## Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the
end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2007

**Open to Public** Inspection

	A F	or the	2007 calend	iar year,	or tax year beginning	07/01	, 2007, and er	nding	06	/30	, 20 08
	В	Check if a	pplicable	Please	C Name of organization				D Emplo	yer iden	tification number
		Address o	change	use IRS label or	Small Museum Association	on, Inc.			52	1	1812783
	=	Name cha	-	print or	Number and street (or P O box	, if mail is not de	livered to street address)	Room/suite	E Telep	hone nu	mber
	_	Initial retu		type. See	3500 Boston Street, Suite	400. MS 76			( 410	) )	342-9800
ļ	=	Termination Amended		Specific	City or town, state or country, a				<del></del> _	Exemp	
l	=		return n pending	Instruc- tions.	Baltimore, Maryland 21224				P Group Numb		tion •
!						•	A				☑ Cash ☐ Accrual
	•	Section	on 501(c)(3)		ations and 4947(a)(1) nonexem ppleted Schedule A (Form 990		trusts must attacn		(specify)		☑ Cash ☐ Accrual
				B 0011	preted defiedure A (Form 550	01 330 LL).					
		Maka:4	⊾ Sma	II Muse	um Organization						rganızatıon
									required		n 990-EZ, or 990-PF)
				_	nly one)— 🔽 501(c) ( 3 ) ◀ (ins		1947(a)(1) or 🔲 527	┸	•		
					in is not a section 509(a)(3) supp			ipts are norr	nally <b>not</b>	more tha	an \$25,000 A return is
					zation chooses to file a return, b						40.007
					ne 9 to determine gross receipts, i					▶ \$	42,967
1	Pa	art I	Revenue	, Expe	nses, and Changes in N	et Assets c	r Fund Balances	(See pag	e 55 of	T - T -	structions.)
		1	Contributio	ns, gifts	, grants, and similar amounts	received				1	
		2	Program s	ervice r	evenue including governmer	nt fees and c	ontracts			2	42,587
	-	3	-		and assessments					3	380
	- 1	4	Investmen	•						4	
	ı	5a	Gross amo	ount from	m sale of assets other than	inventory	5a				
		b			er basis and sales expenses	-					
					cale of assets other than inventor			ich schodule		5c	
	9	C	•	,		•	•		"		
	Revenue	6			activities (attach schedule) If			K Here			
	ě	а			ot including \$		0-				
	<u>«</u>		reported o		*						
	1	b			nses other than fundraising e				-		
	ı	C			ss) from special events and			ne 6a .	!	6c	<del>.</del>
	ı	7a	Gross sale	s of inv	entory, less returns and allo	wances .	7a				
		b	Less: cost	of good	ds sold						
***	١	С	Gross prof	it or (lo:	ss) from sales of inventory. S	Subtract line	7b from line 7a .			7c	
200g		8	Other reve	nue (de	scribe				)	8	
		9	Total reve	nue. Ad	dd lines 1, 2, 3, 4, 5c, 6c, 7c	c, and 8	<u> </u>	المستشع	. ▶	9	42,967
⊜ .		10	Grants and	d similar	amounts paid (attach schee	dule)		ن سرار	1	10	
T==1	- 1	11			r for members	-				11	·
OEC	တ္သ	12	•		mpensation, and employee t			2008		12	
	enses	13			and other payments to indep		ractors NOV 17	.Ze.95. /	∰	13	1,500
	<u>ē</u>						h <b>&gt;34</b> 1	لمستنسب	" <u>~</u>	14	
W.	Ě	14			utilities, and maintenance .			isi Ui	ا . لنـــــــــــــــــــــــــــــــــــ	15	392
2	_ [	15	Other eve	ublicatio	ons, postage, and shipping. describe  See Attached S	Schedule .	· 1 · · · · · · · · · · · ·			16	33,603
	ŀ	16 17	Total expe	enses (d						17	35,495
SCANNED	$\dashv$		<u>-</u>		· · · · · · · · · · · · · · · · · · ·					18	7,472
C	Net Assets	18			for the year. Subtract line 1					10	1,772
	SS	19			d balances at beginning of					امدا	22 127
	۲				reported on prior year's re					19	32,127
	Ę	20			net assets or fund balances					20	20.500
		21			balances at end of year. C					21	39,599
	Pε	rt II	Balance		-If Total assets on line 25,		are \$250,000 or mor				
				(S	ee page 60 of the instruction	ns.)		(A) Beg	inning of y	<del>,</del>	(B) End of year
	22	Cash	n, savings, a	and inve	estments			<u> </u>	31,2	14 22	39,034
	23	Lanc	and buildi	nas						23	
	24	Othe	r assets (de	escribe			}		9	13 24	913
	25	Tota	l assets .						32,1	28 25	39,947
	26	Tota	l liabilities (	describ	e ▶ Transit Items					26	(348)
	27	Net	assets or f	und ba	lances (line 27 of column (B	) must agree	with line 21)		32,1	28 27	39,599

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

	rt III Statement of Program Service Accor	nplishments (See page 6	0 of the instruction	ons.)		Exper		
Wh	at is the organization's primary exempt purpose?	Consultation/aid to Small	Museums/Semina	ars	(Rec	uired fot (4) org	r 501i	(c)(3)
Des	cribe what was achieved in carrying out the organic cribe the services provided, the number of persons be	zation's exempt purposes li	n a clear and cond	cise manner,	and	4947(a)	(1) tri	usts,
28	Winter Conference for small museums through	out mid-Atlantic region an	d nationwide - Se	e				
	Schedule for Winter Conference expenses							
	(Crosts &	Under faurier annuka abasi			28a		3.	1,416
	(Grants \$ ) If this amount inc				20a			1,410
29								
	(Grants \$ ) If this amount inc				29a	ļ <u> </u>		
	***************************************					Ì		
	(Grants \$ ) If this amount inc Other program services (attach schedule)				30a			
	, , ,	ludes foreign grants, check			31a			
	Total program service expenses. Add lines 28a t	through 31a	There	· · · ·	32			-
	rt IV List of Officers, Directors, Trustees, and Key					e instru	ctions	)
	(A) Name and address	(B) Title and average hours per week	(C) Compensation	(D) Contribution	ns to	(E) E	Expens	e
	(A) Name and address	devoted to position	(If not paid, enter -0)	deferred compen		other a		
Se	e Attached Schedule		_		_			
		As Needed	-0-		-0-			-0-
		-		1				
				<u> </u>				
		-						
Pa	rt V Other Information (Note the stateme	nt requirement in Genera	al Instruction V.)				Yes	No
33	Did the organization make a change in its activiti	es or methods of conductir	ng activities? If "Y	es," attach a				
	•					33		<u> </u>
34	Were any changes made to the organizing or government							
						34		<b>✓</b>
35	If the organization had income from business activities, reported on Form 990-T, attach a statement explaining				ot			
-	Did the organization have unrelated business gros	•			and		İ	
a						35a		✓
b	If "Yes," has it filed a tax return on Form 990-T f					35b		✓
36	Was there a liquidation, dissolution, termination,	or substantial contraction d	luring the year? If	"Yes," attach	n a			
	statement					36		<u> </u>
	Enter amount of political expenditures, direct or inc	direct, as described in the in	structions. ► 37	a		<b>┤</b> │	ŀ	,
	Did the organization file Form 1120-POL for this	=				37b		<u> </u>
38a	Did the organization borrow from, or make any los					38a		✓
<b>L</b>	any such loans made in a prior year and still unp		· 1	return?	•	554	$\neg$	
מ	If "Yes," attach the schedule specified in the lin involved		100	b			}	
39	501(c)(7) organizations. Enter:					7		
а	Initiation fees and capital contributions included of					_		
b	Gross receipts, included on line 9, for public use	of club facilities	391	Ы		1	- 1	

'Form	990-EZ (2007)				Page 3
		r information	(Note the statement requirement in	General Instruction V.) (Continued	
40a b c	501(c)(3) org section 491 501(c)(3) and year or did it Enter amount the year und Enter amount All organization?	tanizations. Enter  (4) organizations become aware int of tax imposeder sections 49 int of tax on line thous. At any time	er amount of tax imposed on the organic ; section 4912 >; s. Did the organization engage in any section of an excess benefit transaction from a project on organization managers or disqualing the tax year, was the organization and during the tax year, was the organization	zation during the year under:; section 4955 > on 4958 excess benefit transaction during flor year? If "Yes," attach an explanation filed persons during	the Yes No
<b>b</b>	The books at Located at L At any time over a finan account)? If "Yes," ent See the inst At any time If "Yes," ent Section 494	ere in care of P.O. Box 10i  during the cale iclal account in the cale icla icla icla icla icla icla icla icla	copy of this return is filed.   Maryland  Amanda Apple  84, Stevensville, Maryland  Index year, did the organization has a foreign country (such as a baryland).  The foreign country:   Exeptions and filing requirements for and year, did the organization must be foreign country:   Exeptions and filing requirements for a year, did the organization must be foreign country:   Exeptions and filing requirements for a year, did the organization must be foreign country:   Exeptions and filing requirements for a year, did the organization must be foreign country:   Exeptions and filing requirements for a year, did the organization must be foreign country:   Exeptions and filing requirements for a year.	Telephone no. ▶	(410) 604-2100
	Under and b	penahles of perjunisher, it is true, com- inature of officer ennedy R. Hick- ps or print name an	y, I declare that I have examined this return ect, and complete Declaration of prepare trimen. President divide.  Hessey & Hessey, P.A.		<del></del>
		ss, and ZIP + 4	3500 Boston St., Ste. 400, MS 76, Ba	Itimore, MD 21224 Phone no. ► 14	410 ) <b>342-9800</b>

Form 990-EZ (2007)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Employer identification number Name of the organization Small Museum Association, Inc. 52 1812783 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation account and other employee benefit plans & than \$50,000 per week devoted to position deferred compensation allowances None Total number of other employees paid over \$50,000. Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over \$50,000 for professional services Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation (b) Type of service None Total number of other contractors receiving over \$50,000 for other services . . . . . . .

Pa	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities     S		1
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
а	Sale, exchange, or leasing of property?	3	<b>✓</b>
b	Lending of money or other extension of credit?	<b>,</b>	1
С	Furnishing of goods, services, or facilities?	<u>:</u>	<b>✓</b>
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	1 1	
е	Transfer of any part of its income or assets?	<u> </u>	1
3а	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	, 🗸	_
b	Did the organization have a section 403(b) annuity plan for its employees?	,	1
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement 30	<u>;</u>	1
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .	-	1
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		1
b	Did the organization make any taxable distributions under section 4966?	-	<b>✓</b>
С	Did the organization make a distribution to a donor, donor advisor, or related person?	;	<b>✓</b>
d	Enter the total number of donor advised funds owned at the end of the tax year		0
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year •		0
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		0

Pa	rt I\	Reason for Non-Private	Foundation S	Status (See pages 4	through 8 o	f the instruct	cions.)
cer	tify	that the organization is not a privat	te foundation bed	ause it is: (Please check	only ONE ap	plicable box.)	
5		A church, convention of churches	, or association of	of churches Section 170	)(b)(1)(A)(i)		
6		A school. Section 170(b)(1)(A)(ii). (	Also complete Pa	art V.)			
7		A hospital or a cooperative hospit	tal service organi:	zation. Section 170(b)(1)	(A)(iii).		
8		A federal, state, or local government	ent or governmer	ntal unit. Section 170(b)(	1)(A)(v).		
9		A medical research organization o and state ▶					
10		An organization operated for the be (Also complete the <b>Support Sched</b>		or university owned or op	perated by a go	overnmental un	ıt. Section 170(b)(1)(A)(ıv
11a	<b>7</b>	An organization that normally recei			a governmental	unit or from th	e general public. Sectioi
1 <b>b</b>		A community trust. Section 170(b)	)(1)(A)(vi). (Also co	omplete the Support Sc	<b>hedule</b> in Part	iV-A.)	
12		An organization that normally receifrom activities related to its charitation gross investment income an organization after June 30, 1975.	able, etc., function ad unrelated busi	ns—subject to certain ex ness taxable income (le	ceptions, and ss section 511	(2) no more the tax) from bus	ian 33%% of its suppor inesses acquired by the
13		An organization that is not control requirements of section 509(a)(3).	Check the box the	nat describes the type o	f supporting o	rganization	
		☐ Type II ☐ Type II	☐Type I	II-Functionally Integrate	ed _	Type III-Othe	er
		Provide the following infor	mation about th	e supported organizat	ions. (See pag	e 8 of the inst	ructions.)
Na	me(	(a) (s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	the sup organiz	ipported on listed in	(e) Amount of support
					Yes	No	
							<u> </u>
-							
ota	L.	<u> </u>				•	
14	П	An organization organized and op-	erated to test for	public safety. Section 5	509(a)(4). (See	page 8 of the I	nstructions)

	rt IV-A Support Schedule (Complete only	i if you shooked a l	nov on line 10	11 or 12\//oc.or	ach mathad of a	Page 4
	e: You may use the worksheet in the instructions					iccounting.
	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do	(4) 2000	(5) 2000	(0, 200)	(4) 2000	(0) / 0 (2)
15	not include unusual grants. See line 28).		Ì	1,000	17,204	18,204
16	Membership fees received	520	280	1,156	4,925	6,881
16		320	200	1,130	4,323	0,001
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose.	44,944	39,062	36,083	36,475	156,564
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the		1	17	14	32
19	organization after June 30, 1975  Net income from unrelated business activities not included in line 18.				14	32
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	45,464	39,343	38,256	58,618	181,681
<del>20</del> 24	Line 23 minus line 17	520	281	2,173	22,143	25,117
<del></del> 25	Enter 1% of line 23	455	393	383	586	
					▶ 26a	502
26	Organizations described on lines 10 or 11:					
b	Prepare a list for your records to show the name					
	governmental unit or publicly supported organiz	ation) whose total of	jitts for 2003 thr	ough 2006 excee	ded the	. 0
	amount shown in line 26a Do not file this list wi		er the total of all t	nese excess amo	26c	25,117
C	Total support for section 509(a)(1) test. Enter lin					
đ	Add. Amounts from column (e) for lines: 18			<del></del>	▶ 26d	32
					26e	25,085
e f	Public support (line 26c minus line 26d total)  Public support percentage (line 26e (numera				· · · .	99.87 %
			• • •			
27	Organizations described on line 12: a Fo person," prepare a list for your records to show to Do not file this list with your return. Enter the	the name of, and tot	al amounts rece	ived in each year	ere received from from, each "disq	i a "disqualified ualified person'
	(2006) (2005)	(	2004)		(2003)	
b	For any amount included in line 17 that was received show the name of, and amount received for each of (Include in the list organizations described in lines 5).	ved from each person year, that was more to	n (other than "dis than the <mark>larger</mark> of	equalified persons' f (1) the amount or	), prepare a list for line 25 for the year	or your records the ear or <b>(2)</b> \$5,000.

đ	governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts.	e	. 0
c	Total support for section 509(a)(1) test. Enter line 24, column (e)		25,117
	Add. Amounts from column (e) for lines: 18 19		32
е	Public support (line 26c minus line 26d total)		25,085
f	Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	99.87 %
27 b	Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were receperson," prepare a list for your records to show the name of, and total amounts received in each year from, a Do not file this list with your return. Enter the sum of such amounts for each year:  (2006) (2005) (2004) (2003)  For any amount included in line 17 that was received from each person (other than "disqualified persons"), prep show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 2 (Include in the list organizations described in lines 5 through 11b, as well as individuals ) Do not file this list with y the difference between the amount received and the larger amount described in (1) or (2), enter the sum of the amounts) for each year:  (2006) (2005) (2004) (2004)	each "disq are a list fo 5 for the ye our return ese differe	ualified person or your records tear or (2) \$5,000. After computing nces (the excess
С	Add: Amounts from column (e) for lines: 15 16		
	17 20 21	27c	
d	The second secon		
е	Public support (line 27c total minus line 27d total)	27e	
f	Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ 27f		_
g	Public support percentage (line 27e (numerator) divided by line 27f (denominator))		%
h	Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).	27h	%
28	Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants of prepare a list for your records to show, for each year, the name of the contributor, the date and amount description of the nature of the grant. Do not file this list with your return. Do not include these grants	t of the gr	3 through 2006 ant, and a brie

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	:		
32	Does the organization maintain the following:			
a b	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a 32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to:	;		
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		•
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	If you answered "Yes" to either 34a or b, please explain using an attached statement.  Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05			
_	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Pai	(To be completed <b>ONLY</b> by a					istructions.	)
Chec	ck ▶ a ☐ If the organization belongs to an affili					imited control"	provisions apply
	Limits on Lobby	-			At	(a) ffiliated group totals	(b) To be completed for all electing organizations
 36	Total lobbying expenditures to influence public	c oninion (grassro	ots Johhving)		6		
37	Total lobbying expenditures to influence a legi		• •		7		
38	Total lobbying expenditures (add lines 36 and				18		
39	Other exempt purpose expenditures	•		1 .	9		
40	Total exempt purpose expenditures (add lines				0		
41	Lobbying nontaxable amount. Enter the amou						
		lobbying nontaxa	-				
	Not over \$500,000 20%	of the amount on	line 40				1
	Over \$500,000 but not over \$1,000,000 . \$100,	,000 plus 15% of t	he excess over \$5	500,000			
	Over \$1,000,000 but not over \$1,500,000 . \$175,	,000 plus 10% of th	e excess over \$1,0	000,000	1		
	Over \$1,500,000 but not over \$17,000,000. \$225,	,000 plus 5% of the	e excess over \$1,5	500,000			
	Over \$17,000,000 \$1,00	0,000			-		
42	Grassroots nontaxable amount (enter 25% of	line 41)		–	2		
43	Subtract line 42 from line 36. Enter -0- if line 4	42 is more than lir	ne 36		3		
44	Subtract line 41 from line 38. Enter -0- if line 4	41 is more than lir	ne 38		4		<u> </u>
	Caution: If there is an amount on either line 4.	3 or line 44, you r	nust file Form 47	720.			
	4-Year Av	eraging Perio	d Under Secti	on 501(h)			
	(Some organizations that made a section See the instructions	on 501(h) election	do not have to	complete all of		e columns be	elow.
		Lob	bying Expenditu	res During 4	Year A	veraging Pe	eriod
	Calendar year (or fiscal year beginning in) ▶	<b>(a)</b> 2007	<b>(b)</b> 2006	( <b>c</b> ) 2005		<b>(d)</b> 2004	<b>(e)</b> Total
45	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e))						
47	Total lobbying expenditures						
48	Grassroots nontaxable amount				_		
49	Grassroots ceiling amount (150% of line 48(e))				_		
50	Grassroots lobbying expenditures						
	t VI-B Lobbying Activity by Nonelec	cting Public C	harities	·			
	(For reporting only by organiza			Part VI-A) (S	ee paq	ge 14 of the	e instructions.)
	ng the year, did the organization attempt to infli				g any	Yes No	Amount
atten	npt to influence public opinion on a legislative r	natter or referend	um, through the	use of:		<del>    ,   ,       ,                      </del>	
а	Volunteers					1	}
b	Paid staff or management (Include compensat	ion in expenses re	eported on lines	<b>c</b> through <b>h.</b> ) .		<del>    '</del>	
С	Media advertisements					V	
d	Mailings to members, legislators, or the public					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
е	Publications, or published or broadcast statem					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
f	Grants to other organizations for lobbying purp					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
g	Direct contact with legislators, their staffs, gov					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
h	Rallies, demonstrations, seminars, conventions Total lobbying expenditures (Add lines c throu	•	-	тпеапѕ			
•	If "Yes" to any of the above, also attach a star	eri (11)	etailed description	n of the lobby	ing act	ıvıtıes.	

I- el				ee page 14 of the instruction	ons.)	Ilciiai	ICADIC
51		the reporting orga	nization directly or	r indirectly engage in any of the	e following with any other organization descri	bed in :	sectio
					on 527, relating to political organizations?	[V	т
а	Tra	nsfers from the rep	orting organization	to a noncharitable exempt org		Yes	+
	(i)	Cash					1
	(ii)	Other assets .			<u>a(ii</u>	Ч	<b>✓</b>
þ	_	er transactions			ļ		
	(i)	Sales or exchange	es of assets with a	a noncharitable exempt organiza	ation		1
	(ii)	Purchases of asse	ets from a nonchai	ritable exempt organization .	<u>b(ii</u>		1
	(iii)	Rental of facilities	, equipment, or ot	her assets			<b>V</b>
	(iv)	Reimbursement a	rrangements .				<b>√</b>
	(v)	Loans or loan gua	arantees		<u>b(v</u>	<u> </u>	1
	(vi)	Performance of se	ervices or member	ship or fundraising solicitations	<u>b(vi</u>	<u> </u>	<b>/</b>
С	Sha	ring of facilities, eq	juipment, mailing li	ists, other assets, or paid empl	oyees <u>c</u>		1
d	If th	e answer to any of	the above is "Yes,"	' complete the following schedul	e. Column (b) should always show the fair mark	et value	of the
	goo	ds, other assets, o	r services given by	y the reporting organization. If	the organization received less than fair marke	t value	in any
	tran	saction or snaring ai	rrangement, snow ir	n column (d) the value of the goo	ds, other assets, or services received.		
	1)	(b)		(c)	(d)		
Line	no	Amount involved	Name of none	charitable exempt organization	Description of transfers, transactions, and sharing	arrangem	ents
_							
	1- 41			officiated with an expeted to a	and the second organizations		
oza		•	•	•	ne or more tax-exempt organizations	os [	7 No
h	If "V	es," complete the	following schedule	other than section 501(c)(3)) or	ın section 527? ▶ □ <b>Y</b> ı	2S _	J No
		(a)	tollowing optication	(b)	(c)		
		Name of organization	ation	Type of organization	Description of relationship		
					<u> </u>		_
			-		<del> </del>		
					<u> </u>		_
			<del></del>		<del> </del>		
	_				<del> </del>		
					<del> </del>		
		···				<del></del>	
					<del> </del>		
					<del>                                     </del>		
			- <del></del>				

#### SMALL MUSEUM ASSOCIATION, INC.

EIN: 52-1812783

#### Statement Regarding Schedule A, Part III, Question 2d

The Small Museum Association paid \$1,500.00 to Hessey & Hessey, P.A., during the FY 07/01/07 through 06/30/08 to prepare the SMA's tax returns for 2004, 2005, and 2006. The principal of Hessey & Hessey, P.A. is Hurst R. Hessey, who is a director of SMA and its legal counsel. Mr. Hessey does not receive compensation for his Board service and other legal work for and advice to the Board, except as may be specifically agreed. The parties agreed that Hessey & Hessey, P.A. should be paid \$500.00 per annual return (and have agreed for future years as well) which the Board believes is a very reasonable cost and will ultimately save the SMA considerable money for this service.

F \WPD\S M A\990 2007 SchA PartIII Ques 2 wpd

SMALL MUSEUM ASSOCIATION, INC.

EIN: 52-1812783

Statement Regarding Schedule A, Part III, Question 3a

The Small Museum Association, Inc. offers approximately ten "scholarships" for the candidates for its annual conference in February of each year. The candidates are employees or volunteers for various small museums, and they file an application to receive a scholarship. The

scholarship is equal to the cost of the conference, approximately \$110.00, and the recipients are

selected on merit by a committee of the Small Museum Association.

F \WPD\S M A\990 2007 SchA PartIII Ques 3a wpd

# Small Museum Association, Inc. EIN: 52-1812783

#### 2007 Form 990-EZ Line 16 - Other Expenses

	and Entertainment ial/Honoraria er Workshop Fees	- 100.00
16C Memor		100.00
	or Workshop Eoos	
16D Summe	er workshop rees	-
16E Winter	Conference Banquet Fees & Expenses	706.92
16F Winter	Conference Hotel Expenses	25,831.80
16G Winter	Conference Printing and Copy Fees	21.25
16H Winter	Conference Speaker Expense	1,125.93
16I Winter	Conference Supplies	2,650.69
16J Winter	Conference Travel Reimbursement	923.16
16K Winter	Conference Refund Expense	157.00
16L Travel	Reimbursement - Other Conferences	105.00
16M Miscell	aneous	238.75
16N Websit	e Maintenance Expenses	160.00
160 Dues a	nd Membership Fees (AASLH, etc.)	1,500.00
Total L	ine 16 Expenses	33,602.50

#### Small Mus im Association 2008 Board intact List

LEUAL

<u>President</u>

Ken Hickman

Director

Penn State All-Sports Museum One Beaver Stadium University Park, PA 16802 (W) (814) 865-5577 (F) (814) 865-6677 (C) (814) 321-3402

(H) (814) 235-0409

Krh132@psu edu

VICE-PRESIDENT

Marianne Della Croce

Planting Fields Foundation PO Box 660 Oyster Bay, NY 11771 (W) (516) 922-8684 mdellacroce@plantingfields org

**TREASURER** 

**Amanda Apple** 

Queen Anne's Co Historic Sites Consortium 425 Piney Narrows Rd Chester, MD 21619 (W) 410-604-2100 aapple@qac org

**SECRETARY** 

Claudia Leister

Curator of Collections Management
Delaware Division of Historical & Cultural Affairs
21 The Green, Dover, DE 19903
(W): 302-739-6402
(F). 302-739-6404
(H) 302-335-4747
claudia leister@state de us

ANNUAL CONFERENCE CHAIR

Michael DiPaolo

Director Lewes Historical Society 110 Shipcarpenter Street Lewes, DE 19958 (W) (302) 645-7670 (F) 302-645-2375 (C) 302-841-0032 mike@historiclewes org

**NEWSLETTER** 

Tiffany Davis

Curator of Collections
College Park Aviation Museum
1985 Corporal Frank Scott Drive
College Park, MD 20740
(W) 301-864-6029
(F) 301-927-6472
(C) 301-395-9017
(H) 301-362-1018

tiffany davis@pgparks com

**Hurst Hessey** 

Hessey & Hessey, P A. 3500 Boston Street Suite 400 MS 76 Baltimore, MD 21224 (W) (410) 342-9800 (F) (410342-7401 hurst@hesseylaw.com

**WEB SITE** 

Lisa Mason Chaney

Curator/Assistant Director
Hammond-Harwood House
19 Maryland Ave
Annapolis MD 21401
(W) 410-263-4683 x12
Imchaney@hammondharwoodhouse org

Kristen Harbeson

National Conference of State Historic Preservation Officers Hall of the States, Suite 342 444 N. Capitol Street, NW Washington, DC 20001 (p) 202 624 5465

(p) 202 02<del>4</del> 3403

(f) 202 624 5419

(e) harbeson@sso.org

(w) www ncshpo.org

**Brent Rudmann** 

1300B Fairways Lookout Chesapeake, VA 23320 (H) 714-686-0675 topsljack@yahoo.com Brent Rudman@norfolk gov

Mike Henry

Fairfax County Park Authority Colvin Run Mill Historic Site 10017 Colvin Run Road Great Falls, VA 22066 Mike.Henry@fairfaxcounty.gov

John Pentangelo

USS Constellation Museum 301 E Pratt Street Baltimore, MD 21202 (W) (410) 539-1797 x 446 (C). (443) 452-93445 jpentangelo@constellation.org