

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)

Department of the Treasury
Internal Revenue Service

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.Open to Public
Inspection

A For the 2020 calendar year, or tax year beginning January 1, 2020, and ending December 31, 2020

B Check if applicable	C Name of organization <input checked="" type="checkbox"/> Middle Atlantic Planetarium Society		D Employer Identification number <input checked="" type="checkbox"/> 232826277
<input checked="" type="checkbox"/> Address change	Number and street (or P.O. box if mail is not delivered to street address) <input checked="" type="checkbox"/> c/o Michael Francis, 2143 Commonwealth Ave		E Telephone number 617-861-0743
<input type="checkbox"/> Name change	Room/suite <input checked="" type="checkbox"/> 00		F Group Exemption Number <input checked="" type="checkbox"/>
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code		
<input type="checkbox"/> Final return/terminated	Auburndale, MA 02466		
<input checked="" type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

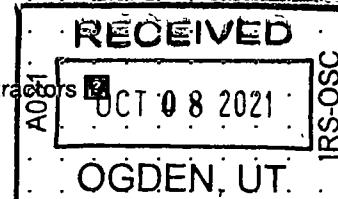
G Accounting Method: Cash Accrual Other (specify) ►I Website: ► www.mapsplanetarium.orgJ Tax-exempt status (check only one) — 501(c)(3) 501(c) (6) (insert no.) 4947(a)(1) or 527K Form of organization: Corporation Trust Association Other

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 14272.94

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 11317.94
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 1925
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events:	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	b 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
	c Less: direct expenses from gaming and fundraising events	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
	7a Gross sales of inventory, less returns and allowances	7a
	b Less: cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8 1030
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 14272.94
Net Assets	10 Grants and similar amounts paid (list in Schedule O)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/>	12
	13 Professional fees and other payments to independent contractors <input checked="" type="checkbox"/>	13 6085.84
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 305.11
	16 Other expenses (describe in Schedule O) <input checked="" type="checkbox"/>	16 1843.53
	17 Total expenses. Add lines 10 through 16 ►	17 8234.48
	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18 6,038.46
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 41018
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 47,056.54



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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	41018 08	22
23	Land and buildings	23	
24	Other assets (describe in Schedule O)	24	
25	Total assets	41018.08	25
26	Total liabilities (describe in Schedule O)	26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	41018.08	27
			47,056.54

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Hosted website of professional resources for members

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

29 Hosted a virtual planetarium conference to provide professional development opportunities for members

(Grants \$) If this amount includes foreign grants, check here . . . ► □

30 Created and distributed a quarterly newsletter dealing with current developments in the field and activities

(Grants \$) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O)

Total program service expenses (add lines 28a through 31a) If this amount includes foreign grants, check here

Part IV - List 1045 - Prior Year Tax Year - 14 Key Employees (list each one even if not compensated, month

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the *General Instructions* and *Schedule C* to answer and to any question in this Part IV).

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)
Check off each name in the list below. Give the name as it appears in the D.A.R.M.

Check if the organization used Schedule O to respond to any question in this Part IV

? (a) Name and title	? (b) Average hours per week devoted to position	? (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	? (d) Health benefits, contributions to employee benefit plans, and deferred compensation	? (e) Estimated amount of other compensation
April Whitt President	3	0	0	0
Kevin Williams Past President	1	0	0	0
Brian Koehler President-Elect	2	0	0	0
Amie Gallagher Secretary	2	0	0	0
Talia Sepersky Treasurer	3	0	0	0
Lee Ann Hennig Director	1	0	0	0
Paul J. Krupinski Director	1	0	0	0
Patty Seaton Director	1	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33	33	✓
34	34	✓
35a	35a	✓
b	35b	✓
c	35c	✓
36	36	✓
37a	37a	
b	37b	✓
38a	38a	✓
b	38b	
39	39a	
a	39b	
40a	40b	✓
b	40c	
c	40d	
d	40e	✓
41		
42a	Telephone no. ► 617-589-0285	
	Located at ► 1 Science Park, Boston, MA	
b	ZIP + 4 ► 02114-1099	
42b	Yes	✓
42c	Yes	✓
43	43	
44a	44a	✓
b	44b	✓
c	44c	✓
d	44d	✓
45a	45a	✓
b	45b	✓

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 [?]

Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions [?]

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)?

If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

Was the organization a 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

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

Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

Did the organization file Form 1120-POL for this year? 37b

Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a

If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b

Section 501(c)(7) organizations. Enter:

Initiation fees and capital contributions included on line 9 39a

Gross receipts, included on line 9, for public use of club facilities 39b

Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ► 40a

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

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 sections 4912, 4955, and 4958 40c

Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d

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

List the states with which a copy of this return is filed ►

The organization's books are in care of ► Talla Sepersky Telephone no. ► 617-589-0285

Located at ► 1 Science Park, Boston, MA ZIP + 4 ► 02114-1099

At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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).

At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ►

Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

Did the organization receive any payments for indoor tanning services during the year? 44c

If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

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

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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here 		1 OCT 2021
	Signature of officer	Date
	Michael T. Francis	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no.	

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury:
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

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

OMB No. 1545-0047

2020

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Inspection

Name of the organization
Middle Atlantic Planetarium Society

Employer identification number
23-2826277

8. Other Revenue: advertising fees for ads in quarterly journal: \$1,030.00

16. Other Expenses

Conference awards: \$313.03

Board expenses (yearly in-person meeting): \$1,530.50

Primary Purpose (Part III) (from our By-Laws):

Section 1. The Society shall cultivate, foster and promote excellence in all facets of the planetarium profession, including research, education and programming.

Section 2. The Society shall strive to advance the personnel and facilities of its members by being a source of information and a medium for the exchange of ideas, services, and resources among its membership.