Form **8879-EO**

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning 7/01, 2018, and ending 6/30, 20 19

2018

Department of the Treasury Internal Revenue Service ▶ Do not send to the IRS. Keep for your records.▶ Go to www.irs.gov/Form8879EO for the latest information.

201

OMB No. 1545-1878

Employer identification number Name of exempt organization INTERNATIONAL ASSOCIATION FOR THE 62-1436781 STUDY OF THE COMMONS Name and title of officer CAREN BURGERMEISTER FUTURE EXECUTIVE DIR Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1a Form 990 check here ▶ 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here ▶ 5a Form 8868 check here ▶ ☐ b Balance Due (Form 8868, line 3c) 5b _ Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I

the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

ficer's PIN: check one box only				
I authorizeERO firm name	 to enter my PIN	Enter five number	rs, but	ignature

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature Date 10/10/19

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

69881612345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ROSEMARY R IRELAND, CPA Date 10/10/19

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2018)

Department of the Treasury Internal Revenue Service

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.

2018 Open to Public Inspection

OMB No. 1545-0047

A	For the 2018	calendar year, or tax year beginning 0	7/01/18	3 , and ending	06/30/1	9		
	Check if applicable:			OCIATION FOR			D Employer	identification number
П	Address change	STUDY OF	THE COM	ONS				
Ħ	Name change	Doing business as						36781
\exists	-	Number and street (or P.O. box if mail is not deliver	red to street addr	ess)		Room/suite	E Telephone	
	Initial return	513 NORTH PARK AVENUE		.I.			31/-0	08-3067
	Final return/ terminated	City or town, state or province, country, and ZIP or						
$\overline{\Box}$	Amended return	BLOOMINGTON	IN 4740	08-3829			G Gross recei	pts\$ 204,598
=		F Name and address of principal officer.				H(a) Is this a or	oup return for sul	bordinates? Yes X No
Ш	Application pending	MARCO JANSSEN					•	F. F.
		513 N PARK AVE			_		bordinates include	
		BLOOMINGTON	IN	47408-389	5	11 1100	," attach a list. (s	see instructions)
1	Tax-exempt status:		(insert no.)	4947(a)(1) or	527	_		
J	Website: ► I	HTTPS://WWW.IASC-COMMC				.1	emption number	· · · · · · · · · · · · · · · · · · ·
<u>K</u>	Form of organization	: Corporation Trust Association	X Other ▶	NON-PROFIT	L Y	ear of formation: 1	.989	M State of legal domicile: IN
_P	art I S	ummary						
	1 Briefly d	escribe the organization's mission or most	significant a	ctivities:				
ø		SCHEDULE O						
auc								
Governance								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ŏ	2 Check th	nis box ▶ if the organization discontinue	ed its operat	ions or disposed of	more than 25	% of its net as	sets.	
	I	of voting members of the governing body (4-1			ا 'و ا	10
∘ ŏ ഗ		of independent voting members of the gov						10
Activities		mber of individuals employed in calendar ye						0
ξį		mber of volunteers (estimate if necessary)						22
Ă		related business revenue from Part VIII, co						0
								0
	b Net unre	lated business taxable income from Form	990-1, line 3	0		Prior Ye		Current Year
	8 Contribut	tions and grants (Part VIII, line 1h)					2,179	63,814
ine					1		8,050	140,659
Revenue		ent income (Part VIII, column (A), lines 3, 4					2	125
æ		venue (Part VIII, column (A), lines 5, 6d, 8d						0
	lt .	renue – add lines 8 through 11 (must equa			1	6	0,231	204,598
		nd similar amounts paid (Part IX, column (*, = = =	6,796
))				0,750
		paid to or for members (Part IX, column (A other compensation, employee benefits (F		mn (Δ) lines 5 10\				0
ses								0
ens		onal fundraising fees (Part IX, column (A),	ine rie)		···			
Expenses		draising expenses (Part IX, column (D), lin	ie 25) 🚩		F	E	5,620	28,794
		penses (Part IX, column (A), lines 11a-11c					5,620	35,590
	1	penses. Add lines 13–17 (must equal Part		A), line 25)			4,611	
- 0		less expenses. Subtract line 18 from line	12			Beginning of Cu		169,008 End of Year
Net Assets or Fund Balances	20 Total ass	sets (Part X, line 16)			<u> </u>		9,824	198,832
Asse Balz	20 Total link	pilities (Part X, line 26)					0	166,686
) de	21 Total liab					2	9,824	32,146
	·	ets or fund balances. Subtract line 21 from	ine 20	****************	<u></u>		7,021	32/110
***************************************		gnature Block				ata and to the h	ant of my line	uladas and haliaf it is
		perjury, I declare that I have examined this return omplete. Declaration of preparer (other than offi						wiedge and belief, it is
	T k	Simplete. Decidatation of preparer (other trian on	1001/10 00000	on an internation of the	The property	as any monet	30.	
۵.		No. of Africa					Date	
Sig)'' <u>`</u>	Signature of officer						T.D.
He	1 1 -	CAREN BURGERMEISTER			FUTURI	E EXECU	rive D	<u> </u>
		Type or print name and title	-T			1_		
	1	e preparer's name	Preparer's sig	nature		Date	Check	L if PTIN
Paid	ROBLIM	ARY R IRELAND, CPA		R IRELAND, CPA		10/22	:/19 self-emp	
	parer Firm's na			CPA, PLLO	<u> </u>		Firm's EIN	81-4941376
Use	Only	1515 W CORNWAL						
	Firm's ac	dress > GREENSBORO, NC	2740	18			Phone no.	336-510-8480
May	the IRS discus	ss this return with the preparer shown above	ve? (see inst	tructions)				Yes No

Form 990 (2018) INTERNATIONAL ASS		1436781	Page 2
Part III Statement of Program Service			ਦਿ
	a response or note to any line in this	Part III	X
1 Briefly describe the organization's mission: SEE SCHEDULE O			
BEE SCHEDOLE O			

• • • • • • • • • • • • • • • • • • • •			
2 Did the organization undertake any significant pr	ogram services during the year which were no	at listed on the	
nrior Form 000 or 000 F70			Yes X No
If "Yes," describe these new services on Schedu	·····le O		les A NO
3 Did the organization cease conducting, or make		ogram	
services?			X Yes No
If "Yes," describe these changes on Schedule O			
4 Describe the organization's program service acc	omplishments for each of its three largest pro-	gram services, as measured by	
expenses. Section 501(c)(3) and 501(c)(4) organ		grants and allocations to others,	
the total expenses, and revenue, if any, for each	program service reported.		
	3,996 including grants of \$	3,996) (Revenue \$	151,019)
THE ASSOCIATION SPONSORS)
THEMATIC MEETINGS OF MEME			
EXPERIENCE, RESEARCH AND			RANGE OF
MECHANISMS FOR DISSEMINAT			
OF PUBLICATIONS, WORKSHOP			FROM THE
YEAR 2018-2019, THE IASC CONFERENCES ON BEHALF OF	RECEIVES REGISTRATIONS		DCANTZEDC
FOR INCURRED COSTS.	LOCAL ORGANIZERS AND F	REIMBURSES LOCAL OF	RGANIZERS
FOR INCORRED COSIS.		,	
*			
* * * * * * * * * * * * * * * * * * * *			
4b (Code:) (Expenses \$	2,800 including grants of \$	2,800) (Revenue \$	2,800)
THE ASSOCIATION SUPPORTS	EDUCATIONAL RESOURCES	FOR DISSEMINATION	
* * * * * * * * * * * * * * * * * * * *	POTC		

• • • • • • • • • • • • • • • • • • • •			
· · · · · · · · · · · · · · · · · · ·			
	C 550		
	6,556 including grants of \$) (Revenue \$)
	TS MEMBERS ABOUT RELEV		EVENTS,
AND TOPICS VIA ITS WEBSIT	E, NEWLETTERS AND SOCI	AL MEDIA.	
·			
• • • • • • • • • • • • • • • • • • • •			
• • • • • • • • • • • • • • • • • • • •			

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*			• • • • • • • • • • • • • • • • • • • •

4d Other program services (Describe in Schedule O)		
		Revenue \$)
4o Total program contine eveness	13 350		

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

Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
22	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	22		X
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 Schedule J	23		x
24a				
	\$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 Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С				
	to defease any tax-exempt bonds?	24c		
d		24d		
	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				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
26				
	current or former officers, directors, trustees, key employees, highest compensated employees, or	26		х
0.7	disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	0.77		v
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	1,27,27	<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		10,000	T.
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			77
	Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			7.7
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		$\frac{x}{x}$
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			3 27
	conservation contributions? If "Yes," complete Schedule M	30		_ <u>X</u> _
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	l l		<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art 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			Ш_
		<u> </u>	Yes	No
1a	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 in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	لـــِــا	
		For	m 990	(2018)

Pa	irt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			T	
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2a 0				
	Statements, filed for the calendar year ending with or within the year covered by this return				ad med l	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		21	D	14.15	VALL
2	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	,	3:	a		x
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0		3	- 1		
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a			-		
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial		4	a		x
b	If "Yes," enter the name of the foreign country:		33			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBA	AR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5	a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact					X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		_	С		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<i>.</i>				
Vu	organization solicit any contributions that were not tax deductible as charitable contributions?		6	а		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or	,			
~	gifts were not tax deductible?		6	b		i
7	Organizations that may receive deductible contributions under section 170(c).			i, i		172.1
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods				SW.
	and services provided to the payor?	,	7.	а		
b	to the first of the state of th		7	b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			С		
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 or	ontract?	7	e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For	rm 8899 as re	equired? 7	g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file a For	m 1098-C? 7	h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the			\$6V-(3)	
	sponsoring organization have excess business holdings at any time during the year?			3		11 2 11 2 1 1
9	Sponsoring organizations maintaining donor advised funds.				P. WARRY	41667
а			9	_		ļ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9	b	40000000	
10	Section 501(c)(7) organizations. Enter:	1 1				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	111				
	against 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	1	14	2a		SENSEN"
b	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.		1.	3a	a diseda	4,000
а				Ja	18.80%	
1.	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	13b				
_	the organization is licensed to issue qualified health plans					
C 140	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	L	1,	1a		х
14a h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			ib		
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		·····			
15	1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2		1	5		x
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.				14.74	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	1	6		х
. •	If "Yes," complete Form 4720, Schedule O.		33	(A)	day.	4460

62-1436781 Form 990 (2018) INTERNATIONAL ASSOCIATION FOR THE Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 10 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a 7a X one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe in Schedule O how this was done Х 13 13 Did the organization have a written whistleblower policy? Х 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Fórms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records >

513 NORTH PARK AVENUE

IN 47408-3829 317-608-3067

EMILY CASTLE

BLOOMINGTON

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- 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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for	bo off	x, unle icer a	Pos check ess pe	rson i	than or s both a or/truste	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W210334M00)	organization and related organizations
(1) MARCO JANSSEN	***************************************									
PRESIDENT	0.00	x		x				o	0	0
(2) RENE' VAN WEEREN		<u> </u>	 	-				0		
(=, = = = = = = = = = = = = = = = = = =	0.00									
EXEC DIRECTOR	0.00	X		Х				0	0	0
(3) CAREN BURGERMEIS	i									
	0.00									
FUTURE EXECUTIVE DIR	0.00	X		X				0	0	0
(4) EVERISTO MAPEDZA	1									
COUNCIL MEMBER	0.00			x				o	0	0
(5) JOHN POWELL	0.00	┼─		A		+		0		<u> </u>
(0) 0 0 1111 1 0 1 1 1 1	0.00									
PAST-PRESIDENT	0.00			х				0	0	0
(6) CHARLES SCHWEIK										
	0.00									
COUNCIL MEMBER	0.00			Х				0	0	0
(7) INSA THEESFELD										
	0.00								^	•
PRESIDENT-ELECT	0.00			Х				0	0	0
(8) SERGIO VILLAMAYO	R TOMAS 0.00									
JOURNAL CO-EDITOR	0.00			х				o	0	0
(9) FRANK LAERHOVEN	0.00	<u> </u>		41						
(0)	0.00									
JOURNAL CO-EDITOR	0.00			х				o	0	0
(10) EMILY CASTLE										
	0.00									
INFORMATION OFFICER	0.00			X				0	0	0
(11) ALYNE DELANEY										
	0.00			77				ار	0	^
COMMONSDIGEST EDITOR	0.00	<u></u>	L	X	L			0		O Form 990 (2018)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	l Employees (continued)	,		
(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unle	Pos check ess pe	rson i	than o s both or/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	,	(F) Estimated amount of other compensation from the	on
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(WZ) loca lines,		organizatio and relate organization	on ed
(12) MICHAEL SCHOO	1											
JOURNAL CO-EDITOR	0.00			x				0	0			0
(13) CATHERINE M	TUCKER 0.00											
COUNCIL MEMBER	0.00			x				0	0			0
(14) GABRIELA LIC	HTENSTEI	4				:						
COORDINATOR LATIN-AM	0.00			x				0	0			0
(15) YAHUA WANG				1							***************************************	
GOODD THE MOD GUTTER	0.00			v				0	0			0
COORDINATOR CHINA (16) JUAN M PULHIN	0.00	-		X				<u> </u>	<u> </u>			
(10) COM M TOMITI	0.00											
COORDINATOR SE-ASIA	0.00			X				0	0	<u> </u>		0
(17) GANESH SHIVAI		İ										
AMBASSADOR ASIA	0.00			х				0	o			0
(18) TOBIAS HALLER												
AMBASSADOR EUROPE	0.00			x				0	0			0
(19) MARIA CLAUDIA												
COLDICATE MEMORED	0.00			х				0	0			0
COUNCIL MEMBER 1b Sub-total	0.00	<u></u>	I		<u> </u>		>					
c Total from continuation shee	ets to Part VII,	Secti	on A	A			>					
d Total (add lines 1b and 1c)							<u> </u>			<u></u>		
2 Total number of individuals (in reportable compensation from	cluding but not l the organization	imite ı ▶	d to	thos	e lis	ted a	bov	e) who received more than	\$100,000 of			
									<u></u>		Y	res No
3 Did the organization list any for employee on line 1a? If "Yes,"								loyee, or highest compensa	ated		3	x
4 For any individual listed on line organization and related organ	e 1a, is the sum	of re	eport	able	con	npens	satio	on and other compensation	from the			
individual	-										4	X
5 Did any person listed on line 1 for services rendered to the or									r individual		5	x
Section B. Independent Contracto		<i>C</i> 3,	COIII	picie	. 00	1000	-	Tor such person				
Complete this table for your five compensation from the organization.	ve highest comp	ensa	ted	inder	oend	ent c	ontr	ractors that received more	than \$100,000 of	ear		
	(A) business address	nnpe	11501	1011 1	OI ti	ic ca		Description of the control of the co	(B) tion of services		Comr	(C) censation
Name and	Dusiness address						\vdash	Descrip	tion or services		Oomp	CHISCHOTT
							-			-		
Name and Administration of the Administratio												
							ļ				<u> </u>	
2 Total number of independent of	contractors (inclu	ıdina	but	not l	limite	ed to	tho	se listed above) who				
received more than \$100,000								·	0			

Page 9

Pa	rt V	'III Statement of Reve Check if Schedule		ins a resnor	ารคา	or note to any line	in this Part VIII		X
		Oned in Concount	C COME			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats str	1a	Federated campaigns	1a						
Srar	b	Membership dues	1b	30,	462				
S, A	С	Fundraising events	1c						
Sift	d	Related organizations	1d						
ä.č	е	Government grants (contributions)	1e						
ion	f	All other contributions, gifts, grants,							
the		and similar amounts not included above	1f	33,	352				
d It	g	Noncash contributions included in lines 1a	a-1f: \$		<i></i>				
Program Service Revenue Contributions, Gifts, Grants Anounts	h	Total. Add lines 1a-1f			>	63,814			
μe				Busn.					
ever	2a	CONFERENCE FEES		541	.900	140,659	140,659		
ď	b								
ξ	С								
Se	d								
аЩ	е					***			
ъб	f	All other program service reve	enue						
Δ.	g	Total. Add lines 2a-2f			<u> </u>	140,659	A SHEET SELECTION OF THE PARTY		
	3	Investment income (including	dividend	s, interest,		105	,,,		
		and other similar amounts)			>	125	125		
	4	Income from investment of ta		•	s 🕨				-
	5	Royalties	 		>				
		(i) Real		(ii) Personal					
	6a								
	b	Less: rental exps.	ss: rental exps. ental inc. or (loss) et rental income or (loss)						
	C	Rental inc. or (loss)					Albert and the second	and the property of the second second	
		d Net rental income or (loss) 7a Gross amount from (i) Sequestion (ii) Other							
		sales of assets (i) Securitie	S	(ii) Other					
	١.	other than inventory							
	b	Less: cost or other							
		basis & sales exps.							
		Gain or (loss)	L		-	and the second of the Asil Attention	A security of the party of the party	The state of the s	e se sugar esperagare en s
		0 , ,					4,5 (14, 12, 14, 14, 1 ₂ , 14, 1 ₃ , 1		
ne	ъa	Gross income from fundraising ev	ents						
ven		(not including \$							
Re		of contributions reported on line 10		*					
Other Revenue		See Part IV, line 18		······································					
ਰੋ		Less: direct expenses		wente	_	and the second of the second o		e principal di menerala aprincipale y 1896, panglapa	and the second second second second second second
		Net income or (loss) from fun Gross income from gaming activiti		,vCIIIO					
	3 d								
		See Part IV, line 19				11			
		Less: direct expenses Net income or (loss) from gai		vities	_		Landa Santa Carlo Car	\$1,40 to alkeroolistication between such their post	
		Gross sales of inventory, less		nuco					
	IVa		_						
	h	Less: cost of goods sold				电影性影响			
		Net income or (loss) from sale		ntory	>				
	Ť	Miscellaneous Revenue		Busn.					The state of Automotive
	11a								
	b	* * * * * * * * * * * * * * * * * * * *			***				
	C								
	d	All other revenue		- 1					
	е	Total. Add lines 11a-11d			>				
	12	Total revenue. See instruction			>	204,598	140,784	0	0

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a resp			mplete column (A).	
		(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations		expenses	general expenses	ефензез
	and domestic governments. See Part IV, line 21				'
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	2,800	2,800		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	3,996	3,996		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):			00.064	
а	Management	20,064		20,064	
b	Legal				
С	Accounting				181.1
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	****	<u> </u>		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O.)				
	Advertising and promotion				
13 14	Office expenses	6,101	6,101		
15	Information technology	0/101	0/202		
16	Royalties				
17	Occupancy Travel				
18	Payments of travel or entertainment expenses	, , , , , , , , , , , , , , , , , , ,			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)			0.374	
а	BANKING COSTS	2,174	A = =	2,174	
b	SUBSCRIPTIONS	455	455		
C					
d	All other concessos				
e 25	All other expenses	35,590	13,352	22,238	0
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	33,390	10,002	22,250	
_0	organization reported in column (B) joint costs from a combined educational campaign and			1	
	fundraising solicitation. Check here			# #	
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 29,824 198,832 Cash-non-interest bearing Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c Investments—publicly traded securities 11 11 12 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets. See Part IV. line 11 29,824 198,832 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 146,028 Accounts payable and accrued expenses 17 17 20,658 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 0 26 166,686 Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here ▶ | X| and complete lines 27 through 29, and lines 33 and 34. Balances 29,824 32,146 27 Unrestricted net assets 28 Temporarily restricted net assets 28 Fund 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ö complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund Vet 32 Retained earnings, endowment, accumulated income, or other funds 29,824 32,146 33 Total net assets or fund balances 33 29,824 198,832 34 Total liabilities and net assets/fund balances .

Form	990 (2018) INTERNATIONAL ASSOCIATION FOR THE 62-1436781			Pag	<u>je 12</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				\bot
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,5	
3	Revenue less expenses. Subtract line 2 from line 1	3		9,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	29,8	<u> 324</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-16	6,6	<u> </u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	3	32,1	<u> 146</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
	<u></u>		,	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 in				
	Schedule O.		System 1	Y. W.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	, , , , , , , , , , , , ,	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, 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		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u> </u>	3b		
			Forn	990	(2018)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	i Employees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unle îcer a	Pos check ess pe	rson i directo	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(20) INOUE MAKOTO										
COUNCIL MEMBER	0.00			x				0	o	0
(21) ESTHER MWANG										
COUNCIL MEMBER	0.00							0	o	0
COUNCIL MEMBER (22) BERIL OCAKLI	0.00			X						<u> </u>
. , , , , , , , , , , , , , , , , , , ,	0.00									
STUDENT COUNCIL MEMB	0.00	ļ		X		ļ		0	0	0
1b Sub-total										
c Total from continuation shee	· ·						>			
d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from		imite				ted a	bov	e) who received more than	\$100,000 of	Yes No
3 Did the organization list any fo						•	•			
employee on line 1a? If "Yes," For any individual listed on line organization and related organ	e 1a, is the sum nizations greater	of rethar	eport 1 \$15	able 50,00	con 10? /	npen: f "Ye	satio s," c	n and other compensation complete Schedule J for su	from the ech	3 4
5 Did any person listed on line 1	la receive or acc	crue	com	pens	ation	n fror	n ar		r individual	
for services rendered to the or Section B. Independent Contractor		'es,"	com	plete	Sci	nedu	le J	for such person		
1 Complete this table for your five	ve highest comp	ensa	ited	inde	end	ent o	contr	actors that received more	than \$100,000 of	
compensation from the organization	zation. Report co (A) business address	mpe	ensat	ion f	or th	ie ca	lend		nin the organization's tax you (B) tion of services	ear. (C) Compensation
Name and	business address	. 						Descrip	tion of services	Compensation
									A CONTRACTOR OF THE CONTRACTOR	
						***************************************		48-14-14-14-14-14-14-14-14-14-14-14-14-14-		
			, .			1 .		- Patrick of the San	en e	
2 Total number of independent of received more than \$100,000								se listed above) who		- 900

SCHEDULE A (Form 990 or 990-EZ)

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.

s a section so hopey organization of a section 4541 (a)(1) nonexempt shall also

2018

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

INTERNATIONAL ASSOCIATION FOR THE STUDY OF THE COMMONS 6

Employer identification number 62-1436781

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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 or 990-EZ).) 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, 5 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). 7 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.) 8 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 university: 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 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 in 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 III, 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). (v) Amount of monetary (iv) Is the organization (vi) Amount of (i) Name of supported (iii) Type of organization organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

INTERNATIONAL ASSOCIATION FOR THE Schedule A (Form 990 or 990-EZ) 2018

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

	tion A Dublic Connect				<u> </u>		
	tion A. Public Support	/-> 0044	(h) 0047	(a) 2046	(4) 2017	(a) 2019	(f) Total
Jaier	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	-					
2	Tax revenues levied for the organization'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			V 1 - 715 V. C. N. C. W. C. V.			
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						
	tion B. Total Support		1	Y		· · · · · · · · · · · · · · · · · · ·	
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
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.)						
11	Total support. Add lines 7 through 10		<u> </u>			<u> </u>	
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's firs	st, second, third, fo	urth, or fifth tax ye	ear as a section 50	1(c)(3)	
	organization, check this box and stop here						<u></u>
Sec	tion C. Computation of Public Su	ipport Percen	itage				
4	Public support percentage for 2018 (line 6	column (f) divide	d by line 11, colum	nn (f))	.,	14	<u>%</u>
5	Public support percentage from 2017 Sche					15	%_
6a	33 1/3% support test-2018. If the organ	zation did not che	eck the box on line	13, and line 14 is	33 1/3% or more,	check this	
	box and stop here. The organization quali						▶ ∐
b	33 1/3% support test—2017. If the organ	zation did not che	eck a box on line 13	3 or 16a, and line	15 is 33 1/3% or m	nore, check	. —
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test—201						
	10% or more, and if the organization mee						
	Part VI how the organization meets the "fa	acts-and-circumsta	ances" test. The or	ganization qualifie	s as a publicly sup	ported	
							▶ ∐
b	10%-facts-and-circumstances test—201						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me	eets the "facts-and	d-circumstances" te	est. The organizat	ion qualifies as a p	oublicly	. —
	supported organization						▶ ∐
18	Private foundation. If the organization did	i not check a box	on line 13, 16a, 16	6b, 17a, or 17b, ch	neck this box and s	ee	. —
	instructions					.,,	▶ ∐

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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	43,240	27,348	17,426	32,179	63,814	184,007
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,578	38,595	43,011	28,052	140,659	252,895
3	Gross receipts from activities that are not an unrelated trade or business under section 513						***************************************
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	45,818	65,943	60,437	60,231	204,473	436,902
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			N. A. Paulia (N. N., N., N., N.,			
8	Public support. (Subtract line 7c from						436,902
500	tion B. Total Support	Carlo Come de Verigio en		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	The transport of the transport of the	2015-2016-09-19-08-08-08-08-08-08-08-08-08-08-08-08-08-	430,302
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	45,818	65,943	60,437	60,231	204,473	436,902
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					125	125
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b					125	125
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	45,818	65,943	60,437	60,231	204,598	437,027
14	First five years. If the Form 990 is for the						
	organization, check this box and stop her					**********	<u></u>
Sec	tion C. Computation of Public St						
15	Public support percentage for 2018 (line 8					i i	99.97 %
16	Public support percentage from 2017 Scho			<u></u>		16	100.00 %
	tion D. Computation of Investme					[47]	0/
17	Investment income percentage for 2018 (I					ا مه ا	<u>%</u>
18	Investment income percentage from 2017			14 and line 15 is a	more than 33 1/20		%
19a	33 1/3% support tests—2018. If the orga						▶ X
h	17 is not more than 33 1/3%, check this be 33 1/3% support tests—2017. If the orga						
b	line 18 is not more than 33 1/3%, check th						> 🗆
20	Private foundation. If the organization did						

Schedule A (Form 990 or 990-EZ) 2018

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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?
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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.)

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3b 3c 4a 4b 4b 5a 5b 5c 66 7 7 8 8 9a 9b 9c 10a			
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3c 4a 4b 4b 4c 5a 5c	Make 1		
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4c	4b	200	
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9a 9b 10a			
6 7 8 9a 9b 9c 10a			
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9a 9b 10a			
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10a			
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1 I	10000000	N. S.	
	10b		n Sanja

Schedule A (Form 990 or 990-EZ) 2018

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

Schedule A (Form 990	or 990-EZ) 2018 INTERNATIONAL ASSOCIATI	ON FOR	THE 62-1436	781 Page 6
Part V Ty	pe III Non-Functionally Integrated 509(a)(3) Supporti	ing Organiza	itions	
1 Check he	ere if the organization satisfied the Integral Part Test as a qualifying tr	ust on Nov. 20,	1970 (explain in Part VI).	See
instructio	ons. All other Type III non-functionally integrated supporting organiza	itions must comp	olete Sections A through E	
Section A - Adjus	sted Net Income		(A) Prior Year	(B) Current Year
			(,),	(optional)
1 Net short-ter	rm capital gain	1		
2 Recoveries	of prior-year distributions	2		
3 Other gross	income (see instructions)	3		
4 Add lines 1	through 3.	4		
Depreciation	and depletion	5		
6 Portion of op	perating expenses paid or incurred for production or			
collection of gros	ss income or for management, conservation, or			
maintenance of	property held for production of income (see instructions)	6		
7 Other expen	ises (see instructions)	7		
8 Adjusted No	et Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minim	num Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fa	air market value of all non-exempt-use assets (see			
	hort tax year or assets held for part of year):			
a Average	monthly value of securities	1a		
b Average	monthly cash balances	1b		
	ket value of other non-exempt-use assets	1c		
d Total (ad	dd lines 1a, 1b, and 1c)	1d		
e Discoun	nt claimed for blockage or other	- 12 mg - 1		
factors (expl	ain in detail in Part VI):			
2 Acquisition in	ndebtedness applicable to non-exempt-use assets	2		
3 Subtract line	2 from line 1d.	3		
4 Cash deeme	ed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	,),	4		
5 Net value of	non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line	5 by .035.	6		
7 Recoveries	of prior-year distributions	7		
8 Minimum A	sset Amount (add line 7 to line 6)	8		
Section C - Distri	butable Amount			Current Year
1 Adjusted net	income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% o		2		
	set amount for prior year (from Section B, line 8, Column A)	3		
	r of line 2 or line 3.	4		
5 Income tax is	mposed in prior year	5		

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

Schedule A (Form 990 or 990-EZ) 2018

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

emergency temporary reduction (see instructions).

instructions).

Schedu	le A (Form 990 or 990-EZ) 2018 INTERNATIONAL ASSO t V Type III Non-Functionally Integrated 509(a)(3) \$			781 Page 7
	ion D - Distributions	Supporting Organiza	dons (continued)	Current Year
	Amounts paid to supported organizations to accomplish exempt purpos			
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported		
	organizations, in excess of income from activity	-4-1		
	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		
4	Amounts paid to acquire exempt-use assets		A CONTRACTOR OF THE CONTRACTOR	
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.	tion is recognition		
8	Distributions to attentive supported organizations to which the organizations details in Part VIV. See instructions	mon is responsive		
9	(provide details in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e		many or the contract property and pro-	
	Applied to underdistributions of prior years			A SECTION OF A SEC
<u>h</u>	Applied to 2018 distributable amount	and have provided for an artificial and artificial		
	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount	The second secon		
	Remainder. Subtract lines 4a and 4b from 4.		Additional and the second seco	
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.	The same to the second to the same state of the		
7	Excess distributions carryover to 2019. Add lines 3j			
 8	and 4c. Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			******
	Excess from 2016			The State of the S
	Excess from 2017		Transport Percel Participancies	
	Excess from 2018			
		I		

Schedule A (For	m 990 or 990-EZ) 2018	INTERN	ATIONAL	ASSOC	IATION	FOR	THE	62-1436781	Page 8
Part VI	Supplemental IIII, line 12; Part IVB, lines 1 and 2;	nformation. Pr V, Section A, lir Part IV, Section V, line 1; Part \	ovide the exnes 1, 2, 3b n C, line 1; /, Section B	xplanation , 3c, 4b, 4 Part IV, S , line 1e;	s required c, 5a, 6, 9 ection D, li Part V, Se	by Part a, 9b, 9 ines 2 ar ction D,	II, line 10; c, 11a, 11 nd 3; Part lines 5, 6,	Part II, line 17a or b, and 11c; Part IV, IV, Section E, lines and 8; and Part V,	17b; Part Section 1c, 2a, 2b,
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public Inspection

Name of the organization

Part I

▶ Go to www.irs.gov/Form990 for instructions and the latest information. INTERNATIONAL ASSOCIATION FOR THE STUDY OF THE COMMONS

Employer identification number 62-1436781

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990 Part IV line 14b.

		in ood, rait iv, mic					
		cers. Does the organiz					
(other assistan	ce, the grantees' eligib	ility for the grants or a	issistance, and	d the selection crite	eria used to	
i	award the gra	nts or assistance?					X Yes No
2	For arantmal	rare Describe in Part	V the organization's or	ocedures for i	monitoring the use	of its grants and other assistance	
	outside the Ur		V the organizations pr	occuares for f	morntoring the doc	or no granto and other accounts	
3 /	Activities per F	Region. (The following	Part I, line 3 table can	,			
1	(a) Region	(b) Number of offices in	(c) Number of employees,		es conducted in the by type) (such as,	(e) If activity listed in (d) is a program service,	(f) Total expenditures for
		the region	agents, and independent	fundraising	, program services, , grants to recipients	describe specific type of service(s) in the region	and investments in the region
			contractors		d in the region)	35,11100(0) 111 410 125,111	
T21 T1	ODE		in the region				
	ROPE	1	٥	DDOGDAM	SERVICES	CONFERENCE	
(1)	ROPE		0	FROGRAM	DERVICED	CONT DATE.	
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a Su	htotal	2	17				3,996
	al from continuation						
	ets to Part I						12.54 12.54
	tals (add			anni anni anni anni			
J 10	and one	2	17				3,996

Page 2 Schedule F (Form 990) 2018 (i) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (h) Description of noncash assistance by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (g) Amount of noncash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed (f) Manner of cash 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt disbursement 62-1436781 (e) Amount of cash grant INTERNATIONAL ASSOCIATION FOR THE (d) Purpose of grant (c) Region Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) Schedule F (Form 990) 2018 (a) Name of organization Part (10) 13 (12) (15) (16) 6) (13) (14) Ξ ල (4) (2) (9) 8 2 0 က

305 10/22/2019 3:51 PM Pg 30

Page 3 (h) Method of valuation (book, FMV, appraisal, other) m 990) 2018 INTERNATIONAL ASSOCIATION FOR THE 62-1436781

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of disbursement cash (d) Amount of cash grant Schedule F (Form 990) 2018 INTERNATIONAL ASSOCIATION FOR THE Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance (b) Region (c) Number of recipients Part III 2 (3) 4 9 9 8 9 9 3 (12) (13) (14) (15) Ð 8

(16)

(17)

(18)

Schedule F (Form 990) 2018

Pa	art IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2018

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I	. T	INE	3	_	ACTIVITIES	PER	REGION
--------	-----	-----	---	---	------------	-----	--------

REGION		TMENTS			
EUROPE	\$	0	\$	0	
EUROPE	\$	3,996		0	
SOUTH AMERICA	\$	0	\$	0	

PART V - ADDITIONAL INFORMATION

PART I, LINE 1 - DONATIONS EARMARKED FOR GRANTS ARE ADMINISTERED AS SUCH IN THE ACCOUNTING AND ARE NOT TO BE USED FOR OTHER PURPOSES. ANY AMOUNTS GRANTED OUT OF THESE DONATIONS ARE ADMINISTERED ACCORDINGLY.

PART I, LINE 3, SUB 1 AND SUB 3 - CONFERENCES AFFECTING THE FINANCES OF THE INTERNATIONAL ASSOCIATION FOR THE STUDY OF THE COMMONS HAVE BEEN ORGANIZED IN EUROPE AND SOUTH-AMERICA. EXPENDITURES AND INVESTMENTS MADE BECAUSE OF THESE EVENTS ARE NOT SPECIFICALLY LIMITED TO THESE EVENTS AND WILL BE USED FOR FUTURE EVENTS AROUND THE WORLD. THEREFORE COSTS INCURRED HAVE NOT BEEN SPECIFIED AND CAN BE CONSIDERED AS GLOBAL COSTS.

PART I, LINE 3, SUB 2 - EXPENDITURE CONCERNS THE AMOUNT GRANTED TO ELINOR OSTROM AWARD WINNERS TO ENABLE THEM TO ATTEND THE AWARD CEREMONY AT THE IASC2019 CONFERENCE IN PERU. BECAUSE OF LOGISTICS, THE TRAVEL AND ACCOMMODATION ARRANGEMENTS WERE MADE BY THEIR CONTACT PERSON AT LIFEMOSAIC, BASED IN THE UK, HENCE THE ATTRIBUTION OF THIS AMOUNT TO EUROPE. PAYMENT IS ONLY MADE ON SHOWN PROOF OF INCURRED COSTS.

SCHEDULE O (Form 990 or 990-EZ)

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.

INTERNATIONAL ASSOCIATION FOR THE

OMB No. 1545-0047

2018

Open to Public Inspection
Employer Identification number

62-1436781 STUDY OF THE COMMONS FORM 990 - ORGANIZATION'S MISSION THE ASSOCIATION IS DEVOTED TO BRINGING TOGETHER MULTI-DISCIPLINARY RESEARCHERS, PRACTIONERS AND POLICYMAKERS FOR THE PURPOSE OF IMPROVING GOVERNANCE AND MANAGEMENT, ADVANCING UNDERSTANDING, AND CREATING SUSTAINABLE SOLUTIONS FOR COMMONS, COMMON-POOL RESOURCES, OR ANY OTHER FORM THE GOAL OF THE IASC IS TO ENCOURAGE EXCHANGE OF OF SHARED RESOURCE. KNOWLEDGE AMONT DIVERSE DISCIPLINES, SHARED RESOURCES AND APPROPRIATE INSTITUTIONAL DESIGN. FORM 990 - ADDITIONAL INFORMATION PART III, LINE 1 THE INTERNATIONAL ASSOCIATION FOR THE STUDY OF THE COMMONS AIMS TO BRING TOGETHER MULTIDICIPLINARY RESEARCHERS, PRACTITIONERS, AND POLICY MAKERS, FOR THE PURPOSE OF IMPROVING GOVERNANCE AND MANAGEMENT, ADVANCING UNDERSTANDING, AND CREATING SUSTAINABLE SOLUTIONS FOR COMMONS, COMMON-POOL THE GOAL OF THE IASC IS RESOURCES, AND ANY OTHER FORM OF SHARED RESOURCES. TO ENCOURAGE EXCHANGE OF KNOWLEDGE AMONG DIVERSE DISCIPLINES, AREAS, AND RESOURCE TYPES, TO FOSTER MUTUAL EXCHANGE OF SCHOLARSHIP AND PRACTICAL EXPERIENCE AND TO PROMOTE APPROPRIATE INSTITUTIONAL DESIGN. FORM 990, PART III - ADDITIONAL INFORMATION PART III, LINE 3 - AS FROM THE YEAR 2018-2019, THE IASC RECEIVES REGISTRATIONS AND PAYMENTS FOR CONFERENCES ON BEHALF OF LOCAL ORGANIZERS

AND REIMBURSES LOCAL ORGANIZERS FOR INCURRED COSTS.

Employer identification number

INTERNATIONAL ASSOCIATION FOR THE

62-1436781

PART III, LINE 4A -

EXPENSES: GRANTS FOR TRAVELS AND ACCOMMODATION ELINOR OSTROM AWARD WINNERS
TO ATTEND AWARE CEREMONY AT IASC2019 CONFERENCE IN LIMA, PERU. GRANT
RECEIVED ON THEIR BEHALF BY LIFEMOSAIC, WHO ORGANIZED TRAVELS AND
ACCOMMODATION.

REVENUES: (1) CONFERENCE REVENUES FOR IASC-CONFERENCE OLDENBURG, GERMANY (ORGANIZATION FEE ONLY), (2) CONFERENCE REVENUES FOR IASC 2019 IN LIMA, PERU RECEIVED ON BEHALF OF LOCAL ORGANIZERS (ONLY ORGANIZATION FEE WILL REMAIN IN ACCOUNT IASC (USD 21,700), REMAINDER IS LIABILITY TOWARD LOCAL ORGANIZERS, (3) EARMARKED DONATION TO BE USED AS GRANT MONEY FOR ELINOR OSTROM AWARD WINNERS TO COVER TRAVELS AND ACCOMMODATION FOR ATTENDING AWARD CEREMONY.

PART III, LINE 4B - EXPENSES AND REVENUES: EARMARKED GRANT FOR WINNER LASC VIDEO CONTEST.

PART III, LINE 4C - EXPENSES: SUBSCRIPTIONS TO ONLINE SYSTEMS, COSTS OF REDESIGNING WEBSITE AND TRANSFER WEBSITE TO NEW SERVER.

PART III, LINE 4D - EXPENSES: BANKING COSTS

FORM 990, PART III, LINE 3

YES

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

EXPENSES: ADMINISTRATIVE COSTS, BANKING COSTS, OFFICE SUPPLIES, ICT

SERVICES; REVENUES; DONATIONS

PAGE 1 OF 5

62-1436781

FORM 990, PART VI - ADDITIONAL INFORMATION

PART VI, LINE 4 - DURING THE FISCAL YEAR 2018-2019, CHANGE OF BYLAWS HAS

BEEN APPROVED BY THE MEMBERSHIP. ALL CHANGES WERE RELATED TO EXPANDING THE

NUMBER OF COUNCIL MEMBERS BY CREATING A STUDENT COUNCIL MEMBER POSITION.

PART VI, LINE 6

DURING THE FISCAL YEAR 2017-2018, THE IASC HAD INDIVIDUAL, SUPPORTING, AND ORGANIZATIONAL MEMBERS. THE SUPPORTING AND ORGANIZATION MEMBERSHIPS ARE INSTITUTIONAL MEMBERSHIPS, GRANTING INDIVIDUAL MEMBERSHIP RIGHTS TO A PREDEFINED MAXIMUM NUMBER OF INDIVIDUALS AFFILIATED WITH THAT INSTITUTION REGISTERED AS MEMBERS.

PART VI, LINE 7A

ALL COUNCIL OFFICERS ARE ELECTED BY MEMBERS ENTITLED TO VOTE, I.E. ANY INDIVIDUAL MEMBER IN GOOD STANDING.

PART VI, LINE 7B

AMENDMENTS TO THE BYLAWS OF THE INTERNATIONAL ASSOCIATION FOR THE STUDY OF THE COMMONS REQUIRE RATIFICATION BY THE MAJORITY OF THE MEMBERS ENTITLED TO VOTE.

PARTI VI, LINE 11B

THE 990-FORM AND RELATED APPLICABLE SCHEDULES ARE FILLED IN BY THE EXECUTIVE DIRECTOR AND SUBSEQUENTLY CHECKED AND FILED BY EXTERNAL AUDITORS. THE FILED APPROVED FILES ARE DISPLAYED ON THE WEBSITE OF THE INTERNATIONAL ASSOCIATION FOR THE STUDY OF THE COMMONS AND ALSO AVAILABLE ON REQUEST.

PART VI, LINE 12C

AFTER EACH COUNCIL ELECTION, ALL STANDING AND NEWLY ELECTED COUNCIL MEMBERS

PAGE 2 OF 5

Employer identification number

INTERNATIONAL ASSOCIATION FOR THE

62-1436781

ARE REQUESTED TO SUBSCRIBE AND FILE A DECLARATION OF NO CONFLICT OF

INTEREST WITH THE EXECUTIVE DIRECTOR.

PART VI, LINE 19

THE MOST RECENTLY FILED IRS TAX FORM IS DIRECTLY ACCESSIBLE VIA THE ORGANIZATION'S WEBSITE. BYLAWS ARE ALSO DISPLAYED PUBLICLY ON THE ORGANIZATION'S WEBSITE. DECLARATION OF CONFLICTING INTERESTS ARE AVAILABLE AT REQUEST VIA THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS
YES

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

DURING THE FISCAL YEAR 2016-2017, THE IASC HAD INDIVIDUAL, SUPPORTING, AND

ORGANIZATION MEMBERS; THE LATTER TWO MEMBERSHIPS ARE INSTITUTIONAL

MEMBERSHIPS, GRANTING INDIVIDUAL MEMBERSHIP RIGHTS TO A PRE-DEFINED NUMBER

OF INDIVIDUALS AFFILIATED WITH THAT INSTITUTION AND REGISTERED AS SUCH IN

THE MEMBERSHIP REGISTRATION.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

ALL COUNCIL OFFICERS ARE ELECTED BY MEMBERS ENTITLED TO VOTE, DEFINED AS

ANY INDIVIDUAL MEMBER IN GOOD STANDING. THE TOTAL NUMBER OF MEMBERS

DEFINTED AS INDEPENDENT VOTING MEMBERS BY IRS STANDARDS WAS 339 OVER THE

FISCAL YEAR 2016-2017.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS
PART VI, LINE 7B

AMENDMENTS TO THE BYLAWS OF THE INTERNATIONAL ASSOCIATION FOR THE STUDY OF

PAGE 3 OF 5

Employer identification number

INTERNATIONAL ASSOCIATION FOR THE

62-1436781

THE COMMONS REQUIRE RATIFICATION BY THE MAJORITY OF MEMBERS ENTITLED TO VOTE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
PART VI, LINE 11B

THE 990 FORM IS COMPOSED BY THE EXECUTIVE DIRECTOR AND CHECKED BY EXTERNAL AUDITORS. THE APPROVED AND FILED FILE ARE DISPLAYED VIA A LINK ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
PART VI, LINE 12C

AFTER EACH COUNCIL ELECTION, ALL STANDING AND NEWLY ELECTED COUNCIL MEMBERS

ARE REQUESTED TO SUBSCRIBE AND FILE A DECLARATION OF NO CONFLICT OF

INTEREST WITH THE EXECUTIVE DIRECTOR.

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

MOST RECENT FILED IRS TAX FORM IS ACCESSIBLE VIA ORGANIZATION'S WEBSITE.

BYLAWS ARE DISPLAYED ON SPECIFIC WEBPAGE ON ORGANIZATION'S WEBSITE.

SUBMISSION OF DECLARATIONS OF NO CONFLICTING INTTEREST IS MENTIONED IN

GENERAL ON WEBPAGE WITH PROFILES OF OFFICERS; INDIVIDUAL DECLARATIONS CAN

BE VIEWED AT REQUEST VIA EXECUTIVE DIRECTOR.

FORM 990, PART VIII - ADDITIONAL INFORMATION

PARTI VIII, LINES 17 AND 18 - THE LIABILITIES AT HAND ARE THE CONFERENCE

REVENUES TO BE REIMBURSED TO THE LOCAL ORGANIZERS AS WELL AS COMPENSATION

FOR MANAGMENT TASKS PERFORMED BY UTRECHT UNIVERSITY ON BEHALF OF THE

PAGE 4 OF 5

305 INTERNATIONAL ASSOCIATION FOR THE 62-1436781 Federal Asset Report

Page 1

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FYE: 6/30/2019

Form 990, Page 1

	ate ervice Cost	Bus Sec Basis % 179 Bonus for Depr Per Cor	nv <u>Meth</u> Prior Current
Prior MACRS: 1 Office equipment Sold/Scrapped: 12/31/17	2/10 19,220	X 9,610 5 HY	Y 200DB 19,220 0 19,220 0
Grand Totals Less: Dispositions and Transfers Less: Start-up/Org Expense Net Grand Totals	19,220 19,220 0	9,610 9,610 0 0	19,220 0 19,220 0 0 0

305 INTERNATIONAL ASSOCIATION FOR THE

62-1436781

IN Asset Report Form 990, Page 1 10/22/2019 3:51 PM

Page 1

FYE: 6/30/2019

Asset	Description	Date In Service	Cost	Basis for Depr	IN Prior	IN Current	Federal Current	Difference Fed - IN
Prior MAO	CRS: ice equipment Sold/Scrapped: 12/31/17	4/02/10	19,220	19,220	19,220	0	0	0
	Grand Totals Less: Dispositions Less: Start-up/Org Expense Net Grand Totals	-	19,220 19,220 0	19,220 19,220 0	19,220 19,220 0	0 0 0	0 0 0	0 0 0

305 INTERNATIONAL ASSOCIATION FOR THE

62-1436781

FYE: 6/30/2019

AMT Asset Report

Form 990, Page 1

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior M	1ACRS: Office equipment Sold/Scrapped: 12/31/17	4/02/10	19,220		X	9,610 9,610	5 HY 200DB	19,220 19,220	0
	Grand Totals Less: Dispositions and Transfer Net Grand Totals	·s	19,220 19,220 0			9,610 9,610 0		19,220 19,220 0	0 0

FYE: 6/30/2019

305 INTERNATIONAL ASSOCIATION FOR THE 62-1436781 Bonus Depreciation Report

Form 990, Page 1

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Page 1

Asset	Property	Description Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	Office equipment	4/02/10	19,220		0	0	9,610	9,610
		Grand Total Less: Dispositions and Transfers	19,220 19,220		0 0	0 0	9,610 9,610	9,610 9,610
		Net Grand Total	0		. 0	0	0	0

305 INTERNATIONAL ASSOCIATION FOR THE 10/22/2019 3:51 PM Depreciation Adjustment Report 62-1436781 Page 1 **All Business Activities** FYE: 6/30/2019 AMT Adjustments/ Preferences Form Unit Asset Description AMT Tax MACRS Adjustments: Page 1 Office equipment 0

	Foi	rm 990	Two Year	Con	nparison Report		2017 & 2018
L			For calendar year 2018, or tax year beginnir	ng	07/01/18 , en	ding 06/30/19	
Nar						Taxpaye	er Identification Number
			AL ASSOCIATION FOR THE				404704
STUDY OF THE COMMONS			· · · · · · · ·		T	.436781	
					2017	2018	Differences
	1.	Contributions, gi	fts, grants	1.	20 170	33,352	
	2.	Membership due	s and assessments	2.	32,179	30,462	-1,717
ø			tributions and grants	3.	28,050	140,659	112,609
nuə	4.	Program service	revenue	4.	20,030	140,639	
Ġ		Investment incor		5.		123	123
e <			ax exempt bonds	6. 7.			
Υ.) from sale of assets other than inventory	8.			
			oss) from fundraising events	9.			
			oss) from gaming	10.			
) on sales of inventory	11.			
	n1.	Other revenue	Add Bross & Marris Ad	11.	60,231	204,598	144,367
			Add lines 1 through 11		00,231	6,796	
ses		Grants and simil		13.		0,790	0,790
		Benefits paid to		14.			
			f officers, directors, trustees, etc.	15.			
			ompensation, and employee benefits	16.			
o d			draising fees	17.	49,933	20,064	-29,869
×	1	Other profession		18.	49,933	20,004	-29,809
			utilities, and maintenance	. —			
	1		Depletion	20.	5,687	8,730	3,043
	1	Other expenses		21.	55,620	35,590	
	1	<u>-</u>	Add lines 13 through 21	22.		169,008	
	•		cit). Subtract line 22 from line 12	23.	4,611 60,231	204,598	144,367
	24.	Total exempt rev	venue	24. 25.	00,231	204,330	144,307
_	25.	Total unrelated r	evenue	26.	28,052	140,784	112,732
Information	26.	Total excludable	revenue	26.	29,824	198,832	169,008
Ë		Takal liabilities			29,024	166,686	
Info	i .		· · · · · · · · · · · · · · · · · · ·	28.	29,824	32,146	2,322
	1	Retained earning	gs grown and the state of governing body	30.	9	10	2,322
•	1		endent voting members of governing body	31.	9	10	18 - 4.1 1. 18 1. 4. 4.
_	i i	Number of empl		32.	0	0	
	Į.	Number of volum	*	33.	22	22	

Form 990		Тах В	Tax Return History			2018
Name INT	INTERNATIONAL ASSOCIATION STUDY OF THE COMMONS	ION FOR THE			Employer 62-1	Employer Identification Number 62-1436781
	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants	s 13,370		6		33,352	
Membership dues	29,870		17,417	32,179	30,462	
Program service revenue	2,575		43,008	28,050	140,659	
Capital gain or loss						
Investment income	8		3	2	125	
Fundraising revenue (income/loss)	ome/loss)					
Gaming revenue (income/loss)	(sso)/s					
Other revenue						
Total revenue	45,818		60,437	60,231	204,598	
Grants and similar amounts paid	nts paid		WHAT THE TAX TO THE TA		6,796	
Benefits paid to or for members	embers					
Compensation of officers, etc.	, etc.					
Other compensation				-		
Professional fees	25,041		32,081	49,933	20,064	
Occupancy costs			Administration			
Depreciation and depletion						
Other expenses	6,687		51,853	5,687	8,730	**************************************
Total expenses	32,963		83,934	55,620	35,590	
Excess or (Deficit)	12,855		-23,497	4,611	169,008	
	010		757 03	50 231	201 500	
iotal exempl levenue	OTO /CF		10 T	10100	0707107	***************************************
Total unrelated revenue			12 011	20 052	140 784	
lotal excludable revenue	17		TTO 'C#	_	10/ O17	
Total Assets	36,423		25,212	29,824	198,832	
Total Liabilities					166,686	The state of the s
Net Fund Balances	36,423	36,423	25,212	29,824	32,146	

305 INTERNATIONAL ASSOCIATION FOR THE 62-1436781 Federal Statements

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Page 1

FYE: 6/30/2019

Taxable Interest on Investments

Des	scription						
		Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST AND	DIVIDENDS						
	\$	125					
TOTAL	\$ <u></u>	125					

305 INTERNATIONAL ASSOCIATION FOR THE 62-1436781 FYE: 6/30/2019	Federal Statements	10/22/2019 3:51 PM Page 2
	Schedule A. Part III, Line 1(e)	
MEMBERSHIP FEES DONOR CONTRIBUTIONS TOTAL		\$ 30,462 33,352 \$ 63,814

2018

305 INTERNATIONAL ASSOCIATION FOR THE 62-1436781 ph:317-608-3067 Platform Version: 18.3.7 Federal Version: 18.3.6 Indiana Version: 18.3.0

Indiana Diagnostics

Prepared by: Rosemary R Ireland, CPA 10/22/2019 03:42 PM Rosemary Ireland

Critical Messages

None

Informational Messages

☑ Indiana Department of Revenue does not support electronic filing

Missing Data

Prior Year Data

Indiana Payments and Extensions ☑ NP-20, Extended due date 2/15/19 5/15/19 ☑ IT-20NP, Extended due date

Form IT-20NP Return Summary

For calendar year 2018, or tax year beginning 07/01/18 , and ending 06/30/19

INTERNATIONAL ASSOCIATION FOR THE 62-1436781 STUDY OF THE COMMONS

Tax Calculation on Unrelated Business Income	
Federal unrelated business taxable income	
Less: Specific deduction	1,000
Interest on U.S. Obligations	
Deduction for qualified patents income	VII. 3. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
Unrelated business income	-1,000
Indiana modifications	and the state of t
Adjusted unrelated business income	-1,000
Indiana apportionment percentage	<u></u> %
Unrelated business apportioned to Indiana	-1,000
Indiana NOL deduction	
Taxable Indiana unrelated business income	-1,000
Taxable income from other forms	
Total taxable income	-1,000
Indiana tax on unrelated business income	
Sales/use tax on purchases	
Total tax due	
Fotal tax due	
Credit for Estimated Tax and Other Payments	
Quarterly estimated tax paid	
Amount paid with extension	
Amount of overpayment credit	app and the second seco
Other credits	
Total credits	
Balance of tax due	- The state of the
balance of tax due	
Underpayment penalty	
Late payment interest	
Late payment penalty	
Total penalties and interest	
Total payment due	
, com, paymont and	
Total overpayment	
, o	
Amount to be refunded	
Amount to be applied	
	- Control of the Cont
	Miscellaneous Information
Next Year's Estimates	Amended return
1st quarter	Return / extended due date $11/15/19$
2nd quarter	
3rd quarter	Annual Report Information
4th quarter	Amended report
Total	Report / extended due date $11/15/19$
	· _ _ · _ · _ ·

Filing Instructions

INTERNATIONAL ASSOCIATION FOR THE STUDY OF THE COMMONS

Indiana Nonprofit Organization 's Annual Report

Taxable Year Ended June 30, 2019

Date Due: Novei

November 15, 2019

Remittance:

None is required.

Mail To:

Indiana Department of Revenue

Tax Administration

P.O. Box 6481

Indianapolis, IN 46206-6481

Signature:

The return should be signed and dated by an officer representing the

organization.

NP-20

State Form 51062 (R9 / 8-18)

Indiana Department of Revenue Indiana Nonprofit Organization's Ann

Indiana Nonprofit Organization's Annual Report
For the Calendar Year or Fiscal Year
ning 07 01 2018 and Ending 06 30

Beginning 07 01 2018 and Ending _

Check if:	Change of Address
	Amended Report
2010	☐ Final Report: Indicate
2019	Date Closed

MM/DD/YYYY

Due on the 15th day of the 5th month following the end of the tax year.

NO FEE REQUIRED.

Name of Organization Telephone Number						
INTERNATIONAL ASSOCIA	COMMONS	317 608 3067				
Address		County		Indiana Taxpayer Identification Number		
513 NORTH PARK AVENUE				2006040500621		
City	State Zip Code			Federal Identification Number		
BLOOMINGTON	3829	62 1436781				
Printed Name of Person to Contact			Contact's Telephone Nur	nber		
SIMONE BURATTI			317 608 306	7		
If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF. Note: If your organization has unrelated business income of more than \$1,000 as defined under Section 513 of the Internal Revenue Code, you must also file Form IT - 20NP. Current Information 1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes. 2. Indicate number of years your organization has been in continuous existence. 30 3. Attach a schedule, listing the names, titles and addresses of your current officers. SEE STATEMENT 1 4. Briefly describe the purpose or mission of your organization below.						
SEE STATEMENT 2						
	AAAAAAAA					
Email Address:IASC@IASC-COMMONS.ORG I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.						
		EXEC	UTIVE DIR	ECTOR		
Signature of Officer or Trustee		Title		Date		
SIMONE BURATTI		317	608 3067			
Name of Person(s) to Contact		Daytime	Telephone Number	<u> </u>		
Important: Please submit this completed form and/or extension to: Indiana Department of Revenue, Tax Administration P.O. Box 6481 Indianapolis, IN 46206-6481 Telephone: (317) 232-0129						

Extensions of Time to File

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption. Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 6481, Indianapolis, IN 46206-6481, (317) 232-0129.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.

Form

Department of the Treasury Internal Revenue Service

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.

2018 Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	For the 2018	calendar year, or tax year beginning $07/01/18$, and ending $06/30/1$	9		11-47-41	
·	Check if applicable:	C Name of organization INTERNATIONAL ASSOCIATION FOR THE		D Employer	identification number	
Ш	Address change	STUDY OF THE COMMONS		60 1	126701	
	Name change	Doing business as Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	136781 number	
П	Initial return	513 NORTH PARK AVENUE			508-3067	
Ħ	Final return/	City or town, state or province, country, and ZIP or foreign postal code				
	terminated	BLOOMINGTON IN 47408-3829		G Gross reco	eipts \$ 204,598	
닏	Amended return	F Name and address of principal officer:				
Ш	Application pending	MARCO JANSSEN				
	513 N PARK AVE			ordinates incli	trained trained	
		BLOOMINGTON IN 47408-3895	If "No,"	' attach a list.	(see instructions)	
1	Tax-exempt status					
J	Website:	HTTPS://WWW.IASC-COMMONS.ORG	H(c) Group exe			
ĸ	Form of organization	n: Corporation Trust Association X Other ▶ NON-PROFIT L Ye	ar of formation: 1	989	M State of legal domicile: IN	
P	art I S	ummary				
	1 Briefly o	lescribe the organization's mission or most significant activities:				
ø	SEE	SCHEDULE O				
auc						
Governance						
Ó		his box 🕨 🗌 if the organization discontinued its operations or disposed of more than 25%			1.0	
જ		of voting members of the governing body (Part VI, line 1a)			10	
ies		of independent voting members of the governing body (Part VI, line 1b)			10	
Activities	1	imber of individuals employed in calendar year 2018 (Part V, line 2a)		. 5	0	
Act	1	ımber of volunteers (estimate if necessary)			22	
	1	orelated business revenue from Part VIII, column (C), line 12		1 1	<u>, 0</u>	
	b Net unr	elated business taxable income from Form 990-T, line 38	Prior Ye		Current Year	
ne	8 Contribu	utions and grants (Part VIII, line 1h)		2,179	63,814	
		n service revenue (Part VIII, line 2g)		8,050	140,659	
Revenue		ent income (Part VIII, column (A), lines 3, 4, and 7d)		2	125	
å		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	
	i	venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6	0,231	204,598	
	+	and similar amounts paid (Part IX, column (A), lines 1–3)			6,796	
		paid to or for members (Part IX, column (A), line 4)			. 0	
, 0		, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0	
Expenses		onal fundraising fees (Part IX, column (A), line 11e)			0	
per		ndraising expenses (Part IX, column (D), line 25) ▶ 0				
Ж	1	xpenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,620	28,794	
		penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,620	35,590	
	19 Revenu	e less expenses. Subtract line 18 from line 12		4,611	169,008	
50	3		Beginning of Cu		End of Year	
Net Assets or	20 Total as	sets (Part X, line 16)		9,824 0	198,832 166,686	
to C	21 Total lia	bilities (Part X, line 26)	2	9,824	32,146	
		ets or fund balances. Subtract line 21 from line 20		9,024	JZ, 130	
		ignature Block	te and to the h	ant of my kn	invilades and halief it is	
U	nder penalties o	f perjury, I declare that I have examined this return, including accompanying schedules and statemen complete. Declaration of preparer (other than officer) is based on all information of which preparer ha	as and to the b	est of my kr de.	lowledge and belief, it is	
	Le, correct, and	Samplete. Booking of Property (Carlot Mark Carlot)		1		
Sig		Signature of officer		Date		
He		CAREN BURGERMEISTER FUTURE	E EXECU	rive i	DIR	
ne		Type or print name and title				
-	Print/Tv	pe preparer's name Preparer's signature	Date	Check	if PTIN	
Pai		ARY R IRELAND, CPA ROSEMARY R IRELAND, CPA	10/22	/19 self-em	ployed P00025509	
	parer Firm's r	DOGENARY R TREE AND CRA RIIC		Firm's EIN	81-4941376	
	Only	1515 W CORNWALLIS DR STE 207				
	Firm's	COMPANDO NO 27409		Phone no.	336-510-8480	
May		uss this return with the preparer shown above? (see instructions)			Yes No	

Form 990 (2018) INTERNATIONAL ASS		62-1436781	Page 2
Part III Statement of Program Servi			ভ
	<u>a response or note to any line</u>	e in this Part III	X
Briefly describe the organization's mission: SEE SCHEDULE O			***************************************
· · · · · · · · · · · · · · · · · · ·		,	
• • • • • • • • • • • • • • • • • • • •			
2 Did the organization undertake any significant p	rogram services during the year which	ch were not listed on the.	
			Yes X No
If "Yes," describe these new services on Sched			
3 Did the organization cease conducting, or make	significant changes in how it condu	icts, any program	
services?			X Yes No
If "Yes," describe these changes on Schedule (
4 Describe the organization's program service acceptance. Section 501(c)(3) and 501(c)(4) orgathe total expenses, and revenue, if any, for each content of the service acceptance of the service acceptance.	nizations are required to report the a		
4a (Code:) (Expenses \$ THE ASSOCIATION SPONSORS THEMATIC MEETINGS OF MEMI EXPERIENCE, RESEARCH AND MECHANISMS FOR DISSEMINAT OF PUBLICATIONS, WORKSHOP YEAR 2018-2019, THE IASC CONFERENCES ON BEHALF OF FOR INCURRED COSTS.	BERS TO SHARE THE THEORETICAL DEVEL TION OF FINDINGS, PS AND SYMPOSIA ON RECEIVES REGISTRA	DS GLOBAL, REGIONAL AN RESULTS FROM PRACTICAL OPMENTS, AND FOSTERS A SUCH AS SPONSORSHIP IS SPECIFIC TOPICS. AS ATIONS AND PAYMENTS FOR	RANGE OF
4b (Code:) (Expenses \$	2,800 including grants of \$	2,800) (Revenue \$	2,800)
THE ASSOCIATION SUPPORTS KNOWLEDGE OF COMMONS' TO	EDUCATIONAL RESOU	RCES FOR DISSEMINATION	OF
4c (Code:) (Expenses \$ THE ASSOCIATION INFORMS AND TOPICS VIA ITS WEBSI) (Revenue \$ RELEVANT DEVELOPMENTS, D SOCIAL MEDIA.	EVENTS,
4d Other program services (Describe in Schedule	0)		
	ding grants of \$) (Revenue \$)
4e Total program service expenses ▶	13,352		

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

Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
22	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	22		X
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 Schedule J	23		X
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	240		x
h	through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u> </u>
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
С	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	and the contract of the contra	1-74		
20a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	ļ	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			77
	complete Schedule N, Part II	_ 32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			x
	or IV, and Part V, line 1	34	ļ	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Λ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35b		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-	 	
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
•	19? Note. All Form 990 filers are required to complete Schedule O.	38	х	
Pa	rt 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	<u></u>	<u></u>	
			Yes	No
1a	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 in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
			00/	`

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continu	ıed)			T	т
	Following and Tourism and Tour	ı		At.,	Yes	No
2a	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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b		
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				N.	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C	 O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		tv over.			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial			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 A	ccour	its (FBAR).	PAG.		
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 transact	tion?		I .		X
С						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	the state of the s			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns 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 go	oods				1 HORN
	and services provided to the payor?		. ,	7a		
b				7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S				
	required to file Form 8282?			7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			51.14	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		l?		ļ	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		+
g	If the organization received a contribution of qualified intellectual property, did the organization file Form			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat			7h	58555	4 4444
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	a by tr	ne		354566	1000
	sponsoring organization have excess business holdings at any time during the year?			8	3338	
9	Sponsoring organizations maintaining donor advised funds.			9a	\$276.554.6	1 1900
a				O.h.		+
b				30		
10	Section 501(c)(7) organizations. Enter:	10a				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100				
11	Section 501(c)(12) organizations. Enter:	11a				
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources	114				
b		11b				
192	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	·	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				1888
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L				
a	· · · · · · · · · · · · · · · · · · ·			13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			2503		
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С		13c				
14a	make in the control of the control o			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b	ļ	-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ration	or			1
	excess parachute payment(s) during the year?			15	1,300	X
	If "Yes," see instructions and file Form 4720, Schedule N.			200		1 499
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ne?	16	3394	X
	If "Yes," complete Form 4720, Schedule O.			1 (1915)	15000	<u> 1 30 35 5</u>

Form 990 (2018) INTERNATIONAL ASSOCIATION FOR THE 62-1436781 Page 6 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 in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes Νo 10 1a Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O. 10 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Х Did the organization have members or stockholders? 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Х one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12b b. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c X 13 13 Did the organization have a written whistleblower policy? 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure IN List the states with which a copy of this Form 990 is required to be filed > 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | X | Own website | Another's website | X | Upon request | Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶

513 NORTH PARK AVENUE

IN 47408-3829 317-608-3067

EMILY CASTLE

BLOOMINGTON

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- 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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title			Pos check ess pe	C) ition more rson i	than or s both a	ne an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(112.000 11100)	organization and related organizations
(1) MARCO JANSSEN										
PRESIDENT	0.00	x		х				0	0	0
(2) RENE' VAN WEEREN							-			
(2) 2	0.00									
EXEC DIRECTOR	0.00	х		X				0	0	0
(3) CAREN BURGERMEIS										
	0.00								_	_
FUTURE EXECUTIVE DIR	0.00	X		X				0	0	0
(4) EVERISTO MAPEDZA	i									
	0.00			٦,					0	0
COUNCIL MEMBER	0.00		ļ	X		\vdash		0	<u> </u>	<u> </u>
(5) JOHN POWELL	0.00									
PAST-PRESIDENT	0.00			х				0	0	0
(6) CHARLES SCHWEIK	0.00	_				f				
(0, 0	0.00									
COUNCIL MEMBER	0.00			х				0	0	<u> </u>
(7) INSA THEESFELD										
	0.00									
PRESIDENT-ELECT	0.00			X				0	0	0
(8) SERGIO VILLAMAYO										
	0.00							_		
JOURNAL CO-EDITOR	0.00		ļ	X				0	0	0
(9) FRANK LAERHOVEN										
	0.00			٠,,				_	0	0
JOURNAL CO-EDITOR	0.00			X				0	<u> </u>	<u> </u>
(10) EMILY CASTLE	0.00									
TNEODMATTON OFFICER	0.00	1		х				0	0	0
INFORMATION OFFICER (11) ALYNE DELANEY	0.00	_	<u> </u>		-					
(II) WELLED DESCRIPTION	0.00									
COMMONSDIGEST EDITOR	0.00			х				0	0	0
(20.0					•			4		Form 990 (2018)

Part VII Section A. Officers	, Directors, Tru	stee	s, Ke	y E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	· · · · · · · · · · · · · · · · · · ·
(A) Name and title	(B) Average hours per week (list any hours for	box offi	not c , unle cer an	ss pe	ition more rson i	s both	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(organization and related organizations
(12) MICHAEL SCHOO										
JOURNAL CO-EDITOR	0.00			x				0	0	0
	TUCKER									
COUNCIL MEMBER	0.00			x				0	0	0
	HTENSTEIN	1								
	0.00			37					0	0
COORDINATOR LATIN-AM (15) YAHUA WANG	0.00			Х				0	0	
	0.00									
COORDINATOR CHINA (16) JUAN M PULHIN	0.00			X				0	0	0
(10) OOMI M FODILLI	0.00									
COORDINATOR SE-ASIA	0.00			X				0	0	0
(17) GANESH SHIVAI	0.00									
AMBASSADOR ASIA	0.00			Х		<u> </u>		0	0	0
(18) TOBIAS HALLER	0.00									
AMBASSADOR EUROPE	0.00			х				0	0	0
(19) MARIA CLAUDIA	LOPEZ									
COUNCIL MEMBER	0.00			х				0	0	0
1b Sub-total	4						>			
c Total from continuation shee						<u> </u>	>		£400,000 of	
2 Total number of individuals (in reportable compensation from	cluding but not li the organization	mited •	0 to 1	thos	e lis	ted a	bov	e) who received more than	\$100,000 of	
3 Did the organization list any fo				truet	ee 1	kev e	mn	lovee or highest compens:	ated	Yes No
employee on line 1a? If "Yes,"	complete Sched	lule .	J for	suc	h ind	divid	ıal			3 X
4 For any individual listed on line organization and related organ	e 1a, is the sum nizations greater	of re than	porta \$15	abie 0,00	con 0? <i>[</i>	npen f "Ye	sauc ຮ," (on and other compensation complete Schedule J for su	rch	
individual5 Did any person listed on line 1	la receive or acc		comi			 n froi	n ai	ny unrelated organization o	r individual	4 X
for services rendered to the or										5 X
Section B. Independent Contractor1 Complete this table for your fire		a	ted i	nder	nend	lent i	cont	ractors that received more	than \$100,000 of	
compensation from the organization	zation. Report co	mpe	nsati	on f	or th	ne ca	lend	dar year ending with or with	nin the organization's tax y	ear.
Name and	(A) business address						<u> </u>	Descrip	(B) tion of services	(C) Compensation
							-			
							<u></u>			
				·····			\vdash	Manager Manager was		
							<u></u>			
2 Total number of independent of received more than \$100,000								se listed above) who	0	
DAA										Form 990 (2018)

Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII X (C) Unrelated business (A) Total revenue (D) Revenue (B) Related or exempt excluded from tax function revenue under sections revenue 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a 30,462 **b** Membership dues 1b **c** Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 33,352 g Noncash contributions included in lines 1a-1f: 63,814 h Total. Add lines 1a-1f Revenue Busn, Code 541900 140,659 140,659 CONFERENCE FEES Program Service f All other program service revenue g Total. Add lines 2a-2f 140,659 Investment income (including dividends, interest, 125 125 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents b Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (ii) Other (i) Securities sales of assets other than inventor b Less: cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 Other b Less: direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn, Code 11a d All other revenue e Total. Add lines 11a-11d 140,784 0 204,598 0 12 Total revenue. See instructions.

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a resp			mplete column (A).	
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	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	2,800	2,800		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	3,996	3,996		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			,	
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	20,064		20,064	;
a	,,.,.,	20,004		20,001	
b	Legal				
c d	Accounting Lobbying				
u a	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	6,101	6,101		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)			0.174	
а	BANKING COSTS	2,174	A F F	2,174	
b	SUBSCRIPTIONS	455	455		
C	·				
d	An				
	All other expenses	35 500	13,352	22,238	0
25 26	Total functional expenses. Add lines 1 through 24e Joint costs, Complete this line only if the	35,590	13,332	22,230	0
20	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

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 29,824 198,832 1 Cash-non-interest bearing Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets. See Part IV. line 11 198,832 29,824 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 146,028 Accounts payable and accrued expenses 17 17 20,658 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0 166,686 26 Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here X and Balances complete lines 27 through 29, and lines 33 and 34. 29,824 32,146 Unrestricted net assets Temporarily restricted net assets 28 28 or Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds let 32 29,824 32,146 33 33 Total net assets or fund balances 29,824 198,832 Total liabilities and net assets/fund balances 34

Forn	990 (2018) INTERNATIONAL ASSOCIATION FOR THE 62-1436781			Pa	ge 12
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			598
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>590</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			800
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		29,	824
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-16	56,6	<u>686</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		32,	146
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.
			F 13 1 2 2	Yes	No
1	Accounting method used to prepare the Form 990:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		34,33		110.21
	Schedule O.				- T
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	10.500	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		0.1		x
b	Were the organization's financial statements audited by an independent accountant?		2b	golassi.	-
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		1000		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		\$34900		NESSY'S
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		0-		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	MIN'S	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.		1000000		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1		x
	the Single Audit Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		เงเ		1

Form **990** (2018)

Part VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	ind Highest Compensated	Employees (continued)				
(A) Name and title	title Average hours per (do not de veek box, unle (list any officer ar		Pos check ess pe	more rson i directo	s both or/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	((F) Estima amoun othe compens from t	ted t of r ation		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organiza and rel organiza	ated	
(20) INOUE MAKOTO COUNCIL MEMBER	0.00			x				0	0				0
(21) ESTHER MWANG				х				0	0				0
(22) BERIL OCAKLI STUDENT COUNCIL MEMB	0.00			х				0	0				0

1b Sub-total c Total from continuation shed d Total (add lines 1b and 1c)		Secti	ion A	١			>						
Total number of individuals (in reportable compensation from	cluding but not li	mite					bov	e) who received more than	\$100,000 of				
3 Did the organization list any for employee on line 1a? If "Yes,"	complete Sched	dule	J for	suc	h ind	dividι	ıaİ				3	Yes	No
 For any individual listed on linorganization and related organization and related organizational Did any person listed on line 	nizations greater	thar	\$15	50,00	00? /	f "Ye	s," c	complete Schedule J for su	ch		4		
for services rendered to the o	rganization? If "Y										5		L
Section B. Independent Contractor Complete this table for your fire compensation from the organic	ve highest comp	ensa	ited i	inder	end or th	lent one ca	onti	ractors that received more	than \$100,000 of hin the organization's tax y	ear.	,		
	(A) business address								(B) tion of services		Co	(C) mpensat	ion
	- A-M	·•····································			-								
	·												<u></u>
Total number of independent received more than \$100,000								se listed above) who				. 00/) (65.1
DAA											For	m 99((2018)

SCHEDULE A (Form 990 or 990-EZ) 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

INTERNATIONAL ASSOCIATION FOR THE Em

Employer identification number 62-1436781

STUDY OF THE COMMONS 62-14367

Peason for Public Charity Status (All organizations must complete this part.) See instructions

rai	LI Reas	on for Public Charity	Status (All Organizations	must co	mpiete t	nis part.) dee instruction	10.					
he or	ganization is not	a private foundation because	e it is: (For lines 1 through 12, o	check only	one box.)							
1	A church, co	nvention of churches, or ass	ociation of churches described	in sectior	170(b)(1)	(A)(i).						
2	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)							
3	A hospital or	a cooperative hospital service	ce organization described in se	ction 170	(b)(1)(A)(iii).						
4	-		I in conjunction with a hospital	described	in section	170(b)(1)(A)(iii). Enter the h	ospital's name,					
5 [city, and stat		of a college or university owned	or operate	ed by a go	vernmental unit described in						
L	_	(b)(1)(A)(iv). (Complete Part		o. opo	, - 9-							
6			overnmental unit described in s	ection 17	70(b)(1)(A)(v).						
7		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.)										
8			170(b)(1)(A)(vi). (Complete Part									
9 [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											
10 [receipts from support from	activities related to its exem gross investment income ar) more than 33 1/3% of its sup ppt functions—subject to certain id unrelated business taxable ir 0, 1975. See section 509(a)(2)	exception acome (les	is, and (2) ss section (no more than 33 1/3% of its 511 tax) from businesses	oss					
11 [exclusively to test for public safe									
12 [An organizati	ion organized and operated organized organized	exclusively for the benefit of, to zations described in section 50	perform the $9(a)(1)$ or	ne functions section 50	s of, or to carry out the purpo	ses 3).					
	Check the bo	ox in lines 12a through 12d th	nat describes the type of suppo	rting orga	nization and	d complete lines 12e, 12f, and	d 12g.					
á	the supp	orted organization(s) the pow	erated, supervised, or controlled ver to regularly appoint or elect omplete Part IV, Sections A a	a majority	pported orgoined of the direction	ganization(s), typically by givinctors or trustees of the	ng					
í			pervised or controlled in conne		its support	ed organization(s), by having						
-	control o	r management of the supportion(s). You must complete	ting organization vested in the	same pers	sons that co	ontrol or manage the support	ed					
(Type III	functionally integrated. A sorted organization(s) (see ins	supporting organization operated structions). You must complete	d in conne	ection with, Sections A	and functionally integrated w	îth,					
(i Type III	non-functionally integrated	I. A supporting organization open organization generally must s	erated in	connection	with its supported organization	on(s) ess					
	requirem	ent (see instructions). You r	nust complete Part IV, Section	ns A and	D, and Pa	rt V.						
•			eived a written determination front in-functionally integrated suppor			a Type I, Type II, Type III						
1		mber of supported organizati										
,	g Provide the t	following information about the	ne supported organization(s).									
(i)	lame of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
			above (see maddioms))	Yes	No		,					
(A)	////											
(B)												
(C)												
(D)												
(E)												
ntal												

Schedule A (Form 990 or 990-EZ) 2018

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.)

Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalities, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five 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, check this box and stop here. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14	Sec	tion A. Public Support							
membership fees received. (Co not include any "unusual grants") 2 Tax enversus levied for the organization'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'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 therage appropriate organization in the paid to or expended on its behalf. 3 The portion of total contributions by each person (offert than a supported organization) included on line 1 the december of the amount shown on line 11, column (f) 5 Public supports. Soliticat lites 5 from line 4. Soction B. Total Support. Calcerdar year (or fiscall year beginning in) 7 Annours from line 4. 8 Gross income from interest, dividends, payments received on securities loans, similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on to loan from the business is regularly carried on the business is regularly carried on the business is regularly carried on Public Support Percentage 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part V.) 11 Total support. Add lines 7 through 10 Total support. Add lines 7 through 10 Total support. Add lines 7 through 10 Total support. Add lines 7 through 10 Total support. Add lines 7 through 10 Total support. Add lines 7 through 10 Total support. Add lines 7 through 10 Total support. Add lines 7 through 10 Total support percentage for 2018 line 6, column (of divided by line 11, column (ft)) 12 Gross records from related activities. A Part II, line 14 13 17/% support test—2018. If the organization did not check he box on line 13, 16a, or 16b, and line 14 is 3 17/9% or more, check this box and stop here. Explain in Part V in bow the organization meats the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 14 10 Fix or more, and if the or	Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	3	(f) Total
organization's benefit and either paid to or expended on its behalf to or expended on list behalf or or expended on list behalf or or expended on list behalf and the programmental unit to the organization without charge to organization without charge to expended on list behalf or the programmental unit or public supported organization of total contributions by each person (other than a governmental unit or public) supported organization of total contributions by each person (other than a governmental unit or public) supported organization included on line 1 that exceeds 2% of the amount shown on line 11, outurns (f) 5 Public support, Subractine 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Amounts from line 4 Gross income from interest, dividends, payments accounted 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 Total support. Add lines 7 through 10 Cross receipts from related activities, etc. (see instructions) 12 Total support across from 2018 Schedules, etc. (see instructions) 13 First five years, if the Form 950 is for the organization from 10 the sale of capital assets (Explain in Part VI). 14 Dublic support percentage from 2018 Schedule A, Part II, line 14 15 Public support percentage from 2017 Schedule A, Part II, line 14 16 33 1/3% support test—2018. If the organization did not check the box on line 13, flag, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization 17 10%-facts-and-circumstances test—2017. If the organization did not check be box on line 13, flag, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, theck this box and stop here. Explain in Part VI how the organization meets the "facts-and-circum	1	membership fees received. (Do not							
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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	b	10%-facts-and-circumstances test—20°	If the organizati	on did not check a	box on line 13, 10				
supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		15 is 10% or more, and if the organization	n meets the "facts-	and-circumstances	" test, check this b	oox and stop here			
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		Explain in Part VI how the organization m	eets the "facts-and	l-circumstances" te	est. The organization	on qualifies as a p	ublicly		. —
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		supported organization							▶ ∐
instructions	18	Private foundation. If the organization did	d not check a box	on line 13, 16a, 16	6b, 17a, or 17b, ch	eck this box and s	ee		<u> </u>
		instructions							P L

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.)

Sec	tion A. Public Support	144					
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	43,240	27,348	17,426	32,179	63,814	184,007
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,578	38,595	43,011	28,052	140,659	252,895
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	45,818	65,943	60,437	60,231	204,473	436,902
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	÷					
	Add lines 7a and 7b)	naja jaojawanewew	
8	Public support. (Subtract line 7c from line 6.)						436,902
Sec	tion B. Total Support	September 1994 Annal September 1994 Annal September 1994	5 (25 Per grant 19 19 19 19 19 19 19 19 19 19 19 19 19		and military galaxies and advantage	Control to the State of the Section Control Section Se	1307302
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	45,818	65,943	60,437	60,231	204,473	436,902
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					125	125
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b					125	125
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				1		
13	Total support. (Add lines 9, 10c, 11, and 12.)	45,818	65,943	60,437	60,231	204,598	437,027
14	First five years. If the Form 990 is for the organization, check this box and stop here	organization's first	, second, third, fou		as a section 501	(c)(3)	▶ □
Sec	tion C. Computation of Public Su			<u></u>			
15	Public support percentage for 2018 (line 8,			n (f))		15	99.97 %
16	Public support percentage from 2017 Sche-					140	100.00 %
Sec	tion D. Computation of Investmen						
17 ,	Investment income percentage for 2018 (lin			, column (f))			<u>%</u>
8	Investment income percentage from 2017					18	<u>%</u>
19a	33 1/3% support tests—2018. If the organ						▶ X
1-	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2017. If the organ						
b	line 18 is not more than 33 1/3%, check thi						▶ □
20	Private foundation. If the organization did						

Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing 1 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.
- Did the organization have any supported organization that does not have an IRS determination of status 2 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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.
- 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - 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
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3b	141, 111, 111	100
3c		
4.	14.54	
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4c	5131335135	10000000000
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5b 5c		
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9c	Page N. S.	
10a	elelettarile	8355844
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10b	Carlo de de de	Seek objects (C
	0 or 990	EZ) 2019

Schedule A (Form 990 or 990-EZ)

	ule A (Form 990 or 990-EZ) 2018 INTERNATIONAL ASSOCIATION FOR THE 62-143678 t IV Supporting Organizations (continued)	31		Page 5
<u>rai</u>	t iv Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	48.44		0.00
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations	<u>-</u>		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	1.34		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1	40 A
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			,
			Yes	No
1	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		
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 in (2), did the organization's supported organizations have a	348		
	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	Sing.	Mishins	450 Mile
	supported organizations played in this regard.	3	<u></u>	
Secti	on E. Type III Functionally-Integrated Supporting Organizations			<i></i>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ıctions).		
				Т
2 /	Activities Test. Answer (a) and (b) below.	AMA.V	Yes	No
а	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	3,830		
	that these activities constituted substantially all of its activities.	2a	1117000000000	Same and the
b	Did the activities described in (a) 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 organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	\$100.500 \$100.500		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u></u>	L

Schedule A (Form 990 or 990-EZ) 2018 INTERNATIONAL ASSOCIATION FO	OR '	THE 62-14367	781 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org.	<u>aniza</u>	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	v. 20,	1970 (explain in Part VI). Se	ee
instructions. All other Type III non-functionally integrated supporting organizations mus	t comp	olete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3_		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		· · · · · · · · · · · · · · · · · · ·
d Total (add lines 1a, 1b, and 1c)	1d		·
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrated	Type I	III supporting organization (see
instructions).	-		

	Schedule A (Form 990 or 990-EZ) 2018 INTERNATIONAL ASSOCIATION FOR THE 62-1436781 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
	ion D - Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish exempt purpo	ses							
	Amounts paid to supported organizations to accomplish exempt purposes								
-	organizations, in excess of income from activity	. опримо							
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations							
4	Amounts paid to acquire exempt-use assets	oned organizations							
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions.								
7	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which the organizations	ation is responsive							
Ü	(provide details in Part VI). See instructions.	attorn to roopertore							
9	Distributable amount for 2018 from Section C, line 6								
10	Line 8 amount divided by line 9 amount		· · · · · · · · · · · · · · · · · · ·						
	Line o amount divided by line o amount	(i)	(ii)	(iii)					
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018					
1	Distributable amount for 2018 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2018								
	(reasonable cause required-explain in Part VI). See								
	instructions.								
3	Excess distributions carryover, if any, to 2018								
а	From 2013								
b	From 2014								
С	From 2015								
d	From 2016								
	From 2017								
	Total of lines 3a through e								
	Applied to underdistributions of prior years								
	Applied to 2018 distributable amount								
	Carryover from 2013 not applied (see instructions)								
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2018 from								
•	Section D, line 7:								
a	Applied to underdistributions of prior years	PARTIES VERNELANDER							
	Applied to 2018 distributable amount								
	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2018, if								
Ů	any. Subtract lines 3g and 4a from line 2. For result								
	greater than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2018. Subtract lines 3h								
O	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
	Excess distributions carryover to 2019. Add lines 3j								
7									
	and 4c.								
8	Breakdown of line 7:								
	Excess from 2014								
	Excess from 2015								
	Excess from 2016								
	Excess from 2017								
е	Excess from 2018								

Schedule A (Fo	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	<u></u>

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

OMB No. 1545-0047

2018
Open to Public

Open to Public Inspection

Name of the organization INTERNATIONAL ASSOCIATION FOR THE STUDY OF THE COMMONS

Employer identification number 62-1436781

	neral Information			United States.	Complete if the organization ans	
	m 990, Part IV, line kers. Does the organiz		to substantia	te the amount of its	grants and	
	other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to					
award the gra	nts or assistance?					X Yes No
=		V the organization's p	rocedures for	monitoring the use	of its grants and other assistance	
outside the Ur	nited States.					
3 Activities per f						
(a) Region	(b) Number of offices in	(c) Number of employees,				(f) Total expenditures for
	the region	agents, and independent	investment	g, program services, s, grants to recipients	describe specific type of service(s) in the region	and investments in the region
		contractors in the region	locate	ed in the region)		
EUROPE						
(1)	1	8	PROGRAM	SERVICES	CONFERENCE	
EUROPE (2)	1	8	GRANTS			3,996
SOUTH AMER			01011111			
_(3)		1	PROGRAM	SERVICES	CONFERENCE	
_(4)						
(5)						
(6)						
()						
(7)						
_(8)						
_(9)						
(10)						
(10)						
(11)						
						3
(12)						
(13)						
(10)						
(14)						

(15)						
(16)						
(17)						
3a Subtotal	2	17	1			3,996
b Total from continuation						
sheets to Part I						
c Totals (add	,	17				3.996

Page 2 Schedule F (Form 990) 2018 (i) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (h) Description of noncash assistance (g) Amount of Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed assistance noncash by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt (f) Manner of disbursement 62-1436781 (e) Amount of cash grant INTERNATIONAL ASSOCIATION FOR THE (q) Purpose of (c) Region Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) Schedule F (Form 990) 2018 (a) Name of organization Part II (16) (10) (11) (12) (13) (14) (12) Ξ (4) 9 9 8 8 9 3 2 ව 2

Part III

m 990) 2018 INTERNATIONAL ASSOCIATION FOR THE 62-1436781

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Schedule F (Form 990) 2018 INTERNATIONAL ASSOCIATION FOR THE

Page 3

Schedule F (Form 990) 2018 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant Part III can be duplicated if additional space is needed. recipients (a) Type of grant or assistance (12) (13) 14 (15) (16) (17) (18) Ð 8 6 9 (11) 2 ල 4 9 9 ⊚

Pa	urt IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2018

INTERNATIONAL ASSOCIATION FOR THE

Schedule F (Form 990) 2018

62-1436781

PART I, LINE 3 - ACTIVITIES PER REGION	N				
REGION	EXPE	NDITURES	INVE	ESTMENTS	
EUROPE	\$	0	\$	0	
EUROPE	\$	3,996	\$	0	
SOUTH AMERICA	\$	0	\$	0	
/	,				

PART V - ADDITIONAL INFORMATION

PART I, LINE 1 - DONATIONS EARMARKED FOR GRANTS ARE ADMINISTERED AS SUCH IN THE ACCOUNTING AND ARE NOT TO BE USED FOR OTHER PURPOSES. ANY AMOUNTS GRANTED OUT OF THESE DONATIONS ARE ADMINISTERED ACCORDINGLY.

PART I, LINE 3, SUB 1 AND SUB 3 - CONFERENCES AFFECTING THE FINANCES OF THE INTERNATIONAL ASSOCIATION FOR THE STUDY OF THE COMMONS HAVE BEEN ORGANIZED IN EUROPE AND SOUTH-AMERICA. EXPENDITURES AND INVESTMENTS MADE BECAUSE OF THESE EVENTS ARE NOT SPECIFICALLY LIMITED TO THESE EVENTS AND WILL BE USED FOR FUTURE EVENTS AROUND THE WORLD. THEREFORE COSTS INCURRED HAVE NOT BEEN SPECIFIED AND CAN BE CONSIDERED AS GLOBAL COSTS.

PART I, LINE 3, SUB 2 - EXPENDITURE CONCERNS THE AMOUNT GRANTED TO ELINOR OSTROM AWARD WINNERS TO ENABLE THEM TO ATTEND THE AWARD CEREMONY AT THE IASC2019 CONFERENCE IN PERU. BECAUSE OF LOGISTICS, THE TRAVEL AND ACCOMMODATION ARRANGEMENTS WERE MADE BY THEIR CONTACT PERSON AT LIFEMOSAIC, BASED IN THE UK, HENCE THE ATTRIBUTION OF THIS AMOUNT TO EUROPE. PAYMENT IS ONLY MADE ON SHOWN PROOF OF INCURRED COSTS.

Page 5

SCHEDULE O (Form 990 or 990-EZ) 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

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

INTERNATIONAL ASSOCIATION FOR THE STUDY OF THE COMMONS

Employer identification number 62-1436781

FORM 990 - ORGANIZATION'S MISSION

THE ASSOCIATION IS DEVOTED TO BRINGING TOGETHER MULTI-DISCIPLINARY

RESEARCHERS, PRACTIONERS AND POLICYMAKERS FOR THE PURPOSE OF IMPROVING

GOVERNANCE AND MANAGEMENT, ADVANCING UNDERSTANDING, AND CREATING

SUSTAINABLE SOLUTIONS FOR COMMONS, COMMON-POOL RESOURCES, OR ANY OTHER FORM

OF SHARED RESOURCE. THE GOAL OF THE IASC IS TO ENCOURAGE EXCHANGE OF

KNOWLEDGE AMONT DIVERSE DISCIPLINES, SHARED RESOURCES AND APPROPRIATE

FORM 990 - ADDITIONAL INFORMATION

PART III, LINE 1

INSTITUTIONAL DESIGN.

THE INTERNATIONAL ASSOCIATION FOR THE STUDY OF THE COMMONS AIMS TO BRING TOGETHER MULTIDICIPLINARY RESEARCHERS, PRACTITIONERS, AND POLICY MAKERS, FOR THE PURPOSE OF IMPROVING GOVERNANCE AND MANAGEMENT, ADVANCING UNDERSTANDING, AND CREATING SUSTAINABLE SOLUTIONS FOR COMMONS, COMMON-POOL RESOURCES, AND ANY OTHER FORM OF SHARED RESOURCES. THE GOAL OF THE IASC IS TO ENCOURAGE EXCHANGE OF KNOWLEDGE AMONG DIVERSE DISCIPLINES, AREAS, AND RESOURCE TYPES, TO FOSTER MUTUAL EXCHANGE OF SCHOLARSHIP AND PRACTICAL EXPERIENCE AND TO PROMOTE APPROPRIATE INSTITUTIONAL DESIGN.

FORM 990, PART III - ADDITIONAL INFORMATION

PART III, LINE 3 - AS FROM THE YEAR 2018-2019, THE IASC RECEIVES

REGISTRATIONS AND PAYMENTS FOR CONFERENCES ON BEHALF OF LOCAL ORGANIZERS

AND REIMBURSES LOCAL ORGANIZERS FOR INCURRED COSTS.

Employer identification number

INTERNATIONAL ASSOCIATION FOR THE

62-1436781

PART III, LINE 4A -

EXPENSES: GRANTS FOR TRAVELS AND ACCOMMODATION ELINOR OSTROM AWARD WINNERS
TO ATTEND AWARE CEREMONY AT IASC2019 CONFERENCE IN LIMA, PERU. GRANT
RECEIVED ON THEIR BEHALF BY LIFEMOSAIC, WHO ORGANIZED TRAVELS AND
ACCOMMODATION.

REVENUES: (1) CONFERENCE REVENUES FOR IASC-CONFERENCE OLDENBURG, GERMANY (ORGANIZATION FEE ONLY), (2) CONFERENCE REVENUES FOR IASC 2019 IN LIMA, PERU RECEIVED ON BEHALF OF LOCAL ORGANIZERS (ONLY ORGANIZATION FEE WILL REMAIN IN ACCOUNT IASC (USD 21,700), REMAINDER IS LIABILITY TOWARD LOCAL ORGANIZERS, (3) EARMARKED DONATION TO BE USED AS GRANT MONEY FOR ELINOR OSTROM AWARD WINNERS TO COVER TRAVELS AND ACCOMMODATION FOR ATTENDING AWARD CEREMONY.

PART III, LINE 4B - EXPENSES AND REVENUES: EARMARKED GRANT FOR WINNER IASC VIDEO CONTEST.

PART III, LINE 4C - EXPENSES: SUBSCRIPTIONS TO ONLINE SYSTEMS, COSTS OF REDESIGNING WEBSITE AND TRANSFER WEBSITE TO NEW SERVER.

PART III, LINE 4D - EXPENSES: BANKING COSTS

FORM 990, PART III, LINE 3

YES

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

EXPENSES: ADMINISTRATIVE COSTS, BANKING COSTS, OFFICE SUPPLIES, ICT

SERVICES; REVENUES; DONATIONS

PAGE 1 OF 5

Employer identification number

INTERNATIONAL ASSOCIATION FOR THE

62-1436781

FORM 990, PART VI - ADDITIONAL INFORMATION

PART VI, LINE 4 - DURING THE FISCAL YEAR 2018-2019, CHANGE OF BYLAWS HAS
BEEN APPROVED BY THE MEMBERSHIP. ALL CHANGES WERE RELATED TO EXPANDING THE
NUMBER OF COUNCIL MEMBERS BY CREATING A STUDENT COUNCIL MEMBER POSITION.

PART VI, LINE 6

DURING THE FISCAL YEAR 2017-2018, THE IASC HAD INDIVIDUAL, SUPPORTING, AND ORGANIZATIONAL MEMBERS. THE SUPPORTING AND ORGANIZATION MEMBERSHIPS ARE INSTITUTIONAL MEMBERSHIPS, GRANTING INDIVIDUAL MEMBERSHIP RIGHTS TO A PREDEFINED MAXIMUM NUMBER OF INDIVIDUALS AFFILIATED WITH THAT INSTITUTION REGISTERED AS MEMBERS.

PART VI, LINE 7A

ALL COUNCIL OFFICERS ARE ELECTED BY MEMBERS ENTITLED TO VOTE, I.E. ANY INDIVIDUAL MEMBER IN GOOD STANDING.

PART VI, LINE 7B

AMENDMENTS TO THE BYLAWS OF THE INTERNATIONAL ASSOCIATION FOR THE STUDY OF THE COMMONS REQUIRE RATIFICATION BY THE MAJORITY OF THE MEMBERS ENTITLED TO VOTE.

PARTI VI, LINE 11B

THE 990-FORM AND RELATED APPLICABLE SCHEDULES ARE FILLED IN BY THE EXECUTIVE DIRECTOR AND SUBSEQUENTLY CHECKED AND FILED BY EXTERNAL AUDITORS. THE FILED APPROVED FILES ARE DISPLAYED ON THE WEBSITE OF THE INTERNATIONAL ASSOCIATION FOR THE STUDY OF THE COMMONS AND ALSO AVAILABLE ON REQUEST.

PART VI, LINE 12C

AFTER EACH COUNCIL ELECTION, ALL STANDING AND NEWLY ELECTED COUNCIL MEMBERS

PAGE 2 OF 5

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS PART VI, LINE 7B

AMENDMENTS TO THE BYLAWS OF THE INTERNATIONAL ASSOCIATION FOR THE STUDY OF

FISCAL YEAR 2016-2017.

Employer identification number Name of the organization 62-1436781 INTERNATIONAL ASSOCIATION FOR THE THE COMMONS REQUIRE RATIFICATION BY THE MAJORITY OF MEMBERS ENTITLED TO VOTE. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 PART VI, LINE 11B THE 990 FORM IS COMPOSED BY THE EXECUTIVE DIRECTOR AND CHECKED BY EXTERNAL THE APPROVED AND FILED FILE ARE DISPLAYED VIA A LINK ON THE AUDITORS. ORGANIZATION'S WEBSITE. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY PART VI, LINE 12C AFTER EACH COUNCIL ELECTION, ALL STANDING AND NEWLY ELECTED COUNCIL MEMBERS ARE REQUESTED TO SUBSCRIBE AND FILE A DECLARATION OF NO CONFLICT OF INTEREST WITH THE EXECUTIVE DIRECTOR. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION PART VI, LINE 19 MOST RECENT FILED IRS TAX FORM IS ACCESSIBLE VIA ORGANIZATION'S WEBSITE. BYLAWS ARE DISPLAYED ON SPECIFIC WEBPAGE ON ORGANIZATION'S WEBSITE. SUBMISSION OF DECLARATIONS OF NO CONFLICTING INTTEREST IS MENTIONED IN GENERAL ON WEBPAGE WITH PROFILES OF OFFICERS; INDIVIDUAL DECLARATIONS CAN BE VIEWED AT REQUEST VIA EXECUTIVE DIRECTOR. FORM 990, PART VIII - ADDITIONAL INFORMATION PARTI VIII, LINES 17 AND 18 - THE LIABILITIES AT HAND ARE THE CONFERENCE REVENUES TO BE REIMBURSED TO THE LOCAL ORGANIZERS AS WELL AS COMPENSATION FOR MANAGMENT TASKS PERFORMED BY UTRECHT UNIVERSITY ON BEHALF OF THE

PAGE 4 OF 5

62-1436781 FYE: 6/30/2019

10/22/2019 3:42 PM

Page 1

Statement 1 - IN Form NP-20, Line 3 - Current Officers

Officer Name	Title	
Address	City	State Zip Code
EVERISTO MAPEDZA	COUNCIL MEMBER	
JOHN POWELL 513 NORTH PARK AVENUE CHARLES SCHWEIK	PAST-PRESIDENT BLOOMINGTON COUNCIL MEMBER	IN 47408-3829
MARCO JANSSEN 513 N PARK AVE INSA THEESFELD	PRESIDENT BLOOMINGTON PRESIDENT-ELECT	IN 47408-3895
SERGIO VILLAMAYOR TOMAS	JOURNAL CO-EDITOR	
FRANK LAERHOVEN	JOURNAL CO-EDITOR	
EMILY CASTLE 513 NORTH PARK AVENUE ALYNE DELANEY	INFORMATION OFFICER BLOOMINGTON COMMONSDIGEST EDITOR	IN 47408-3829
MICHAEL SCHOON	JOURNAL CO-EDITOR	
RENE' VAN WEEREN	EXEC DIRECTOR	
CATHERINE M TUCKER	COUNCIL MEMBER	
GABRIELA LICHTENSTEIN	COORDINATOR LATIN-AM	•
YAHUA WANG	COORDINATOR CHINA	
JUAN M PULHIN	COORDINATOR SE-ASIA	
GANESH SHIVAKOTI	AMBASSADOR ASIA	
TOBIAS HALLER	AMBASSADOR EUROPE	
CAREN BURGERMEISTER	FUTURE EXECUTIVE DIR	
MARIA CLAUDIA LOPEZ	COUNCIL MEMBER	
INOUE MAKOTO	COUNCIL MEMBER	
ESTHER MWANGI	COUNCIL MEMBER	
BERIL OCAKLI	STUDENT COUNCIL MEMB	

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62-1436781

Indiana Statements

FYE: 6/30/2019

Statement 2 - IN Form NP-20, Line 4 - Purpose of Mission of Organization

Description

PLEASE SEE ATTACHED FORM 990 FOR QUESTIONS 1, 3 AND 4.

THE ASSOCIATION IS DEVOTED TO BRINGING TOGETHER MULTI-DISCIPLINARY RESEARCHERS, PRACTIONERS AND POLICYMAKERS FOR THE PURPOSE OF IMPROVING GOVERNANCE AND MANAGEMENT, ADVANCING UNDERSTANDING, AND CREATING SUSTAINABLE SOLUTIONS FOR COMMONS, COMMON-POOL RESOURCES, OR ANY OTHER F OF SHARED RESOURCE. THE GOAL OF THE IASC IS TO ENCOURAGE EXCHANGE OF KNOWLEDGE AMONT DIVERSE DISCIPLINES, SHARED RESOURCES AND APPROPRIATE INSTITUTIONAL DESIGN.