		.9	semente dannig and year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of s	section 170(h)(4)(B)(	ï)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in its revenue at		
	balance sheet, and include, if applicable, the text of the footnote to the organization's finan	ncial statements tha	at describes the
	organization's accounting for conservation easements.		
Par	rt III Organizations Maintaining Collections of Art, Historical Treasur	res, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	statement and bala	nce sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or re	esearch in furtheran	ce of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes	s these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue state	ement and balance	sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or rese	arch in furtherance	of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar assets	for financial gain, p	
	the following amounts required to be reported under FASB ASC 958 relating to these items		
а	, , , , , , , , , , , , , , , , , , , ,		
	, , , , , , , , , , , , , , , , , , , ,		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2022

232051 09-01-22

Schedule D (Form 990) 2022

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ....

#### **SCHEDULE J** (Form 990)

**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

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number SOCIETY FOR TECHNICAL COMMUNICATION INC 31-4424296 Part I Questions Regarding Compensation

			Yes	No
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.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  X Health or social club dues or initiation fees			
	Discretionary spending account 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	1b	Х	
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?	2	X	
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.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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:			
а	The organization?	5a		_ <u>X</u> _
b	Any related organization?	5b		X
	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:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		X
	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	7		_X_
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	8		_X_
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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.

		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ELIZABETH POHLAND	€ 3	158,03	0	0	8,000.	10,759.	176,798.	0
CHIEF EXECUTIVE OFFICER		0	0	•	0	0	0	0
	≘							
	Ξ							
	▣							
	Ξ							
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							Schedu	Schedule J (Form 990) 2022

Page 3

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

232113 10-18-22

#### **SCHEDULE 0** (Form 990)

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.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

SOCIETY FOR TECHNICAL COMMUNICATION, INC   31-4424296
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DEDICATED TO ADVANCING THE ARTS AND SCIENCES OF TECHNICAL
COMMUNICATION.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND BY DEMONSTRATING THE ECONOMIC VALUE DELIVERED BY TECHNICAL
COMMUNICATORS. BY PROVIDING LIFELONG LEARNING OPPORTUNITIES, WE HELP
OUR MEMBERS DEVELOP THEIR SKILLS AND COMPETENCIES SO THAT THEY MAY
ADVANCE IN A VARIETY OF CAREER PATHS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
MARKETING AND PUBLIC RELATIONS: PROGRAMS TO MARKET AND PROMOTE THE
SOCIETY'S MISSION THROUGH ORGANIZATIONAL PARTNERSHIPS, CORPORATE VALUE
PROGRAMS, SPONSORSHIPS, AND MEMBER DEVELOPMENT.
EXPENSES \$ 291,386. INCLUDING GRANTS OF \$ 0. REVENUE \$ 46,518.
PROFESSIONAL DEVELOPMENT: PROGRAMS AND ACTIVITIES CREATED AND
MAINTAINED BY THE SOCIETY WHERE TECHNICAL COMMUNICATORS MAY HAVE ACCESS
TO VALUABLE RESOURCES FOR PROFESSIONAL DEVELOPMENT.
EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 490.
FORM 990, PART VI, SECTION A, LINE 6:
THERE ARE FOUR CLASSES OF INDIVIDUAL MEMBERSHIP IN THE SOCIETY: STUDENT
MEMBER, REGULAR MEMBER, SENIOR MEMBER, AND SUSTAINING MEMBER. EACH STUDENT,
REGULAR, SENIOR, AND SUSTAINING MEMBER (COLLECTIVELY, THE "VOTING
MEMBERSHIP") IS ENTITLED TO ONE VOTE ON EACH MATTER SUBMITTED TO THE

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2** 

Name of the organization

SOCIETY FOR TECHNICAL COMMUNICATION, INC

Employer identification number 31-4424296

MEMBERSHIP FOR A VOTE. STUDENT AND REGULAR MEMBERS MAY NOT SERVE AS A

DIRECTOR OR OFFICER OF THE SOCIETY. A SENIOR MEMBER MAY SERVE AS A DIRECTOR

OR OFFICER OF THE SOCIETY. MEMBERS OF THE BOARD OF DIRECTORS ARE ELECTED BY

THE VOTING MEMBERSHIP.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF DIRECTORS ALL ARE ELECTED BY THE VOTING MEMBERSHIP.

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

THE 990 IS REVIEWED BY THE CHIEF STAFF OFFICER OF THE ORGANIZATION. IT IS

THEN PRESENTED TO THE FINANCE AND INVESTMENT COMMITTEE FOR REVIEW. ONCE THE

FINANCE AND INVESTMENT COMMITTEE HAS REVIEWED THE DOCUMENT, IT IS PRESENTED

TO THE BOARD OF DIRECTORS AND APPROVED BY THE FULL BOARD OF DIRECTORS PRIOR

TO FILING WITH THE IRS.

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

ALL BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT

ANNUALLY. THIS POLICY REQUIRES THAT THEY DISCLOSE ANY CURRENT CONFLICTS, AS

WELL AS REQUIRING THAT ANY CONFLICTS THAT ARISE DURING BOARD OR COMMITTEE

ACTIVITIES MUST BE DISCLOSED AT THAT TIME.

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

THE COMPENSATION COMMITTEE REVIEWS COMPARISON DATA DRAWN FROM THE AMERICAN

SOCIETY OF ASSOCIATION EXECUTIVES PUBLISHED SALARY DATA. BASED ON THIS

INFORMATION, SALARY RANGES ARE SET FOR EACH POSITION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** SOCIETY FOR TECHNICAL COMMUNICATION, INC 31-4424296 POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH ITS OWN WEBSITE AND UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 318,895. MANAGEMENT AND GENERAL EXPENSES 65,911. FUNDRAISING EXPENSES TOTAL EXPENSES 384,806. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 384,806.

# SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

2022

OMB No. 1545-0047

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

Open to Public Inspection

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

Employer identification number  $31-4\,424\,29\,6$ 

_				(g) tion 512(b)(13) controlled entity?	ž	×	
(f) Direct controlling entity			npt	Section 512(b)(13) controlled entity?	Yes		
			e related tax-exen	(f) Direct controlling entity		SOCIETY FOR TECHNICAL COMMUNICATION	
(e) End-of-year assets			ne or mor			SOCIE	
			ause it had o	(e) Public charity status (if section	501(c)(3))	N/A	
(d) Total income			Part IV, line 34, bec	(d) Exempt Code section s		501(C)(6) N	
(c) Legal domicile (state or foreign country)			swered "Yes" on Form 990, F	(c) Legal domicile (state or foreign country)		VIRGINIA	
(b) Primary activity			tions. Complete if the organization ans	(b) Primary activity		DEVELOPING CREDENTIALING STANDARDS IN TECHNICAL WRITING/COMMUNICATIONS	
(a) Name, address, and EIN (if applicable) of disregarded entity			Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	(a) Name, address, and EIN of related organization		STC CERTIFICATION COMMISSION - 45-2595299 3251 OLD LEE HWY STE 406 FAIRPAX, VA 22030	

33

Schedule R (Form 990) 2022

INC SOCIETY FOR TECHNICAL COMMUNICATION, Schedule R (Form 990) 2022

Page 2

31-4424296

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

(k)	General or Percentage managing ownership partner?									
(i)	eral or aging tner?	YesNo								
Ĺ	Gen man par	Že								
(!)	Code V-UBI amount in box	K-1 (Form 1065)								
	onate 1s?	No								
E	Disproportionate allocations?	Yes								_
	Disp	×								
(6)	Share of end-of-year	dssets								
(f)	Sha ii									
(e)	Predominant income (related, unrelated,	sections 512-514)								
(p)	Direct controlling entity									
(c)	Legal domicile (state or	foreign country)								
(q)	Primary activity									
(a)	Name, address, and EIN of related organization									

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

			ı		ı		ı		ı	
Section 512(b)(13) controlled entity?	Š									
Sec 512(t contr	Yes									
(h) Percentage ownership										
(g) Share of end-of-year	doodlo									
(f) Share of total income										
Type of entity (C corp, S corp,	Ol ildat)									
(d) Direct controlling entity										
(c) Legal domicile (state or foreign	country)									
(b) Primary activity										
(a) Name, address, and EIN of related organization										

Schedule R (Form 990) 2022

Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				_	Yes
1 During the tax year, did the organization engage in any of the following transactions	with one or more rel	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?		$\sqcup$
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				19	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1p	×
(0)				۲	×
				7	×
				2	1
e Loans or loan guarantees by related organization(s)				<del>0</del>	×
f Dividends from related organization(s)				÷	×
					Þ
g sale or assets to related organization(s)				<b>6</b>	4
h Purchase of assets from related organization(s)				<b>1</b>	×
				ï	×
i Lone of facilities equipment or other seeds to related organization(s)				Ţ	×
ן בפספל כן ומכווונופט, פקטוףוויפיור, כן סנוופן מספנט נט ופימנפט טוטמווינים (א)				-	4
k Lease of facilities equipment or other assets from related organization(s)				¥	×
Performance of services or membership or fundraising solicitations for r	nization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	ization(s)			<u> </u>	×
				,	>
<ul> <li>Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</li> </ul>	n(s)			r L	<b>∢</b>  :
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				၃	×
p Reimbursement paid to related organization(s) for expenses				1p	×
Reimbursement paid by related organization(s) for expenses				19	×
r Other transfer of cash or property to related organization(s)				÷	×
				4	×
If the answer to any of the above is "Yes" see the instructions for inform	no must complete this	s line including covered r	mation on who must complete this line, including covered relationships and transaction thresholds.	2	
ו נוס מוסאס נס מוץ סו נוס מססעס נס וסק שניס ווס ווסנומסניס נס נוס ווסנומסניס נס נוס ווסנומסניס נס מוס ווסנומסני		900000000000000000000000000000000000000	כומנוסווסי השוממלונטו נווולסווסומס.		
(a) Name of related organization	(b) Transaction type (a·s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved	volved	
(1)					
(2)					
(5)					
(4)					
(5)					
232163 09-14-22			Schedule	R (Form	Schedule R (Form 990) 2022

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

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

(k) centage nership				
own own				
(j) General or managing partner? Yes No				
(h)				
(h) Disproportionate allocations?				
Signation of the state of the s				
(g) Share of end-of-year assets				
(f) Share of total income				
Are all partners sec. 501(c)(3) orgs.?				
me par d, 5				
(d) Predominant income (related, unrelated, excluded from tax undersections 512-514)				
(c) Legal domicile (state or foreign country)				
>:				
(b) Primary activity				
(a) Name, address, and EIN of entity				

Schedule R (Form 990) 2022

Schedule F	R (Form 990) 2022	SOCIETY	FOR '	LECHNICAL	COMMUNICATION,	INC 31-4424296	Page <b>5</b>
Part VII	(Form 990) 2022 Supplemental	Information					
		information for respons	es to alles	tions on Schedule	B See instructions		
	1 TOVIGO GGGICIONAL	intermation to respond	oo to quoc	MICHO CIT CONCOCAIC	The Good Motifications.		
_							

(Worksheet)

## SOCIETY FOR TECHNICAL COMMUNICATION, INC 31-44 Estimated Tax on Unrelated Business Taxable **Income for Tax-Exempt Organizations**

► Keep for your records. Do not send to the Internal Revenue Service.

(and on Investment Income for Private Foundations) FORM 990-T

2023

1	Unrelated business taxable income expected in the tax ye		1				
2	Tax on the amount on line 1					2	
3	Alternative minimum tax for trusts		3				
4	Total. Add lines 2 and 3		4				
5						5	
	Estimated tax credits						
6	Subtract line 5 from line 4					6	
7	Other taxes					7	
8	Total. Add lines 6 and 7		8				
9	Credit for federal tax paid on fuels		9				
	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the destimated tax payments  Enter the tax shown on the 2022 return. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip the and enter the amount from line 10a on line 10c						
C	2023 Estimated Tax. Enter the smaller of line 10a or line				r the amount		
	from line 10a on line 10c			ADJUST	ED TO	10c	6,400.
			(a)	(b)	(c)		(d)
11	Installment due dates	11					12/15/23
12	Installments. Enter 25% of line 10c in						
	columns (a) through (d)	12					6,400.
13	2022 Overpayment	13					
14	Payment due (Subtract line 13 from line 12)	14					6,400.
							Form <b>990-W</b>

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). 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. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print SOCIETY FOR TECHNICAL COMMUNICATION, 31-4424296 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 3251 OLD LEE HIGHWAY return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. FAIRFAX, VA 22030 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) TIM SHAW The books are in the care of ► 3251 OLD LEE HIGHWAY - FAIRFAX, VA 22030 Telephone No.  $\triangleright$  (703) 552-4114 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. I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or \_\_\_ tax year beginning , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. 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 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. 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

223841 04-01-22

LHA

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

Form 8868 (Rev. 1-2022)

Form <b>990-T</b>	6	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	rn	OMB No. 1545-0047
	For ca	lendar year 2022 or other tax year beginning , and ending		2022
Department of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information.		
Internal Revenue Service		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 01(c)(3) Organizations Only
A Check box if address change	d.	Name of organization ( Check box if name changed and see instructions.)	DEmplo	yer identification number
B Exempt under section	Print	SOCIETY FOR TECHNICAL COMMUNICATION, INC	3:	1-4424296
X 501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.	EGroup (see in	exemption number structions)
408(e) 220(e	e) Type	3251 OLD LEE HIGHWAY	(000 111	34 4040113)
408A 530(a	a)	City or town, state or province, country, and ZIP or foreign postal code		
529(a) 529A	ĺ.	FAIRFAX, VA 22030	F	Check box if
	СВо	ok value of all assets at end of year		an amended return.
G Check organization	n type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
H Check if filing only		Claim credit from Form 8941 Claim a refund shown on Form 2439		·
Check if a 501(c)(	3) organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
		ed Schedules A (Form 990-T)	(	5
K During the tax yea	ar, was th	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
If "Yes," enter the	name an	d identifying number of the parent corporation.		
L The books are in o	care of	TIM SHAW Telephone number	(703	552-4114
Part I Total U	nrelate	d Business Taxable Income		
1 Total of unrelate	ed busine	ss taxable income computed from all unrelated trades or businesses (see		
instructions)			1	30,559.
2 Reserved			2	
3 Add lines 1 and	^			30,559.
4 Charitable contr		(see instructions for limitation rules)		0.
5 Total unrelated	business	taxable income before net operating losses. Subtract line 4 from line 3		30,559.
		ng loss. See instructions		
	•	ss taxable income before specific deduction and section 199A deduction.		
Subtract line 6 f		·	7	30,559.
8 Specific deduct	ion (gene	rally \$1,000, but see instructions for exceptions)		1,000.
		duction. See instructions		-
10 Total deduction	ns. Add li			1,000.
11 Unrelated busin	ness taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
enter zero		· · · · · · · · · · · · · · · · · · ·	11	29,559.
Part II Tax Co	mputat	ion		
1 Organizations	taxable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	1	6,207.
		ates. See instructions for tax computation. Income tax on the amount on		
Part I, line 11 fro		Tax rate schedule or Schedule D (Form 1041)	. 2	
3 Proxy tax. See				
4 Other tax amou				
5 Alternative minir	mum tax			
		cility income. See instructions		
	•	h 6 to line 1 or 2, whichever applies	7	6.207.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

Part		Tax and Payments				r age z
1a		gn tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	•		··			
c		credits (see instructions) ral business credit. Attach Form 3800 (see instructions)				
d		t for prior year minimum tax (attach Form 8801 or 8827)				
e		credits. Add lines 1a through 1d			1e	
2		act line 1e from Part II, line 7			2	6,207.
3		amounts due. Check if from: Form 4255 Form 8611 Form		orm 8866	_	
_		Other (attach statement)			3	
4	Total	tax. Add lines 2 and 3 (see instructions). Check if includes tax prev				
		n 1294. Enter tax amount here	•		4	6,207.
5	Curre	nt net 965 tax liability paid from Form 965-A, Part II, column (k)			5	0.
6a		ents: A 2021 overpayment credited to 2022	1 1			
b		estimated tax payments. Check if section 643(g) election applies	$\neg \Box \Box$			
С		eposited with Form 8868				
d	Foreig	gn organizations: Tax paid or withheld at source (see instructions)				
е	Backı	up withholding (see instructions)	. 6e			
f	Credi	t for small employer health insurance premiums (attach Form 8941)	. 6f			
g	Other	credits, adjustments, and payments: Form 2439	_			
		Form 4136 Other Tota	al <b>6g</b>			
7	Total	payments. Add lines 6a through 6g		·····	7	
8	Estim	ated tax penalty (see instructions). Check if Form 2220 is attached		L	8	293.
9						6,500.
10		payment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	paid		10	
11		the amount of line 10 you want: Credited to 2023 estimated tax	•	Refunded	11	
Part		Statements Regarding Certain Activities and Other Informat				
1		y time during the 2022 calendar year, did the organization have an interest in or	•	•	'	Yes No
		a financial account (bank, securities, or other) in a foreign country? If "Yes," the	-	•		
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	e name of the for	reign country		37
_	here					X
2		g the tax year, did the organization receive a distribution from, or was it the gra				X
		n trust?				
2		s," see instructions for other forms the organization may have to file.		¢		
3 4		the amount of tax-exempt interest received or accrued during the tax year available pre-2018 NOL carryovers here \$ Do not	include any post	Ψ : 2017 NOL α	arn (a) (ar	
4		n on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by				
5		2017 NOL carryovers. Enter the Business Activity Code and available post-2017	•	-		
3		nounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo	,			
	tiic ai	Business Activity Code		st-2017 NOL		
		•	\$	000000000000000000000000000000000000000	ourryovor	$\dashv$
			\$			$\dashv$
6a	Did th	e organization change its method of accounting? (see instructions)	<b>*</b>			X
b		s "Yes," has the organization described the change on Form 990, 990-EZ, 990-	PF. or Form 1128	B? If "No."		
		n in Part V	·	,		
Part	V :	Supplemental Information				
Provide	the ex	xplanation required by Part IV, line 6b. Also, provide any other additional inform	ation. See instru	ctions.		
0.	Ur	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and	statements, and to the	best of my knowle	edge and belief, i	t is true,
Sign		rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer $CHIEF$		Ë	May the IRS discu	uss this return with
Here		OFFICE	ER	t	the preparer show	vn below (see
	S	gnature of officer Date Title		i	nstructions)?	X Yes No
		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN	
Paid				self- employed		
Prepa	arer		L2/01/23			086726
Use C		Firm's name WEGNER CPAS, LLP		Firm's EIN	39-0	0974031
	-	419 N LEE ST			600 OF	4 4000
		Firm's address ALEXANDRIA, VA 22314		Phone no.	608-274	
223711 0	1-16-23				Foi	rm <b>990-T</b> (2022)

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

OMB No. 1545-0047

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								Open to Public Ins 501(c)(3) Organiza	
<b>A</b> N	lame of the organization	OR TECHNICAL COMMUNICAT	ION,	INC				oyer identifi -44242	cation number 96	
<u>c</u> ւ	Jnrelated business ac	tivity code (see instructions) 54180	0				<b>D</b> Sequ	ence:	1 of 6	5
<b>E</b> [	Describe the unrelated	d trade or business TECHNICAL CO	MMU	NICATI(	ON S	JOURN	IAL			
=		rade or Business Income		(A) In			(B) Exp	enses	(C) Ne	t
1a	Gross receipts or sa	les	Π							
b	Less returns and allow	ances c Balance	1c							
2		(Part III, line 8)	2							
3		ct line 2 from line 1c	3							
4 a	Capital gain net inco	ome (attach Schedule D (Form 1041 or Form								
	1120)). See instructi	ons	4a							
b	Net gain (loss) (Form	1 4797) (attach Form 4797). See instructions)	4b							
С	Capital loss deduction	on for trusts	4c							
5	Income (loss) from a	partnership or an S corporation (attach								
	statement)		5							
6		n	6			-				
7		iced income (Part V)	7			-				
8		oyalties, and rents from a controlled								
		)	8							
9	Investment income of	of section 501(c)(7), (9), or (17)								
	organizations (Part \	,	9							
10		ctivity income (Part VIII)	10							
11		(Part IX)	11			_				
12		nstructions; attach statement)	12							
<u>13</u>	Total. Combine lines	s 3 through 12	13			0.				
Pai	directly con	Not Taken Elsewhere See instructinected with the unrelated business in	come	!					s must be	
1		ficers, directors, and trustees (Part X)						<b>I</b>		
2								<b>I</b>		
3		nance						I		
4										
5	`	ement). See instructions						5		
6					l			6		
7	•	Form 4562). See instructions			7					
8		aimed in Part III and elsewhere on return			8a			8b		
9										
10		erred compensation plans								
11	Employee benefit pr	ograms (Port VIII)						11		
12		enses (Part VIII)								
13		osts (Part IX)								
14	Other deductions (at	,								0.
15		Add lines 1 through 14						15		0.
16	Onrelated business	income before net operating loss deduction. S	ubiract	mile 15 from	ran	i, iirie 13	,	1		•

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2022

18

17

Deduction for net operating loss. See instructions

	1
Page	2

Part	III Cost of Goods Sold Enter meth	od of inventory valuation	on .		Page Z
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7				_	
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				
9	Do the rules of section 263A (with respect to property p				Yes No
Part					
1	Description of property (property street address, city, st		-		
'	A	ate, Zii Codej. Offeck i	i a dual-use. See ilistii	actions.	
	В				
	c –				
	D				
		Α	В	С	
2	Rent received or accrued	A	В		<u> </u>
	From personal property (if the percentage of				
а					
	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)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
•	T				0.
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here a	and on Part I, line 6, co	olumn (A)	<u> </u>
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
_					0
5 Part	Total deductions. Add line 4 columns A through D. Ent V Unrelated Debt-Financed Income (se	ter here and on Part I, II	ne 6, column (B)		0.
	<u> </u>		and if a division of the	in about the con-	
1	Description of debt-financed property (street address, ci	ity, state, ZIP code). Gr	ieck if a dual-use. See	instructions.	
	A				
	B				
	C				
	D		В	0	
0		Α	В	С	D
2	Gross income from or allocable to debt-financed				
•	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	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)	<u> </u>	0.
	-			,	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thro				0.
_11_	Total dividends-received deductions included in line	10			0.

1 Page **3** 

Part '	VI Interest, Annu	ities, R	oyalties, and Re	ents fror	n Control	led Or	ganizations	<b>S</b> (s	ee instruct	ions)		Page 3
		-		Exempt Controlled Organizations								
	Name of controlled organization		2. Employer identification number	incon	unrelated me (loss) structions)	4. Tota	al of specified ments made	5. Pa that is conti	art of colur s included rolling orga s gross inc	nn 4 in the aniza-	C	eductions directly connected with come in column 5
(1)												
(2)												
(3)												
(4)												
				T	Controlled O							
7.	Taxable Income	ir	Net unrelated acome (loss) e instructions)		otal of specif syments mad		that is inc controlling gross	luded	in the zation's		con	luctions directly nected with e in column 10
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and or	n Part I, n (A)	Ente	er he	lumns 6 and 11. ere and on Part I, 3, column (B)
Totals	VII		-4 - 0 1	4/-\/7\ /	(0) (4.7)	0	.:		0.			0.
Part '			of a Section 50	1(C)(/), (	T		1		tructions)		-	
	1. Desc	cription of	income		2. Amou incon		3. Deduction directly connumber (attach state)	ected	4. Set- (attach st		- 1	i. Total deductions and set-asides (add cols 3 and 4)
(1)											$\perp$	
(2)											_	
(3)											$\dashv$	
(4)					Add amou	Enter						Add amounts in column 5. Enter
Totals					here and or line 9, colu	,						here and on Part I, line 9, column (B) 0 •
Part '	VIII Exploited E	xempt A	Activity Income,	Other 1	Than Adve	ertising	g Income	see in	structions)			
1	Description of exploite	ed activity:										
2	Gross unrelated busin	ess incom	e from trade or busir	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con	nected wit	h production of unre	elated busi	iness income	e. Enter l	here and on Pa	art I,				
	line 10, column (B)									3		
4	Net income (loss) from											
										4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen			, but do no	ot enter more	e than th	ne amount on I	ine				
	1 Enter here and on F	Oort II lino	10									

Part	IX	Advertising Income					
1	Nan	ne(s) of periodical(s). Check box if reportin	ng two or n	nore periodicals on a	consolidated bas	is.	
	Α	TECHNICAL COMMUNICA	ATIONS	JOURNAL			
	в						
	c [						
	D [						
Enter a	amour	nts for each periodical listed above in the	correspon	ding column.			
		·	· [	A	В	С	D
2	Gro	ss advertising income		0			
		I columns A through D. Enter here and on	_	11, column (A)			0.
а		-					
3	Dire	ect advertising costs by periodical		0			
а	Add	I columns A through D. Enter here and on	n Part I, line	: 11, column (B)			0.
			_				
4	Adv	ertising gain (loss). Subtract line 3 from lin	ne				
	2. F	or any column in line 4 showing a gain,					
	com	nplete lines 5 through 8. For any column in	n				
	line	4 showing a loss or zero, do not complete	e				
	lines	s 5 through 7, and enter zero on line 8					
5		dership costs					
6	Circ	culation income					
7		ess readership costs. If line 6 is less than					
	line	5, subtract line 6 from line 5. If line 5 is les	ess				
	thar	n line 6, enter zero					
8	Exc	ess readership costs allowed as a					
		uction. For each column showing a gain o					
		4, enter the lesser of line 4 or line 7	_				
а		l line 8, columns A through D. Enter the gr	reater of th	e line 8a, columns t	otal or zero here a	nd on	0.
		il line 10					
Dort		t II, line 13	rootoro	and Trustage			
Part		Compensation of Officers, Dir	rectors,	and Trustees	see instructions)		
Part		Compensation of Officers, Dir	rectors,		see instructions)	3. Percentage	4. Compensation
Part		Compensation of Officers, Dir	rectors,	and Trustees 2. Title	(see instructions)	3. Percentage of time devoted	4. Compensation attributable to
		Compensation of Officers, Dir	rectors,		see instructions)	3. Percentage of time devoted to business	4. Compensation
1)		Compensation of Officers, Dir	rectors,		(see instructions)	3. Percentage of time devoted to business	4. Compensation attributable to
1)		Compensation of Officers, Dir	rectors,		see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
1) 2) 3)		Compensation of Officers, Dir	rectors,		see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
1)		Compensation of Officers, Dir	rectors,		see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3) (4)	X	Compensation of Officers, Dir	rectors,		see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	Compensation of Officers, Dir  1. Name  ar here and on Part II, line 1		2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3) (4)	X . Ente	Compensation of Officers, Dir		2. Title	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	Compensation of Officers, Dir  1. Name  ar here and on Part II, line 1		2. Title	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	Compensation of Officers, Dir  1. Name  ar here and on Part II, line 1		2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	Compensation of Officers, Dir  1. Name  ar here and on Part II, line 1		2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	Compensation of Officers, Dir  1. Name  ar here and on Part II, line 1		2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	Compensation of Officers, Dir  1. Name  ar here and on Part II, line 1		2. Title	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	Compensation of Officers, Dir  1. Name  ar here and on Part II, line 1		2. Title	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	Compensation of Officers, Dir  1. Name  ar here and on Part II, line 1		2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	Compensation of Officers, Dir  1. Name  ar here and on Part II, line 1		2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	Compensation of Officers, Dir  1. Name  ar here and on Part II, line 1		2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	Compensation of Officers, Dir  1. Name  ar here and on Part II, line 1		2. Title	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	Compensation of Officers, Dir  1. Name  ar here and on Part II, line 1		2. Title	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	Compensation of Officers, Dir  1. Name  ar here and on Part II, line 1		2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	Compensation of Officers, Dir  1. Name  ar here and on Part II, line 1		2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	Compensation of Officers, Dir  1. Name  ar here and on Part II, line 1		2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	X . Ente	Compensation of Officers, Dir  1. Name  ar here and on Part II, line 1		2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business

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

OMB No. 1545-0047

Department of the Treasury

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).

	THOUSING GOTTION				50 I(c)(3) Organizations Only
<b>A</b> N	ame of the organization SOCIETY FOR TECHNICAL COMMUNICAT	ION,	INC	B Employer identifica 31-442429	
<u>c</u> ს	Inrelated business activity code (see instructions) 54180	0		D Sequence: 2	of 6
<b>E</b> D	escribe the unrelated trade or business WEBSITE ADVE	RTIS	ING		
Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	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			
	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	<b>-</b> ' +			
0	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
9		9			
10	organizations (Part VII)  Exploited exempt activity income (Part VIII)	10			
		11	20,391.	126.	20,265.
11	Advertising income (Part IX)  Other income (see instructions; attach statement)	1200	20,203		
12		12	20,391.	126.	20,265.
13	Total. Combine lines 3 through 12	•	•		
Par	<b>till</b> Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in		r limitations on dedu	ictions. Deductions	must be
1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance			3	
4	Bad debts				
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions		7		
8	Less depreciation claimed in Part III and elsewhere on return		8a	8b	
9	Depletion			9	
10	Contributions to deferred compensation plans				
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)				3,742.
14	Other deductions (attach statement)				
15					3,742.
16	Unrelated business income before net operating loss deduction. S	ubtract l	ine 15 from Part I, line 13	3,	
	column (C)				16,523.
17	Deduction for net operating loss. See instructions				0.
18	Unrelated business taxable income. Subtract line 17 from line 1	6		18	16,523.
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedule	A (Form 990-T) 2022

223741 01-16-23

	2 Page 2
] Yes [	No
D	
	0.
D	

Part	III Cost of Goods Sold Enter met	hod of inventory valuation	n		
1	Inventory at beginning of year			1	
2	Purchases			1 2 1	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter l	here and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property				Yes No
Part	N Rent Income (From Real Property and	l Personal Propert	y Leased with Re	eal Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Check it	a dual-use. See instru	uctions.	
	A <u> </u>				
	В				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	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)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
					0
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here a	nd on Part I, line 6, co	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
_	Tabel deductions Add For Assistance Attorney D. Fr	atan bana and an Dad I B	(D)		0.
Part	Total deductions. Add line 4 columns A through D. Er  V Unrelated Debt-Financed Income (s	nter nere and on Part I, II	ne 6, column (B)		<u> </u>
1	Description of debt-financed property (street address, of	<u> </u>	ook if a dual usa. Soo	instructions	
'	A Street address, to	Sity, State, ZIP Codej. On	eck ii a duaruse. See	ilistructions.	
	В —				
	c -				
	D				
		Α	В	С	
2	Gross income from or allocable to debt-financed				
_	property				
3	Deductions directly connected with or allocable				-
•	to debt-financed property				
а	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		,,	7.0	70
8	<b>Total gross income</b> (add line 7, columns A through D)		I, line 7, column (A)		0.
-	• · · · · · · · · · · · · · · · · · · ·		, , , ,		
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here and	on Part I, line 7, colun	nn (B)	0.
11	Total dividends-received deductions included in line				0.

Schedule A (Form 990-T) 2022 Page

Part \	VI Interest, Annu	uities, R	oyalties, and Re	ents fror	n Control	led Or	ganizations	<b>s</b> (s	ee instruct	ions)		Page 3
						E	Exempt Contro					
	Name of controlle organization	d	2. Employer identification number	incon	unrelated ne (loss) structions)	1	al of specified nents made	late da de de control de la		d in the connected		ctions directly nected with e in column 5
(1)												
(2)												
(3)												
(4)												
					Controlled Or		1					
7.	Taxable Income	ir	Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is inc controlling gross	luded	in the zation's	connected with income in column 1		ted with
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and or	n Part I,	Ente	er here a	ns 6 and 11. nd on Part I, olumn (B)
Totals									0.			0.
Part \	VII Investment	Income	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee ins	tructions)			
	<b>1.</b> Desc	cription of	income		2. Amou incon		3. Deduction directly connumber (attach states	ected	4. Set- (attach st	asides tatemer	nt) an	tal deductions d set-asides d cols 3 and 4)
(1)											_	
(2)												
(3)							-				+	
(4) Totals					Add amou column 2 here and or line 9, colu	Enter n Part I,					co here	d amounts in lumn 5. Enter and on Part I, 9, column (B)
Part \	VIII Exploited E	xemnt /	ctivity Income	Other 1	⊥ Γhan Δdve		Income	(coo in	I structions)			0.
1	Description of exploite			,	a.i. Auve		3 111001110	(JEE 111	3.1 UOLIO115)			
2	Gross unrelated busin	•		ness Ente	r here and o	n Part I	line 10 colum	n (A)		2		
3	Expenses directly con											
	line 10, column (B)							,		3		
	Net income (loss) from	unrelated		Subtract lir	ne 3 from line	e 2. If a 🤉	gain, complete			4		
5	Gross income from ac									5		
	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F									7		

	ule A (Form 990-T) 2022  IX Advertising Income				Page 4
	Name(s) of periodical(s). Check box if reporting two	or more periodicals on a consolic	dated basis.		
	A WEBSITE ADVERTISING				
	B				
	C				
	mounts for each periodical listed above in the corres	anding column			
71 C	iniounts for each periodical listed above in the corres	A A	В	С	D
	Gross advertising income	20 201			
	Add columns A through D. Enter here and on Part I,				20,391.
а		,			•
3	Direct advertising costs by periodical	126.			
а	Add columns A through D. Enter here and on Part I,				126.
	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	20 265			
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
) 7	Circulation income  Excess readership costs. If line 6 is less than	2,447.			
•	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter zero	3,742.			
3	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	3,742.			
а	Add line 8, columns A through D. Enter the greater of		ero here and	on	
	Part II, line 13				3,742.
	1 4 4 4 4				
ırt	X Compensation of Officers, Director	rs, and Trustees (see instru	uctions)		
rt	X Compensation of Officers, Director		uctions)	3. Percentage	4. Compensation
ırt	X Compensation of Officers, Director  1. Name	rs, and Trustees (see instruction)  2. Title	uctions)	of time devoted	attributable to
rt	X Compensation of Officers, Director		uctions)	of time devoted to business	attributable to unrelated business
rt	X Compensation of Officers, Director		uctions)	of time devoted to business	attributable to unrelated business
irt	X Compensation of Officers, Director		uctions)	of time devoted to business %	attributable to unrelated business
ırt	X Compensation of Officers, Director		uctions)	of time devoted to business % %	attributable to unrelated business
<u></u>	X Compensation of Officers, Director		uctions)	of time devoted to business %	attributable to unrelated business
	1. Name  Enter here and on Part II, line 1	<b>2.</b> Title		of time devoted to business % % % %	attributable to unrelated business
tal	1. Name  Enter here and on Part II, line 1	<b>2.</b> Title		of time devoted to business % % % %	attributable to unrelated business
tal	1. Name  Enter here and on Part II, line 1	<b>2.</b> Title		of time devoted to business % % % %	attributable to unrelated business
tal	1. Name  Enter here and on Part II, line 1	<b>2.</b> Title		of time devoted to business % % % %	attributable to unrelated business
tal	1. Name  Enter here and on Part II, line 1	<b>2.</b> Title		of time devoted to business % % % %	attributable to unrelated business
tal	1. Name  Enter here and on Part II, line 1	<b>2.</b> Title		of time devoted to business % % % %	attributable to unrelated business
otal	1. Name  Enter here and on Part II, line 1	<b>2.</b> Title		of time devoted to business % % % %	attributable to unrelated business
otal	1. Name  Enter here and on Part II, line 1	<b>2.</b> Title		of time devoted to business % % % %	attributable to unrelated business
otal	1. Name  Enter here and on Part II, line 1	<b>2.</b> Title		of time devoted to business % % % %	attributable to unrelated business
otal	1. Name  Enter here and on Part II, line 1	<b>2.</b> Title		of time devoted to business % % % %	attributable to unrelated business
otal	1. Name  Enter here and on Part II, line 1	<b>2.</b> Title		of time devoted to business % % % %	attributable to unrelated business
tal	1. Name  Enter here and on Part II, line 1	<b>2.</b> Title		of time devoted to business % % % %	attributable to unrelated business

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

	ment of the Treasury Il Revenue Service  Do not enter SSN numbers on this form as it is					(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only		
A N	lame of the organization SOCIETY FOR TECHNICAL COMMUNICAT	ION,	INC				oyer identific	cation number	
<u>с</u> .	Unrelated business activity code (see instructions) 54180	0				<b>D</b> Sequ	ence:	3 of 6	
<b>E</b> [	Describe the unrelated trade or business SALARY SURVE	Y							
Pa			(A) Inc	come		(B) Expe	enses	(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							
С	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		4 00	_			1 0	
10	Exploited exempt activity income (Part VIII)	10		1,29	5.			1,29	<u> 95.</u>
11	Advertising income (Part IX)	11							
12	Other income (see instructions; attach statement)	12		1 00	_			1 0	
<u>13</u>	Total. Combine lines 3 through 12	13		1,29	5.			1,29	95.
	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in	come						s must be	
1	Compensation of officers, directors, and trustees (Part X)						I		
2 3	Salaries and wages								
4	Repairs and maintenance								
5	Bad debts Interest (attach statement). See instructions								
6	Taxes and licenses						I		
7	Depreciation (attach Form 4562). See instructions								
8	Less depreciation claimed in Part III and elsewhere on return						8b		
9	Depletion								
10	Contributions to deferred compensation plans								
11	Employee benefit programs								
12	Excess exempt expenses (Part VIII)								
13	Excess readership costs (Part IX)								
14	Other deductions (attach statement)								
15	Total deductions. Add lines 1 through 14								0.
16	Unrelated business income before net operating loss deduction. S								
	column (C)						16	1,29	95.
17	Deduction for net operating loss. See instructions						17		0.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

:	3
Page	2

Part	III Cost of Goods Sold Enter met	hod of inventory valua	ition		rage Z
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)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			_	
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property	produced or acquired	for resale) apply to the o	organization?	Yes No
Part	IV Rent Income (From Real Property and	d Personal Prope	rty Leased with Re	eal Property)	
1	Description of property (property street address, city, s	state, ZIP code). Chec	k if a dual-use. See instru	uctions.	
	A				
	В				
	С				
	D				
		Α	В	С	
2	Rent received or accrued				
а	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				
	500/ - if the count is because on the contract of				
С	Total rents received or accrued by property.				
Ū	Add lines 2a and 2b, columns A through D				
	Add lines 2a and 2b, columns A through b				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter her	and on Part I line 6 co	olumn (A)	0.
3	Deductions directly connected with the income	tillough b. Enter hen		Juliii (A)	
4	in lines 2(a) and 2(b) (attach statement)				
4	iii iiiles 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Er	stor hard and an Dart I	line 6 column (D)		0.
Part		ee instructions)	, lifte o, coluitiit (b)		
1	Description of debt-financed property (street address,		Chack if a dual-use See	inetructions	
•	A	orty, state, Zii Godej.	oneck ii a dual-use. See	ilistructions.	
	В —				
	c -				
	D				
		A	В	С	
2	Gross income from or allocable to debt-financed	A		0	<u> </u>
2					
2	property  Deductions directly connected with a allegable				
3	Deductions directly connected with or allocable				
	to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	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		6 %	%	%
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 Pa	art I, line 7, column (A)	<u> </u>	0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A the				0.
11	Total dividends-received deductions included in line	10			0.

Schedule A (Form 990-T) 2022

Page 3

Part VI Interes	est, Annui	ties, Ro	yalties, and Re	nts fron	n Control	ed Or	ganizations	see instruc	tions)	
						Е	xempt Control	led Organization	าร	
1. Name	of controlled		2. Employer	3. Net	unrelated	4. Tota	al of specified	5. Part of colu		6. Deductions directly
orga	nization		identification	incon	ne (loss)	payn	nents made	that is included controlling org		connected with
			number	(see ins	tructions)			tion's gross in		income in column 5
(1)										
(2)										
(3)										
(4)										
			Nor	nexempt C	Controlled Or	ganizati	ons			
7. Taxable In	come	8.1	Net unrelated	<b>9.</b> To	otal of specif	ed		of column 9	11.	Deductions directly
			come (loss)	pa	yments mad	Э		luded in the organization's	1	connected with
		(see	e instructions)					income	inc	come in column 10
(1)										
(2)										
(3)										
(4)										
								ins 5 and 10.	1	d columns 6 and 11.
							1	and on Part I, olumn (A)		er here and on Part I, ine 8, column (B)
								* *	'	. ,
Totals				4/-\/3\ /	0) (47)			0.		0.
Part VII Inve			of a Section 50	1(C)(/), (			1	ee instructions)		E T. 4-1 de de de de con-
	1. Descr	iption of i	ncome		2. Amour		3. Deduction directly connecting		-asides tatemer	5. Total deductions and set-asides
						10	(attach stater	1 '	taterrier	(add cols 3 and 4)
(4)										
(1) (2)										
(3)										
(4)										
(-1)					Add amou	ınts in				Add amounts in
					column 2.					column 5. Enter
					here and or line 9, colu					here and on Part I, line 9, column (B)
Totals					11110 0, 0010	0.				0.
	ploited Ex	empt A	ctivity Income,	Other T	han Adve		Income	see instructions	)	
	•		SALARY SUR							
			e from trade or busir		r here and or	n Part I.	line 10, columi	n (A)	2	1,295.
			h production of unre							·
•	-								3	0.
			trade or business. S							
lines 5 thro	ough 7								4	1,295.
			s not unrelated busi						5	0.
			entered on line 5						6	0.
			act line 5 from line 6							
4. Enter he	ere and on Pa	ırt II, line	12						7	0.

Sched Part	ule A (Form 990-T) 2022  IX Advertising Income					Page 4
1	Name(s) of periodical(s). Check box if reporting  A B C C C C C C C C C C C C C C C C C C	g two or more	periodicals on a	consolidated basis	5.	
	D					
Enter a	amounts for each periodical listed above in the	corresponding	column.			
			Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and on	Part I, line 11,	column (A)			0.
а						
3	Direct advertising costs by periodical	· · · · · · · · · · · · · · · · · · ·				
а	Add columns A through D. Enter here and on	Part I, line 11,	column (B)			0.
4	Advantising usin (loss) Culpturat line C fuero lin			T		
4	Advertising gain (loss). Subtract line 3 from line	ie				
	<ol><li>For any column in line 4 showing a gain,</li><li>complete lines 5 through 8. For any column ir</li></ol>					
	line 4 showing a loss or zero, do not complete					
	lines 5 through 7, and enter zero on line 8	I				
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is les	ss				
	than line 6, enter zero	I				
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain of	on				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the gr	eater of the line	e 8a, columns to	otal or zero here and	d on	_
D 1	Part II, line 13					0.
Part	X Compensation of Officers, Dir	ectors, and	Trustees	see instructions)	T	
	1. Name		<b>2.</b> Title		3. Percentage of time devoted to business	<ol> <li>Compensation attributable to unrelated business</li> </ol>
(1)					%	
(2)					%	
(3)					%	
(4)					%	
	Enter here and on Part II, line 1					0.
Part	XI Supplemental Information (se	e instructions)				

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

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service 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).

Name of the organization
SOCIETY FOR TECHNICAL COMMUNICATION, INC

Unrelated business activity code (see instructions)

Do Sequence: 4 of 6

Describe the unrelated trade or business EMPLOYMENT JOB POSTINGS Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales 13,015. **b** Less returns and allowances Cost of goods sold (Part III, line 8) 2 13,015. 13,015. Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a Net gain (loss) (Form 4797) (attach Form 4797). See instructions) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11 Other income (see instructions; attach statement) 12 12 13 13,015. **Total.** Combine lines 3 through 12

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	1,774.
7	Depreciation (attach Form 4562). See instructions	7			
8	Less depreciation claimed in Part III and elsewhere on return			8b	
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	
14	Other deductions (attach statement)			14	
15	Total deductions. Add lines 1 through 14			15	1,774.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	n Part	I, line 13,		
	column (C)			16	11,241.
17	Deduction for net operating loss. See instructions			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16			18	11,241.
ΙЦΔ	For Panerwork Reduction Act Notice see instructions			Schodul	A (Form 990-T) 2022

LHA For Paperwork Reduction Act Notice, see instructions.

Da		_	
-a	lU	E	- 4

Part	III Cost of Goods Sold Enter met	hod of inventory valua	ition		rage Z
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)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			_	
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property	produced or acquired	for resale) apply to the o	organization?	Yes No
Part	IV Rent Income (From Real Property and	d Personal Prope	rty Leased with Re	eal Property)	
1	Description of property (property street address, city, s	state, ZIP code). Chec	k if a dual-use. See instru	uctions.	
	A				
	В				
	С				
	D				
		Α	В	С	
2	Rent received or accrued				
а	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				
	500/ - if the count is because on the contract of				
С	Total rents received or accrued by property.				
Ū	Add lines 2a and 2b, columns A through D				
	Add lines 2a and 2b, columns A through b				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter her	and on Part I line 6 co	olumn (A)	0.
3	Deductions directly connected with the income	tillough b. Enter hen		Juliii (A)	
4	in lines 2(a) and 2(b) (attach statement)				
4	iii iiiles 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Er	stor hard and an Dart I	line 6 column (D)		0.
Part		ee instructions)	, lifte o, coluitiit (b)		
1	Description of debt-financed property (street address,		Chack if a dual-use See	inetructions	
•	A	orty, state, Zii Godej.	oneck ii a dual-use. See	ilistructions.	
	В —				
	c -				
	D				
		A	В	С	
2	Gross income from or allocable to debt-financed	A		0	<u> </u>
2					
2	property  Dodusting directly connected with a allegable				
3	Deductions directly connected with or allocable				
	to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	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		6 %	%	%
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 Pa	art I, line 7, column (A)	<u> </u>	0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A the				0.
11	Total dividends-received deductions included in line	10			0.

	ule A (Form 990-T) 2022 VI Interest, Annu		nvalties and Re	ents fron	n Control	led Or	nanizations	s (soo ir	actructio	nc)	Page 3
Fait	micrest, Ami	,, iiioo, iii	Januos, and ne		55111101		Exempt Contro		nstructio	115)	
	Name of controlle     organization	d	2. Employer identification	1	unrelated ne (loss)	4. Tota	al of specified nents made	5. Part o	of columi	umn 4 6. Deductions directly to the connected with	
	organization		number	1	structions)	Payn	nonto mado	controllin			income in column 5
(1)											
(2)											
(3)											
(4)											
	'. Taxable Income	l 01			Controlled O otal of specif		1	of column	0	44 0	Deductions directly
,	. Taxable income	in	Net unrelated acome (loss) e instructions)	1	yments mad		that is included in the controlling organization's gross income		ne	С	connected with ome in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c			Enter	columns 6 and 11. here and on Part I, ne 8, column (B)
Totals									0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee instruct	_		
	<b>1.</b> Desc	cription of	income		2. Amou incor		3. Deduction directly connected (attach states	ons a	4. Set-astach stat		5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)											
					Add amor						Add amounts in column 5. Enter
					here and o						here and on Part I,
Totals					line 9, colu	umn (A)					line 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income,	Other T	han Adve		Income	see instru	ctions)		
1	Description of exploite			,		•					
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)	L	2	
3	Expenses directly con	nected wit	h production of unre	elated busi	ness income	e. Enter l	here and on Pa	art I,			
	line 10, column (B)								L	3	
4	Net income (loss) from	unrelated	trade or business. S	Subtract lir	ne 3 from lin	e 2. If a 🤉	gain, complete				
_										4	
5	Gross income from ac									5	
6	Expenses attributable								·····	6	
7	Excess exempt expen 4. Enter here and on F									7	
	T. LINE HELE AND OHF	art II, III IC	16					<del> </del>		1	

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	g two or more periodicals on a d	consolidated basis.		
	A				
	В				
	c 🔲				
	D				
Enter a	amounts for each periodical listed above in the c	corresponding column.			
	1	A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on I	· · · · · · · · · · · · · · · · · · ·		•	0.
а	ű	, , , , , , , , , , , , , , , , , , , ,			
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on I			•	0.
	, and the second				
4	Advertising gain (loss). Subtract line 3 from line	e			
	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 zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is les	s			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain or				
	line 4, enter the lesser of line 4 or line 7	· · · · · · · · · · · · · · · · · · ·			
а	Add line 8, columns A through D. Enter the gre	eater of the line 8a, columns tot	al or zero here and on		•
Part	X Compensation of Officers, Dire	notore and Trustone			0.
Pari	A Compensation of Officers, Dire	eciois, and illustees le	ee instructions)		
	21	jordina iradicad (Si		. D	4 0
			;	3. Percentage	4. Compensation
_ ====	1. Name	<b>2.</b> Title	;	f time devoted	attributable to
			;	f time devoted to business	
(1)			;	f time devoted to business %	attributable to
(1) (2)			;	f time devoted to business %	attributable to
(1) (2) (3)			;	f time devoted to business % %	attributable to
(1) (2)			:	f time devoted to business %	attributable to
(1) (2) (3) (4)	1. Name		:	f time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title	:	f time devoted to business % %	attributable to
(1) (2) (3) (4)	1. Name  Enter here and on Part II, line 1	2. Title	:	f time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title	:	f time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title	:	f time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title	:	f time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title	:	f time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title	:	f time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title	:	f time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title	:	f time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title	:	f time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title	:	f time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title	:	f time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title	:	f time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title	:	f time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title	:	f time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title	:	f time devoted to business % %	attributable to unrelated business
(1) (2) (3) (4)	1. Name  1. Name	2. Title	:	f time devoted to business % %	attributable to unrelated business

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

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

	tment of the Treasury al Revenue Service	Do not enter SSN numbers on this form as it r	may be i	made public if	your organi	ization is a 501(c)(3)		Open to Public Inspecti 501(c)(3) Organizations	
1 A	Name of the organization	on FOR TECHNICAL COMMUNICAT	ION,	INC		B Employer 31-44		cation number 9 6	
<u>c</u> .	Unrelated business	activity code (see instructions) 54180	0			<b>D</b> Sequence	e: !	5 of 6	
<u>E [</u>	Describe the unrelat	ed trade or business ADVERTISING	- II	NTERCOM	MAGA	ZINE			
Pa	rt I Unrelated	Trade or Business Income		(A) Inco	ome	(B) Expense	es	(C) Net	
1 a	Gross receipts or								
b		owances c Balance	1c						
2		d (Part III, line 8)	2						
3		ract line 2 from line 1c	3						
4 a		come (attach Schedule D (Form 1041 or Form							
	1120)). See instruc		4a						
		rm 4797) (attach Form 4797). See instructions)	4b						
		ction for trusts	4c						
5		a partnership or an S corporation (attach	_						
6		NΛ	5 6						
7		IV)anced income (Part V)	7						
8		, royalties, and rents from a controlled	'						
o	· ·	VI)	8						
9		e of section 501(c)(7), (9), or (17)							
Ū		t VII)	9						
10		activity income (Part VIII)	10						
11		e (Part IX)	11	4	,378.			4,3	78.
12		instructions; attach statement)	12						
13		nes 3 through 12	13	4	,378.			4,3	78.
	directly co	ns Not Taken Elsewhere See instruction nected with the unrelated business in	come	!				s must be	
1		officers, directors, and trustees (Part X)					2		
3		enance					3		
4							4		
5		atement). See instructions					5		
6	•	s					6		
7	Depreciation (attac	ch Form 4562). See instructions			7				
8		claimed in Part III and elsewhere on return			8a		8b		
9							9		
10		eferred compensation plans					10		
11		programs					11		
12		penses (Part VIII)					12		
13		costs (Part IX)					13	4,3	<u>78.</u>
14		(attach statement)					14		
15		. Add lines 1 through 14					15	4,3	<u> 78.</u>
16		s income before net operating loss deduction. S	ubtract	line 15 from I	Part I, line	13,			0
							16		0.
17	Deduction for net	operating loss. See instructions					17		0.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

art II	le A (Form 990-T) 2022  Cost of Goods Sold	Enter method of inventory and the			Pag
		Enter method of inventory valuati		1	
	Purchases Cost of labor				
4	Additional section 263A costs (attach sta	tement)		4	
	Other costs (attach statement)				
	<b>Total.</b> Add lines 1 through 5				
				_	
	Cost of goods sold. Subtract line 7 from				
	Do the rules of section 263A (with respec			organization?	Yes
art I	V Rent Income (From Real Pr	operty and Personal Proper	ty Leased with R	eal Property)	
1	Description of property (property street a	ddress, city, state, ZIP code). Check	if a dual-use. See instr	uctions.	
	A 💹				
	В 💹				
	c [				
	D				
		A	В	С	D
	Rent received or accrued	_			
	From personal property (if the percentage	l l			
	rent for personal property is more than 10				
	but not more than 50%)				
	From real and personal property (if the	avecade			
	percentage of rent for personal property of 50% or if the rent is based on profit or inc				
	Total rents received or accrued by proper	,			
	Add lines 2a and 2b, columns A through	·			
3	Total rents received or accrued. Add line	2c columns A through D. Enter here	and on Part I, line 6, co	olumn (A)	
	Deductions directly connected with the ir	ncome			
ŀ	in lines 2(a) and 2(b) (attach statement)				
	Total deductions. Add line 4 columns A		ine 6, column (B)		
rt V		,	1.17		
	Description of debt-financed property (str	eet address, city, state, ZIP code). Cl	neck if a dual-use. See	instructions.	
	A				
	B				
	D				
		A	В	С	D
2	Gross income from or allocable to debt-fi				
	property				
	Deductions directly connected with or all	l l			
	to debt-financed property				
а	Straight line depreciation (attach stateme	ent)			
	Other deductions (attach statement)				
	Total deductions (add lines 3a and 3b,				
	columns A through D)				
	Amount of average acquisition debt on o				
	to debt-financed property (attach stateme	ent)			
	Average adjusted basis of or allocable to				
	financed property (attach statement)				
	Divide line 4 by line 5		%	%	
	Gross income reportable. Multiply line 2 b				
3	Total gross income (add line 7, columns	A through D). Enter here and on Par	t I, line 7, column (A)	<u> </u>	
			-	-	
		line 6			

Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

Schedule A (Form 990-T) 2022 Page 3

	VI Interest, Annu		oyalties, and Re	ents fror	n Control	led Or	ganizations	<b>S</b> (s	ee instruct	ions)		r age <b>o</b>
						E	Exempt Contro	<u> </u>				
Name of controlled organization		d	2. Employer identification number			l	Total of specified ayments made		5. Part of column that is included in t controlling organiz tion's gross incom		n the connected wit	
(1)												
(2)												
(3)								_				
(4)						<u> </u>						
	Tavable Income				Controlled Or	-	1	-£ l.		- 44	Dad	tiana alimanth.
7.	Taxable Income	ir	Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is inc controlling gross	luded	in the zation's		conr	uctions directly nected with in column 10
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and or	n Part I,	Ente	er her	umns 6 and 11. re and on Part I, , column (B)
Totals									0.			0.
Part \			of a Section 50	1(c)(7), (			nization (s	ee inst	tructions)			
	<b>1.</b> Desc	cription of	income		2. Amou incon		3. Deduction directly connected (attach states	ected	4. Set- (attach st	asides atemer	nt)	Total deductions and set-asides add cols 3 and 4)
(1)											+	
(2)											+	
(3)											+	
(4) Totals					Add amou column 2. here and or line 9, colu	Enter n Part I,						Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part \	VIII Exploited E	xempt A	ctivity Income,	Other 1	Than Adve	rtisino	g Income	see in	structions)			
1	Description of exploite	ed activity:										
2	Gross unrelated busin	ess incom	e from trade or busir	ness. Ente	r here and or	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con	nected wit	h production of unre	elated busi	iness income	. Enter l	here and on Pa	art I,				
	line 10, column (B)									3		
4	Net income (loss) from	unrelated	trade or business. S	Subtract lir	ne 3 from line	2. If a 🤉	gain, complete					
										4		
	Gross income from ac									5		
	Expenses attributable									6		
7	Excess exempt expen			, but do no	ot enter more	than th	ne amount on l	ine				
	4 CHIEF HERE SHOUND F		1/									

	ule A (Form 990-T) 2022				Page 4
Part					
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals on a c	onsolidated basis	8.	
	A INTERCOM MAGAZINE				
	В				
	c 🗆				
	D				
Entor o	mounts for each periodical listed above in the	corresponding column			
inter a	inounts for each periodical listed above in the				
_		A 270	В	С	D
2	Gross advertising income	•			4 250
	Add columns A through D. Enter here and on	Part I, line 11, column (A)			4,378.
а					
3	Direct advertising costs by periodical	0.			
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from lin	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column ir	,			
	line 4 showing a loss or zero, do not complete				
_	lines 5 through 7, and enter zero on line 8	01 4 6 0			
5	Readership costs				
6	Circulation income	8,340.			
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is les				
	than line 6, enter zero	13,149.			
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of	on			
	line 4, enter the lesser of line 4 or line 7	4,378.			
а	Add line 8, columns A through D. Enter the gi		al or zero here and	d on	
	Part II. line 13				4,378.
Part	X Compensation of Officers, Dir	and the second of the second			
	A Compensation of Officers, Dir	rectors, and Trustees (se	e instructions)		
	Compensation of Officers, Dif	ectors, and Trustees (Se	e instructions)	3. Percentage	4. Compensation
. art			e instructions)	3. Percentage	4. Compensation
- art	1. Name	<b>2.</b> Title	e instructions)	of time devoted	attributable to
			e instructions)	of time devoted to business	•
1)			e instructions)	of time devoted to business	attributable to
1)			e instructions)	of time devoted to business %	attributable to
1) 2) 3)			e instructions)	of time devoted to business %	attributable to
1)			e instructions)	of time devoted to business %	attributable to
1) 2) 3) 4)	1. Name		e instructions)	of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name  Enter here and on Part II, line 1	2. Title	e instructions)	of time devoted to business %	attributable to
1) 2) 3) 4)	1. Name  Enter here and on Part II, line 1	2. Title	e instructions)	of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name  Enter here and on Part II, line 1	2. Title	e instructions)	of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name  Enter here and on Part II, line 1	2. Title	e instructions)	of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name  Enter here and on Part II, line 1	2. Title	e instructions)	of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name  Enter here and on Part II, line 1	2. Title	e instructions)	of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name  Enter here and on Part II, line 1	2. Title	e instructions)	of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name  Enter here and on Part II, line 1	2. Title	e instructions)	of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name  Enter here and on Part II, line 1	2. Title	e instructions)	of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name  Enter here and on Part II, line 1	2. Title	e instructions)	of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name  Enter here and on Part II, line 1	2. Title	e instructions)	of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name  Enter here and on Part II, line 1	2. Title	e instructions)	of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name  Enter here and on Part II, line 1	2. Title	e instructions)	of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name  Enter here and on Part II, line 1	2. Title	e instructions)	of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name  Enter here and on Part II, line 1	2. Title	e instructions)	of time devoted to business %	attributable to unrelated business
1) 2) 3) 4) Total.	1. Name  Enter here and on Part II, line 1	2. Title	e instructions)	of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name  Enter here and on Part II, line 1	2. Title	e instructions)	of time devoted to business %	attributable to unrelated business
1) 2) 3) 4) Total.	1. Name  Enter here and on Part II, line 1	2. Title	e instructions)	of time devoted to business %	attributable to unrelated business
1) 2) 3) 4) Total.	1. Name  Enter here and on Part II, line 1	2. Title	e instructions)	of time devoted to business %	attributable to unrelated business

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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).

501(c)(3) Organizations Only

	ame of the organization SOCIETY FOR TECHNICAL COMMUNICAT:		Employer identification number $31-4424296$				
<u>ς</u> ι	Inrelated business activity code (see instructions) 54180	0		<b>D</b> Sequen	ice: 6	of 6	
E C	escribe the unrelated trade or business						
	t   Unrelated Trade or Business Income		(A) Income	(B) Expens		(C) Net	
Pai	Officiated Trade of Business income		(A) Income	(b) Expen	ses	(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					
С	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	1,500.			1,5	0.0
10	Exploited exempt activity income (Part VIII)	10	1,500.			1,3	00.
11	Advertising income (Part IX)	11					
		40					
12	Other income (see instructions; attach statement)	12	1 500			1 5	0.0
12 13	Other income (see instructions; attach statement)  Total. Combine lines 3 through 12	13	1,500.			1,5	00.
12 13	Other income (see instructions; attach statement)  Total. Combine lines 3 through 12  Till Deductions Not Taken Elsewhere See instructions	13 ons fo	•	uctions. Dec	ductions	•	00.
12 13 <b>Pa</b> i	Other income (see instructions; attach statement)  Total. Combine lines 3 through 12  Total Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in	ons fo	or limitations on ded			•	00.
12 13 Pai	Other income (see instructions; attach statement)  Total. Combine lines 3 through 12  Total. Combine lines 3 through 12  Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)	ons fo	or limitations on dedu		1	•	00.
12 13 Pai	Other income (see instructions; attach statement)  Total. Combine lines 3 through 12  till Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)  Salaries and wages	ons fo	r limitations on ded		1 2	•	00.
12 13 Pai	Other income (see instructions; attach statement)  Total. Combine lines 3 through 12  till Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)  Salaries and wages  Repairs and maintenance	ons fo	r limitations on ded		1 2 3	•	00.
12 13 Pai 1 2 3 4	Other income (see instructions; attach statement)  Total. Combine lines 3 through 12  till Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)  Salaries and wages  Repairs and maintenance  Bad debts	ons fo	r limitations on ded		1 2 3 4	•	00.
12 13 Pai 1 2 3 4 5	Other income (see instructions; attach statement)  Total. Combine lines 3 through 12  Total. Combine lines 3 through 12  Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)  Salaries and wages  Repairs and maintenance  Bad debts  Interest (attach statement). See instructions	ons fo	or limitations on dedu		1 2 3 4 5	•	00.
12 13 Pai 1 2 3 4	Other income (see instructions; attach statement)  Total. Combine lines 3 through 12  Total. Combine lines 3 through 12  Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)  Salaries and wages  Repairs and maintenance  Bad debts  Interest (attach statement). See instructions  Taxes and licenses	ons fo	or limitations on dedu		1 2 3 4	•	00.
12 13 Pai 1 2 3 4 5 6 7	Other income (see instructions; attach statement)  Total. Combine lines 3 through 12  Total. Combine lines 3 through 12  Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)  Salaries and wages  Repairs and maintenance  Bad debts  Interest (attach statement). See instructions  Taxes and licenses  Depreciation (attach Form 4562). See instructions	ons fo	or limitations on dedu		1 2 3 4 5 6	•	00.
12 13 Pai 1 2 3 4 5 6 7 8	Other income (see instructions; attach statement)  Total. Combine lines 3 through 12  Total. Combine lines 3 through 12  Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)  Salaries and wages  Repairs and maintenance  Bad debts  Interest (attach statement). See instructions  Taxes and licenses  Depreciation (attach Form 4562). See instructions  Less depreciation claimed in Part III and elsewhere on return	ons fo come	r limitations on dedu		1 2 3 4 5 6	•	00.
12 13 Pai 1 2 3 4 5 6 7 8 9	Other income (see instructions; attach statement)  Total. Combine lines 3 through 12  Total. Combine lines 3 through 12  Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in  Compensation of officers, directors, and trustees (Part X)  Salaries and wages  Repairs and maintenance  Bad debts  Interest (attach statement). See instructions  Taxes and licenses  Depreciation (attach Form 4562). See instructions  Less depreciation claimed in Part III and elsewhere on return  Depletion	ons fo come	r limitations on dedu		1 2 3 4 5 6	•	00.
12 13 Pai 1 2 3 4 5 6 7 8 9	Other income (see instructions; attach statement)  Total. Combine lines 3 through 12  till Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)  Salaries and wages  Repairs and maintenance  Bad debts  Interest (attach statement). See instructions  Taxes and licenses  Depreciation (attach Form 4562). See instructions  Less depreciation claimed in Part III and elsewhere on return  Depletion  Contributions to deferred compensation plans	ons fo come	r limitations on dedu		1 2 3 4 5 6 8b 9 10	•	00.
12 13 Pai 1 2 3 4 5 6 7 8 9 10	Other income (see instructions; attach statement)  Total. Combine lines 3 through 12  Total. Combine lines 3 through 12  Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)  Salaries and wages  Repairs and maintenance  Bad debts  Interest (attach statement). See instructions  Taxes and licenses  Depreciation (attach Form 4562). See instructions  Less depreciation claimed in Part III and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs	ons fo come	r limitations on dedu		1 2 3 4 5 6 8b 9 10 11	•	00.
12 13 Pai 1 2 3 4 5 6 7 8 9 10 11 12	Other income (see instructions; attach statement)  Total. Combine lines 3 through 12  Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII)	ons fo come	r limitations on dedu		1 2 3 4 5 6 8b 9 10 11 12	•	00.
12 13 Pai 1 2 3 4 5 6 7 8 9 10 11 11 12	Other income (see instructions; attach statement)  Total. Combine lines 3 through 12  Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)  Salaries and wages  Repairs and maintenance  Bad debts  Interest (attach statement). See instructions  Taxes and licenses  Depreciation (attach Form 4562). See instructions  Less depreciation claimed in Part III and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Part VIII)  Excess readership costs (Part IX)	ons fo come	r limitations on dedu		1 2 3 4 5 6 8b 9 10 11 12 13	•	00.
12 13 Pai 1 2 3 4 5 6 7 8 9 10 11 12 13 14	Other income (see instructions; attach statement)  Total. Combine lines 3 through 12  till Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)  Salaries and wages  Repairs and maintenance  Bad debts  Interest (attach statement). See instructions  Taxes and licenses  Depreciation (attach Form 4562). See instructions  Less depreciation claimed in Part III and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Part VIII)  Excess readership costs (Part IX)  Other deductions (attach statement)	ons fo come	r limitations on dedu		1 2 3 4 5 6 8b 9 10 11 12 13 14 14	•	
12 13 Pai 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Other income (see instructions; attach statement)  Total. Combine lines 3 through 12  Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)  Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions  Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions, Add lines 1 through 14	ons fo come	7 8a		1 2 3 4 5 6 8b 9 10 11 12 13 14 14	•	
12 13 Pai 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Other income (see instructions; attach statement)  Total. Combine lines 3 through 12  Total. Combine lines 3 through 12  Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)  Salaries and wages  Repairs and maintenance  Bad debts  Interest (attach statement). See instructions  Taxes and licenses  Depreciation (attach Form 4562). See instructions  Less depreciation claimed in Part III and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Part VIII)  Excess readership costs (Part IX)  Other deductions (attach statement)  Total deductions. Add lines 1 through 14  Unrelated business income before net operating loss deduction. See	ons fo come	r limitations on dedu	3,	1 2 3 4 5 6 8b 9 10 11 12 13 14 15	must be	0.
12 13 Pai 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Other income (see instructions; attach statement)  Total. Combine lines 3 through 12  Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)  Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions  Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions, Add lines 1 through 14	ons fo come	r limitations on dedu	3,	1 2 3 4 5 6 8b 9 10 11 12 13 14 15 16	must be	0.
12 13 Pai 1 2 3 4 5 6 7 8	Other income (see instructions; attach statement)  Total. Combine lines 3 through 12  Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions  Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement)  Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. Scolumn (C)	ons fo come	r limitations on dedu	3,	1 2 3 4 5 6 8b 9 10 11 12 13 14 15 16 17	must be	00.

chedu	ule A (Form 990-T) 2022						Page
Part I		thod 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					7		
, B	Cost of goods sold. Subtract line 7 from line 6. Enter				8		
	•	,	anala) analy to the avec		0	Yes	No
9 art l	Do the rules of section 263A (with respect to property  Rent Income (From Real Property and				hv)	103	
1	Description of property (property street address, city,				-37		
	A	state, zii codej. Oricok ii a	dual usc. Occ mstructi	0113.			
	В —						
	- <del>-</del> -						
	<u> </u>						
	D		ь —				
	Don't upper and an approved	Α	В	С		D	
	Rent received or accrued						
а	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)						
С	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, colur	nn (A)			0
	Deductions directly connected with the income						
ŀ	in lines 2(a) and 2(b) (attach statement)						
5	Total deductions. Add line 4 columns A through D. E	nter here and on Part I, line	6, column (B)				0
art \	V Unrelated Debt-Financed Income (s	see instructions)					
1	Description of debt-financed property (street address,	city, state, ZIP code). Chec	k if a dual-use. See ins	tructions.			
	A						
	В						
	c 🗆						
	D						
		A	В	С		D	
2	Gross income from or allocable to debt-financed						
	property						
3	Deductions directly connected with or allocable						
	to debt-financed property						
а	Straight line depreciation (attach statement)						
b	Other deductions (attach statement)						
_	Total deductions (add lines 3a and 3b,						
С	,						
	columns A through D)						
ŀ	Amount of average acquisition debt on or allocable						
	to debt-financed property (attach statement)						
•	Average adjusted basis of or allocable to debt-						
	financed property (attach statement)						
;	Divide line 4 by line 5	%	%		%		
,	Gross income reportable. Multiply line 2 by line 6						
3	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						0.

Total dividends-received deductions included in line 10

Schedule A (Form 990-T) 2022 Page **3** 

Part	VI Interest, Annu	iities, Ro	oyalties, and Re	ents fron	n Control	led Or	ganizations	s (see	instruct	ions)	
						E	xempt Contro	lled Orga	anization	s	
	1. Name of controlled	d	2. Employer	<b>3.</b> Net	unrelated	4. Tota	al of specified		t of colur		6. Deductions directly
	organization		identification	1	ne (loss)	payn	payments made		that is included in controlling organize		connected with
			number	(see ins	structions)				gross inc		income in column 5
(1)											
(2)											
(3)											
(4)											
	Tavabla la sama			<del> </del>	Controlled Or		1	-£!	0	44	Dadinationa dinasti.
	. Taxable Income		Net unrelated acome (loss)	1	otal of specif yments mad		10. Part of that is inc				Deductions directly connected with
		l	e instructions)	pa;	yments mau	C	controlling	organiza	tion's		connected with
(4)		(00.	3 11011 40110110)				gross	income			
(1) (2)											
(3)											
(4)											
<u>( · /</u>							Add colum	ns 5 and	d 10.	Add	columns 6 and 11.
							Enter here		, i	Ente	r here and on Part I,
							line 8, c	column (	A)	li	ne 8, column (B)
Totals									0.		0.
Part	VII Investment I	ncome	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee instru	uctions)		
	<b>1.</b> Desc	cription of	income		2. Amou incon		3. Deduction		4. Set-		5. Total deductions and set-asides
					IIICOII	IE	directly conne (attach stater		attach st	atemen	(add cols 3 and 4)
(4)											
(1)											
(2) (3)											
(4)											
(-)					Add amou	ınts in					Add amounts in
					column 2.						column 5. Enter
					here and or line 9, colu						here and on Part I, line 9, column (B)
Totals						0.					0.
Part	VIII Exploited E	xempt A	Activity Income,	Other T	Than Adve	ertisinç	g Income (	see insti	ructions)		
1	Description of exploite	d activity:	EMAIL BLAS	TS							
2	Gross unrelated busine	ess incom	e from trade or busir	ness. Ente	r here and or	n Part I,	line 10, columi	n (A)		2	1,500.
3	Expenses directly con	nected wit	h production of unre	elated busi	ness income	. Enter l	here and on Pa	art I,			
	line 10, column (B)									3	0.
4	Net income (loss) from						-				1 500
_	lines 5 through 7									4	1,500.
5	Gross income from act									5	0.
6	Expenses attributable									6	<u> </u>
7	Excess exempt expens									_	0.
	4. Enter here and on P	art II, IINE	14							7	<u>U •</u>

Part	IX A	Advertising Income					
1	Name(s	s) of periodical(s). Check box if reporting	g two or n	nore periodicals on a	a consolidated basis	i.	
	Α						
	В						
	С						
	D						
Enter a	amounts	for each periodical listed above in the co	orrespon	ding column.			
		·	· [	A	В	С	D
2	Gross	advertising income					
		olumns A through D. Enter here and on F		11, column (A)	•		0.
а		· ·					
3	Direct a	advertising costs by periodical					
а		olumns A through D. Enter here and on F	_	11, column (B)			0.
			_				
4	Adverti	ising gain (loss). Subtract line 3 from line	e [				
	2. For a	any column in line 4 showing a gain,					
	comple	ete lines 5 through 8. For any column in					
	line 4 s	showing a loss or zero, do not complete					
	lines 5	through 7, and enter zero on line 8					
5	Reader	rship costs					
6	Circula	tion income					
7		readership costs. If line 6 is less than					
		subtract line 6 from line 5. If line 5 is less					
	than lir	ne 6, enter zero					
8	Excess	readership costs allowed as a					
		tion. For each column showing a gain on					
		enter the lesser of line 4 or line 7	_				
а		e 8, columns A through D. Enter the gre		ie line 8a, columns t			0
Dart	Part II,	Compensation of Officers Dire	actors	and Trustops	/ ' t t \		0.
Part	Part II,	line 13 Compensation of Officers, Dire	ectors,	and Trustees	(see instructions)	T T	
Part	Part II,	Compensation of Officers, Dire	ectors,	and Trustees	(see instructions)	3. Percentage	4. Compensation
Part	Part II,	line 13 Compensation of Officers, Dire  1. Name	ectors,	and Trustees 2. Title	(see instructions)	3. Percentage of time devoted	4. Compensation attributable to
	Part II,	Compensation of Officers, Dire	ectors,	and Trustees	(see instructions)	3. Percentage of time devoted to business	4. Compensation
(1)	Part II,	Compensation of Officers, Dire	ectors,	and Trustees	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2)	Part II,	Compensation of Officers, Dire	ectors,	and Trustees	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3)	Part II,	Compensation of Officers, Dire	ectors,	and Trustees	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3)	Part II,	Compensation of Officers, Dire	ectors,	and Trustees	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3) (4)	X	1. Name	ectors,	and Trustees	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Enter h	1. Name ere and on Part II, line 1	ectors,	2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3) (4) Total	Enter h	1. Name	ectors,	2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Enter h	1. Name ere and on Part II, line 1	ectors,	2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Enter h	1. Name ere and on Part II, line 1	ectors,	2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Enter h	1. Name ere and on Part II, line 1	ectors,	2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Enter h	1. Name ere and on Part II, line 1	ectors,	2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Enter h	1. Name ere and on Part II, line 1	ectors,	2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Enter h	1. Name ere and on Part II, line 1	ectors,	2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Enter h	1. Name ere and on Part II, line 1	ectors,	2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Enter h	1. Name ere and on Part II, line 1	ectors,	2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Enter h	1. Name ere and on Part II, line 1	ectors,	2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Enter h	1. Name ere and on Part II, line 1	ectors,	2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Enter h	1. Name ere and on Part II, line 1	ectors,	2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Enter h	1. Name ere and on Part II, line 1	ectors,	2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Enter h	1. Name ere and on Part II, line 1	ectors,	2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Enter h	1. Name ere and on Part II, line 1	ectors,	2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Enter h	1. Name ere and on Part II, line 1	ectors,	2. Title	(see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business

## Form **2220**

**Underpayment of Estimated Tax by Corporations** 

Attach to the corporation's tax return.

FORM 990-T

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form2220 for instructions and the latest information.

**2022** 

SOCIETY FOR TECHNICAL COMMUNICATION, INC

 $\begin{array}{c} \text{Employer identification number} \\ 31 - 4424296 \end{array}$ 

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

Part I Required Annual Payment		·			
1 Total tax (see instructions)				1	6,207.
0.a Devenuel helding company toy (Cohedula DII /Form 1100) lie	o 00)	included on line 1	ا مو ا		
2 a Personal holding company tax (Schedule PH (Form 1120), lin			2a		
b Look-back interest included on line 1 under section 460(b)(2) contracts or section 167(g) for depreciation under the income			2b		
contracts of Section 107(g) for depreciation under the income	5 10160	ast method	20		
c Credit for federal tax paid on fuels (see instructions)			2c		
d Total. Add lines 2a through 2c				2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do		6,207.			
does not owe the penalty  4 Enter the tax shown on the corporation's 2021 income tax ret					0,207.
or the tax year was for less than 12 months, skip this line and				4	6,222.
of the tax year was for 1035 than 12 months, skip this into and	OIILOI	the amount from the ov			0,2221
5 Required annual payment. Enter the smaller of line 3 or line	4. If 1	the corporation is require	ed to skip line 4.		
enter the amount from line 3			•	5	6,207.
Part II Reasons for Filing - Check the boxes below	ow tha	t apply. If any boxes are	checked, the corporation	must file Form 2220	
even if it does not owe a penalty. See instructions.					
6 The corporation is using the adjusted seasonal install					
7 The corporation is using the annualized income instal					
8 The corporation is a "large corporation" figuring its fir	st req	uired installment based o	n the prior year's tax.		
Part III   Figuring the Underpayment					1 (8
O Installment due dates Enter in columns (a) through (d) the	$\vdash$	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the					
15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	04/15/22	06/15/22	09/15/22	12/15/22
10 Required installments. If the box on line 6 and/or line 7		01/15/22	00/13/22	05/15/22	12/13/22
above is checked, enter the amounts from Sch A, line 38. If					
the box on line 8 (but not 6 or 7) is checked, see instructions					
for the amounts to enter. If none of these boxes are checked.					
enter 25% (0.25) of line 5 above in each column	10	1,552.	1,552.	1,551.	1,552.
11 Estimated tax paid or credited for each period. For		,	•	•	,
column (a) only, enter the amount from line 11 on line 15.					
See instructions	11				
Complete lines 12 through 18 of one column					
before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
<b>13</b> Add lines 11 and 12	13				
<b>14</b> Add amounts on lines 16 and 17 of the preceding column	14		1,552.	3,104.	
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line			1 1	2 104	
14. Otherwise, enter -0-	16		1,552.	3,104.	
17 Underpayment. If line 15 is less than or equal to line 10,					
subtract line 15 from line 10. Then go to line 12 of the next	_	1 550	1 550	1 551	1 550
column. Otherwise, go to line 18	17	1,552.	1,552.	1,551.	1,552.
<b>18 Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the part column.					
from line 15. Then go to line 12 of the next column	18		. 47		

LHA For Paperwork Reduction Act Notice, see separate instructions.

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

Form 2220 (2022)

### Part IV Figuring the Penalty

			(a)	(b)	(c)	(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier.  (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month.  Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19				
20	Number of days from due date of installment on line 9 to the					
	date shown on line 19	20				
21	Number of days on line 20 after 4/15/2022 and before 7/1/2022	21				
22	Underpayment on line 17 x Number of days on line 21 x 4% (0.04)	22	\$	\$	\$	\$
23	Number of days on line 20 after 6/30/2022 and before 10/1/2022	23				
24	Underpayment on line 17 x Number of days on line 23 x 5% (0.05)	24	\$	\$	\$	\$
25	Number of days on line 20 after 9/30/2022 and before 1/1/2023	25				
26	Underpayment on line 17 x Number of days on line 25 x 6% (0.06)	26	\$	\$	\$	\$
27	Number of days on line 20 after 12/31/2022 and before 4/1/2023	27	SEE	ATTACHED W	ORKSHEET	
28	Underpayment on line 17 x Number of days on line 27 x 7% (0.07)	28	\$	\$	\$	\$
29	Number of days on line 20 after 3/31/2023 and before 7/1/2023	29				
30	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$
31	Number of days on line 20 after 6/30/2023 and before 10/1/2023	31				
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$
33	Number of days on line 20 after 9/30/2023 and before 1/1/2024	33				
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$
35	Number of days on line 20 after 12/31/2023 and before 3/16/2024	35				
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
38	Penalty. Add columns (a) through (d) of line 37. Enter the to line for other income tax returns	tal he	ere and on Form 1120, lin	e 34; or the comparable	38	\$ 293.

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

Form **2220** (2022)

## FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying N	umber
SOCIETY FO	R TECHNICAL C	COMMUNICATION,	INC	31-44	24296
(A)	(B)	(C)	(D)	(E)	(F)
*Date	Amount	Adjusted Balance Due	Number Days Balance Due	Daily Penalty Rate	Penalty
		-0-			
04/15/22	1,552.	1,552.	61	.000109589	10.
06/15/22	1,552.	3,104.	15	.000109589	5.
06/30/22	0.	3,104.	77	.000136986	33.
09/15/22	1,551.	4,655.	15	.000136986	10.
09/30/22	0.	4,655.	76	.000164384	58.
12/15/22	1,552.	6,207.	16	.000164384	16.
12/31/22	0.	6,207.	135	.000191781	161.
Penalty Due (Sum of Coli	ımn F).				293.

<sup>\*</sup> Date of estimated tax payment, withholding credit date or installment due date.

212511 04-01-22