## **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public **Inspection** 

OMB No. 1545 0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

For the 2022 calendar year, or tax year beginning 04-01-2022, and ending 03-31-2023 Check if applicable: C Name of organization D Employer identification Address change AMERICAN INSTITUTE OF PARLIAMENTARIANS number Name change 36-6131545 Number and street (or P. O. box, if mail is not delivered to street address) Room/suite Initial return 1100 EAST WOODFIELD RD 350 E Telephone number Final return/terminated Amended return City or town, state or province, country, and ZIP or foreign postal code (847) 517-7225 SCHAUMBURG, IL 60173 Application pending F Group Exemption Number H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). I Website: WWW.AIPPARL.ORG J Tax-exempt status (check only one) 501(c)(3) 501(c)( ) ◀ (insert no.) K Form of organization: Corporation Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . . . . . . . . 142,377 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 6,605 1 Contributions, gifts, grants, and similar amounts received 1 126,614 2 Program service revenue including government fees and contracts 2 . . . . . . . . . . . . . . . . 3 3 Membership dues and assessments 4 3,645 4 Investment income . . . . . 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses 0 b 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 6 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). 6b Less: direct expenses from gaming and fundraising events • 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 4,149 7a Gross sales of inventory, less returns and allowances 7a . . . . . . . . : : : 7b 0 b Less: cost of goods sold 4,149 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 1,364 8 8 Other revenue (describe in Schedule O) . . . 142,377 9 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 10 4,859 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members 11 12 12 Salaries, other compensation, and employee benefits 13 37,650 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance. 14 15 15 190 Printing, publications, postage, and shipping 16 16 69,550 Other expenses (describe in Schedule O) 112,249 17 **Total expenses.** Add lines 10 through 16 17 18 18 30,128 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with Vet Asser end-of-year figure reported on prior year's return). . . . . . 257,734 19 -2,979 20 20 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 21 284,883 21 10642I Form **990-EZ** (2022) For Paperwork Reduction Act Notice, see the separate instructions. No. Cat

Form 990-E	,					Page <b>2</b>
Part II	<b>Balance Sheets</b> (see the instruction Check if the organization used Schedu	,	ny guastian in this Par	+ 11		-
	Check if the organization used Schedt	ne o to respond to a	, .		• •	······ <b>v</b>
<b>22</b> Cash sa	vings, and investments		(A) B	eginning of year 260,439	22	(B) End of year 304,342
23 Land and	vings, and investments			200,439	23	304,342
	sets (describe in Schedule O)			798		9,338
25 Total as	sets			261,237	25	313,680
26 Total lia	<b>bilities</b> (describe in Schedule O)			3,503	26	28,797
27 Net asse	ets or fund balances (line 27 of column			257,734	27	284,883
The general	Statement of Program Service Check if the organization used Schedu organization's primary exempt purpose purpose of the American Institute of Pry procedure to the end that decisions	ule O to respond to a e? arliamentarians is to	ny question in this Pa work for the improven	nent of	50 or	Expenses Required for section O1(c)(3) and 501(c)(4) reganizations; optional for whers.)
democratic Describe the	Il actions, and that humanity will learn principles as outlined in the AIP Actior organization's program service accom	n Program. nplishments for each	of its three largest pro	ogram services, as	-	
benefited, a	y expenses. In a clear and concise mar nd other relevant information for each p GANIZATION SPONSORS PRACTICUI	orogram title. MS, WORKSHOPS, 8	& CONFERENCES DES	SIGNED TO	28a	57,550
(Grants \$ )	E DEVELOPMENT OF PARLIAMENTAR If this amour GANIZATION SPONSORS CORRESPO	nt includes foreign gr	ants, check here .	▶ 🗆	20-	750
PROCEDUR (Grants \$ )	E.		ants, check here .	. =	29a	730
30					30a	1
(Grants \$ )	If this amour	nt includes foreign gr	ants, check here .	▶ 🗆		
<del>` ` ` `</del>	ogram services (describe in Schedule (		·	•		
				_		
(Grants \$ )	If this amour	nt includes foreign gr	ants, check here	. ▶□	31a	1
	gram service expenses (add lines 28a t				32	
Part IV	<b>List of Officers, Directors, Trustees, a</b> Check if the organization used Schedu					
	Check if the organization used Schede	ne o to respond to a	ily question in this Fai	(17	•	· · · · · •
	(a) Name and title	(b) Average	(c) Reportable	(d) Health bene	efits,	(e) Estimated amount
		hours per week	compensation	contributions		of other
		devoted to position	(Forms W-2/1099- MISC) (if not paid, enter -0-)	employee benefit and deferred compen		
Al Gage		5.00	0			
President						
Robert M Pe	eskin	5.00	0			
Vice Preside	ant					
Atul Kapur		5.00	0			
·						
Secretary EVAN LEM	OTNE	5.00	0			
EVAN LEM	SINE	3.00	U			
Treasurer						
Kay Crews		1.00	0			
Accrediting	Dir					
Larry Cisar		1.00	0			
Comm Dir						
W Craig Her	nry	1.00	0			
Education D	ir					
LAURA ME		1.00	0			
Director GLEN HALL		1.00	0			
Director						
RAMONA H	ILL	1.00	0			
Director Helen McFa	dden	1.00	0			
Director						
Nilda Rivera		1.00	0			
Director Valoree Alth	off	1.00	0			
Director						
Brandon Wa	lters	1.00	0			
Director	HER CALVIN	1.00	0			
		1.00				
Parliamenta	rian	<u> </u>				Form <b>990-EZ</b> (2022)

	n 990-EZ (2022)			Page 2
Pa	Other Information (Note the Schedule A and personal benefit contract statement requiren			_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part	: V	<u></u>	<u> </u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		Νo
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy			110
	of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34		Νo
<b></b> -		<u> </u>		110
<i>3</i> 5a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Νo
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide	35b		
С	an explanation in Schedule O was the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)			
	notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Νo
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	•	Νo
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
b	Did the organization file <b>Form 1120-POL</b> for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>			
b	Section $501(c)(3)$ , $501(c)(4)$ , and $501(c)(29)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
	The organization's books are in care of D WJ WEISER ASSOCIATES INC	hone n	0.▶	
42a	(847) 517-7225			
	Located at 1100 EAST WOODFIELD RD 350 SCHAUMBURG , IL ZIP + 4	▶601	73	
			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	401		No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	<u> </u>	
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		Νo
	If "Yes," enter the name of the foreign country:			•
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041 -</b> Check here		. ▶	Г
	and enter the amount of tax-exempt interest received or accrued during the tax year   43		'	
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed in	Sceau <b>44a</b>		No
b	of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be complete			140
	instead of Form 990-EZ	44b		Νo
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Νo
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44d		
45a	explanation in Schedule O	45a		No
	Dia dia diganization nate a controllea endry midini die illealling of Jeellon J12(D)(13):	, .Ju		

**45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the 

45b

**Additional Data** Return to Form **Software ID: 22015553** Software Version: 2022v5.0

**Special Condition Description** 

Form 990-EZ, Special Condition Description:

# (Form 990) Department of the Treasury

Internal Revenue Service

Form 990 or 990-EZ.

**SCHEDULE A** 

### **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

Name of the organization AMERICAN INSTITUTE OF PARLIAMENTARIANS					Employer identification number			
AMEK.	ICAN IN	STITUTE OF PARLIAMENTARI	ANS				36-6131545	
Pa	rt I	Reason for Publi	c Charity S	tatus (All organiza	tions must co	mplete this pa		ns.
The o	organi	zation is not a private fo	oundation beca	use it is: (For lines 1	through 12, ch	eck only one bo	x.)	
1		A church, convention	of churches, o	r association of churc	hes described i	n section 170(b	)(1)(A)(i).	
2		A school described in	section 170(b	<b>)(1)(A)(ii).</b> (Attach So	chedule E (Forr	n 990).)		
3		A hospital or a cooper	ative hospital	service organization o	lescribed in <b>sec</b>	tion 170(b)(1)	(A)(iii).	
4	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state:						). Enter the	
5		An organization operat			versity owned (	or operated by a	governmental unit d	escribed in <b>section</b>
6		A federal, state, or loc	al government	or governmental unit	described in se	ection 170(b)(1	)(A)(v).	
7		An organization that n described in <b>section 1</b>	•	•		om a governmer	ntal unit or from the g	general public
8		A community trust des	scribed in <b>sect</b>	ion 170(b)(1)(A)(vi).	(Complete Par	t II.)		
9		An agricultural researd university or a non-lar						
10	V	An organization that n receipts from activitie from gross investment organization after June	s related to its income and u	exempt functions—sunrelated business tax	ubject to certain able income (le	n exceptions, an ess section 511	ıd (2) no more than 3	33 1/3% of its support
11		An organization organ	•		•	•	509(a)(4).	
12		An organization organi one or more publicly s the box on lines 12a tl	upported orga	nizations described in	section 509(a)	(1) or section 5	09(a)(2). See section	<b>1 509(a)(3).</b> Check
а		<b>Type I.</b> A supporting o supported organization organization. <b>You mus</b>	n(s) the power	to regularly appoint o	r elect a majori		•	
b		Type II. A supporting management of the su must complete Part IV	pporting organ	ization vested in the				, -
С		Type III functionally i supported organization	_		•			grated with, its
d		Type III non-function not functionally integr (see instructions). You	ated. The orga	nization generally mu	st satisfy a dist	ribution require		` '
е		Check this box if the o					s a Type I, Type II, T	ype III functionally
f	Ento	integrated, or Type III r the number of support						
g	LIILE	Provide the following i	,				· · · · · · · · <u> </u>	
(i) Name of supported organization			(iii) Type of organization (described on lines	(iv) Is the listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				1- 10 above (see instructions))				
					Yes	No		
<del></del>								
Tota For F		work Reduction Act Noti	ce. see the Inc	structions for	Cat No. 1128		Schodule	e Δ (Form 990) 2022

Schedule A (Form 990) 2022 Page 2 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 failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . The value of services or facilities furnished by a governmental unit to the organization without charge.. Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (or fiscal year beginning in) 7 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.). . Total support. Add lines 7 through

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, 

Schedule A (Form 990) 2022

Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . .

Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . .

. . . . . . . . . . . . . .

33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

		•	
	1/		

14	
15	

16a 33 1/3% support test-2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

_	_	
	_	

58,573

532,517

591,090

0

(f) Total

Schedule A (Form 990) 2022 Part III Support Schedule for Organizations Described in Section 509(a)(2)

**(b)** 2019

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part

II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support (a) 2018

> any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or

business under section 513

Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge

Total. Add lines 1 through 5

c Add lines 7a and 7b. .

(or fiscal year beginning in)

**9** Amounts from line 6. . . Gross income from interest, dividends, payments received on

c Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital

11, and 12.). .

16

17

Section B. Total Support

from line 6.)

Calendar year

1975.

and 3 received from disqualified

**b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.

Public support. (Subtract line 7c

securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,

assets (Explain in Part VI.) . . Total support. (Add lines 9, 10c,

Section C. Computation of Public Support Percentage

Section D. Computation of Investment Income Percentage

. . . . .

persons

Calendar year	
(or fiscal year beginning in) 🕨	
Cifts grants contributions	-

(	(or	fiscal year beginning in) 🟲	` '
	1	Gifts, grants, contributions, and	
		membership fees received. (Do not	

include any "unusual grants.") . Gross receipts from admissions,

merchandise sold or services

performed, or facilities furnished in

62,385

101,918

101,918

2,609

2,609

104,527

Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f)) . . . . . . . . .

Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f)) . . . . . .

Public support percentage from 2021 Schedule A, Part III, line 15 . . . . . . . . . . . . . . . .

Investment income percentage from 2021 Schedule A, Part III, line 17 . . . . . . . . . . . . . . .

(a) 2018

39,533

104,468

3,574

108,042

(c) 2020

95,178

99,177

99,177

1,411

1,411

100,588

3,999

(d) 2021

(d) 2021

144,585

144,585

2,883

2,883

1,136

4,862

139,723

(e) 2022

137,368

137,368

3,645

3,645

1,364

15

16

17

(e) 2022

6,605

130,763

7a Amounts included on lines 1, 2,

591,090 12.823

12,823

2,500

606,413

97.470 %

97.930 %

2.110 %

(f) Total

591,090

108,042

2,275

2,275

110.317

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

19a 33 1/3% support tests-2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . 🕨 🗹

(c) 2020

**(b)** 2019

b 33 1/3% support tests-2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . 🕨 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . Schedule A (Form 990) 2022

Page 4

No

#### Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked

was described in section 509(a)(1) or (2).

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

checked box		12d, of P	art I, co
Cooking A	ALL C.		

3b and 3c below.

made the determination.

checked box	12d, of Part I, complete Sections A a
Section A. All S	Supporting Organizations
•	

checked box	12d, of Part I, complete Sections A and D, and complete Pa					
Section A. All Supporting Organizations						
4						

describe the designation. If historic and continuing relationship, explain.

you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,

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

**b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

**Substitutions only.** Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

**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

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

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If

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)

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the

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

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

CHECKEU DOX			120, 01 1	rait 1, comple
	Section A.	All	Supporting	g Organiza

KCG DOX	12a, or rate 1, complete sections it and B, and complete rate v.)				
ection A. All Supporting Organizations					
Are all of t	the organization's supported organizations listed by name in the organization's governing documents?				

1	

Yes

2

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Supporting Organizations (continued)

Has the organization accepted a gift or contribution from any of the following persons?

Page 5

а	<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?								
b	<b>b</b> A family member of a person described on 11a above?								
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in	11c							
Se	Part VI. Section B. Type I Supporting Organizations								
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.								
2									
	ection C. Type II Supporting Organizations								
	ection c. Type II Supporting Organizations		Yes	No					
1	trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or		. 65	1.0					
_	management of the supporting organization was vested in the same persons that controlled or managed the supported	1		Щ					
_ 56	ection <sup>2</sup> P.O.A.(fl.) Type III Supporting Organizations		V	N-					
Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		1	Yes	No					
2									
3	By reason of the relationship described in 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 <b>Part VI</b> the role the organization's supported organizations								
Se	ection 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 inst	ructio	ns):						
ā	The organization satisfied the Activities Test. Complete <b>line 2</b> below.		•						
ŀ	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.								
ď	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity instructions)	(see							
2	Activities Test. Answer lines 2a and 2b below.		Yes	No					
ā	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 <b>Part VI identify those</b> supported organizations and explain how these activities directly furthered their exempt purposes, how the		res	No					

2a

2b

За

organization was responsive to those supported organizations, and how the organization determined that these activities

b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the

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

constituted substantially all of its activities.

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

each of the supported organizations? If "Yes" or "No", provide details in Part VI.

organization's involvement.

temporary reduction (see instructions)

instructions)

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

Page **6** 

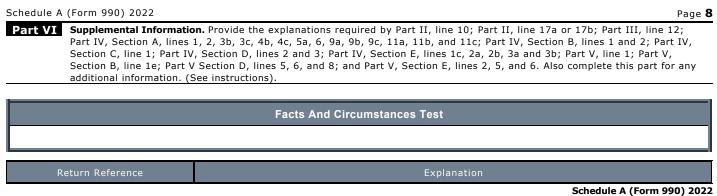
Section D<sup>Or</sup> อารูปาริปากิร

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

(continued)

Page **7** 

1 Amounts paid to supported organizations to accompl	1					
2 Amounts paid to perform activity that directly further organizations, in excess of income from activity	2					
3 Administrative expenses paid to accomplish exempt	nizations	3				
	posses of supported organ		4			
4 Amounts paid to acquire exempt-use assets			_			
5 Qualified set-aside amounts (prior IRS approval requir	ed - provide details in <b>Part V</b>	(I)	5			
6 Other distributions (describe in Part VI). See instruc	tions		6	_		
7 Total annual distributions. Add lines 1 through 6.			7	_		
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions						
<b>9</b> 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 Underdist Pre-2	) ributions			
Distributable amount for 2022 from Section C, line 6						
<ol> <li>Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI).</li> </ol>						
See instructions.						
<b>3</b> Excess distributions carryover, if any, to 2022:						
a 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 e						
<b>g</b> 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.						
<b>4</b> Distributions for 2022 from Section D, line 7: \$						
a 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. If the amount is greater than zero, explain in Part VI.  See instructions.						
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.						
<b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.						
8 Breakdown of line 7:						
a Excess from 2018						
<b>b</b> Excess from 2019						
c Excess from 2020						
<b>d</b> Excess from 2021						
e Excess from 2022						



# SCHEDULE O

AMERICAN INSTITUTE OF PARLIAMENTARIANS

(Form 990)

Other Revenue 2

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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

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

Explanation

Open to Public Inspection

OMB No. 1545-0047

2022

**Employer identification number** 36-6131545

Return Reference Other Revenue 1

OTHER INCOME \$698 **ROYALTIES \$666** 

Office Expenses \$3157 Other Expenses.1002

Other Information Technology \$11885 Expenses, 1003 Other Conferences, Conventions, and Meetings \$49877 Expenses, 1007

Other Insurance \$1067 Expenses.1012

Other

MEMBER PUBLICATIONS \$3564

Expenses.1 Other Assets 1005

Accounts Receivable - Beginning \$442 Accounts Receivable - Ending \$0

Prepaid Expenses and Deferred Charges - Beginning \$356 Prepaid Expenses and Deferred Charges - Ending \$9338

Assets, 1011 Accounts Payable and Accrued Expenses - Beginning \$3503 Accounts Payable and Accrued Expenses - Ending \$23407

Deferred Revenue - Beginning \$0 Deferred Revenue - Ending \$5390

Schedule O (Form 990) 2021

Liabilities 1001

Other

Total

Total