NP-20 State Form 51082 (R10 / 8-19)

Indiana Department of Revenue Indiana Nonprofit Organization's Annual Report For the Calendar Year or Fiscal Year Beginning

07 01 2019 and Ending MM/DD/YYYY

06 30 2020

Amended Report
Final Report: Indicate
Date Closed

Check if: Change of Address

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	TION FOR THE STUDY OF	THE C	COMMONS	484 557 0829			
Address		County		Indiana Taxpayer Identification Numb	er		
513 NORTH PARK AVENUE		53					
City	State	Zip Code		Federal Employer Identification Numb	er		
BLOOMINGTON	IN	47408	3829				
Printed Name of Person to Contact			Contact's Telephone Nurr	ber			
CAREN BURGERMEISTER			484 557 0829	9			
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 31. 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							
Email Address: IASC@IASC-C	COMMONS.ORG		_				
I declare under the penalties of perio	ry that I have examined this return, incl	udina 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	$\overline{}$		
CAREN BURGERMEISTE	ZR.	484	557 0829				
Name of Person(s) to Contact		Daytime	Telephone Number				
	Important: Please submit this comp	slated form	and/or extension to				
				•			
Indiana Department of Revenue, Tax Administration P.O. Box 6481							
Indianapolis, IN 48206-6481							
Telephone: (317) 232-0129							
Extensions of Time to File							
The Department recognizes the later	nal Payanua Sancias application, for aut	matic out	onsion of time to file	Form 9989 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.

305 10/22/2020 2:22 PM Pg 41

Form 990 (Rev. January 2020) Department of the Treasury Intérnal 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.

In the Treasury Service

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

For the 2019 calendar year, or tax year beginning 07/01/19 , and ending 06/30/20

2019
Open to Public Inspection

<u></u>	Chark i	f applicable: C Name of organization INTERNATIONAL ASSOCIATION FOR THE	20	D Employe	r identification number
		s change STUDY OF THE COMMONS			
H	Mouress	Doing business as			
Ш	Name o	change Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon	e number
П	Initial re	tum 513 NORTH PARK AVENUE		484-	557-0829
Ħ	Final re				
님	terminat	BLOOMINGTON IN 47408-3829		G Gross red	ceipts 44,633
Ш	Amende	ed return F Name and address of principal officer.			
	Applicat	tion pending MARCO JANSSEN	H(a) Is this a gro	up return for s	subordinates? Yes X No
_		513 N PARK AVE	H(b) Are all sub	ordinates inc	luded? Yes No
		BLOOMINGTON IN 47408-3895	If "No,"	attach a list.	. (see Instructions)
_	T		\dashv		
÷	Websi		His Court over	antina aumini	
<u></u>			H(c) Group exer Year of formation: 1		M State of legal domicile: IN
			Year of formation: 1	505	M State of legal domicie: 11
	art I				
	1	Briefly describe the organization's mission or most significant activities:			
8		SEE SCHEDULE O			
Jan		•			
Governance		·			
é	2	Check this box ▶ if the organization discontinued its operations or disposed of more than 2			1
ಈ	3	Number of voting members of the governing body (Part VI, line 1a)		. 3	10
8	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10
		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			0
Activities	1	Total number of volunteers (estimate if necessary)			20
_	78	a Total unrelated business revenue from Part VIII, column (C), line 12			0
		Net unrelated business taxable income from Form 990-T, line 39		7b	0
			Prior Yea		Current Year
۰	8	Contributions and grants (Part VIII, line 1h)	63	3,814	37,817
ē	9	Program service revenue (Part VIII, line 2g)	140	659	6,808
	l				
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		125	8
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		125	8
Reve	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	204		0
Reve	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,598	0 44,633
Reve	11 12 13	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0 44,633 0
_	11 12 13 14	Other revenue (Part VIII, column (A), lines 5, 8d, 8c, 9c, 10c, and 11e) Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4)		1,598	0 44,633 0 0
_	11 12 13 14	Other revenue (Part VIII, column (A), lines 5, 8d, 8c, 9c, 10c, and 11e) Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4)		1,598	0 44,633 0 0
_	11 12 13 14	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) a Professional fundraising fees (Part IX, column (A), line 11e)		1,598	0 44,633 0 0
_	11 12 13 14 15 16a	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) O		1,598 5,796	0 44,633 0 0 0
Expenses	11 12 13 14 15 163	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	28	1,598 5,796 3,794	0 44,633 0 0 0 0 159,961
_	11 12 13 14 15 16 16 17	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	28	1,598 5,796 3,794 5,590	0 44,633 0 0 0 0 0 159,961 159,961
Expenses	11 12 13 14 15 16; 17 18	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	28 35 169	3,794 5,590 9,008	159,961 -115,328
Expenses	11 12 13 14 15 16; 17 18	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12	28 35 169 Beginning of Cur	3,794 5,590 9,008 pent Year	0 44,633 0 0 0 0 0 159,961 159,961 -115,328 End of Year
Expenses	11 12 13 14 15 16; 17 18	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12	28 35 169 Beginning of Cur 198	3,794 5,590 0,008 rent Year 3,832	0 44,633 0 0 0 0 0 159,961 159,961 -115,328 End of Year 83,505
Expenses	11 12 13 14 15 16; 17 18	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 28)	28 35 169 Beginning of Cur 198	3,794 5,590 9,008 nent Year 3,832 5,686	0 44,633 0 0 0 0 159,961 159,961 -115,328 End of Year 83,505 25,833
Net Assets or	11 12 13 14 15 16; 17 18 19 20 21 22	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total liabilities (Part X, line 18) Total liabilities (Part X, line 28) Net assets or fund balances. Subtract line 21 from line 20	28 35 169 Beginning of Cur 198	3,794 5,590 0,008 rent Year 3,832	0 44,633 0 0 0 0 159,961 159,961 -115,328 End of Year 83,505 25,833
Net Assets or Expenses	11 12 13 14 15 16 17 18 19 20 21 22 22	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	28 35 169 Beginning of Cur 198 166	3,794 5,590 9,008 rent Year 3,832 5,686 2,146	0 44,633 0 0 0 0 159,961 159,961 -115,328 End of Year 83,505 25,833 57,672
Net Assets or Expenses	11 12 13 14 15 16; 17 18 19 20 21 22 21 22	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 18) Total liabilities (Part X, line 28) Net assets or fund balances. Subtract line 21 from line 20 Signature Block benalties of perjury, I declare that I have examined this return, including accompanying schedules and statem	28 35 169 Beginning of Cur 198 166 32 ents, and to the be	3,794 6,590 9,008 rent Year 3,832 6,686 2,146	0 44,633 0 0 0 0 159,961 159,961 -115,328 End of Year 83,505 25,833 57,672
Net Assets or Expenses	11 12 13 14 15 16; 17 18 19 20 21 22 21 22	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	28 35 169 Beginning of Cur 198 166 32 ents, and to the be	3,794 6,590 9,008 rent Year 3,832 6,686 2,146	0 44,633 0 0 0 0 159,961 159,961 -115,328 End of Year 83,505 25,833 57,672
Net Assets or Expenses	11 12 13 14 15 163 17 18 19 20 21 22 22 20 21 Under pure, con	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block Penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemerect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	28 35 169 Beginning of Cur 198 166 32 ents, and to the be	3,794 5,590 9,008 rent Year 3,832 5,686 2,146 st of my kr	0 44,633 0 0 0 0 159,961 159,961 -115,328 End of Year 83,505 25,833 57,672 nowledge and belief, it is
Signal Page of Expenses	11 12 13 14 15 163 17 18 19 20 21 22 27 27 11 Indeer province, coordinates	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block Penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem rect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	28 35 169 Beginning of Cur 198 166 32 ents, and to the be	3,794 5,590 9,008 rent Year 3,832 5,686 2,146 st of my kr	0 44,633 0 0 0 0 0 159,961 159,961 -115,328 End of Year 83,505 25,833 57,672
Net Assets or Expenses	11 12 13 14 15 163 17 18 19 20 21 22 27 27 11 Indeer province, coordinates	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block Penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem arect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer Signature of officer CAREN BURGERMEISTER EXECU	28 35 169 Beginning of Cur 198 166 32 ents, and to the be	3,794 5,590 9,008 rent Year 3,832 5,686 2,146 st of my kr	0 44,633 0 0 0 0 0 159,961 159,961 -115,328 End of Year 83,505 25,833 57,672
Signal Page of Expenses	11 12 13 14 15 163 17 18 19 20 21 22 27 27 11 Indeer province, coordinates	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block venalties of perjury, I declare that I have examined this return, including accompanying schedules and statem mect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer Signature of officer CAREN BURGERMETSTER Type or print name and title	28 35 169 Beginning of Cur 198 166 32 ents, and to the be has any knowledg	3,794 5,590 9,008 rent Year 3,832 5,686 2,146 st of my kr	0 44,633 0 0 0 0 159,961 159,961 -115,328 End of Year 83,505 25,833 57,672
Sić He	11 12 13 14 15 16 16 17 17 18 19 20 21 12 22 20 21 1 Inder prue, con	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block Penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem arect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer Signature of officer CAREN BURGERMEISTER EXECU	28 35 169 Beginning of Cur 198 166 32 ents, and to the be	3,794 5,590 9,008 rent Year 3,832 5,686 2,146 st of my kr	0 44,633 0 0 0 0 159,961 159,961 -115,328 End of Year 83,505 25,833 57,672
Signal Page of Expenses	11 12 13 14 15 16 16 17 17 18 19 20 21 12 22 20 21 1 Inder prue, con	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block venalties of perjury, I declare that I have examined this return, including accompanying schedules and statem mect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer Signature of officer CAREN BURGERMETSTER Type or print name and title	28 35 169 Beginning of Cur 198 166 32 ents, and to the be has any knowledg	3,794 5,590 9,008 ent Year 3,832 5,686 2,146 st of my kr	0 44,633 0 0 0 0 159,961 159,961 -115,328 End of Year 83,505 25,833 57,672
Sic Expenses	11 12 13 14 15 16 16 17 17 18 19 20 21 12 22 20 21 1 Inder prue, con	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) a Professional fundraising fees (Part IX, column (A), line 11e) o Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 18) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block venalties of perjury, I declare that I have examined this return, including accompanying schedules and statem rect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer CAREN BURGERMEISTER EXECU Print/Type or print name and tite Preparer's signature ROSEMARY R IRBLAND, CPA ROSEMARY R IRBLAND, CPA	28 35 169 Beginning of Cur 198 166 32 ents, and to the be has any knowledg	3,794 5,796 3,794 5,590 9,008 rent Year 3,832 5,686 2,146 st of my kree. Date 2020	0 44,633 0 0 0 0 159,961 159,961 -115,328 End of Year 83,505 25,833 57,672 nowledge and belief, it is
Sich Bank Bank Bank Bank Bank Bank Bank Bank	11 12 13 14 15 163 17 18 19 20 21 22 20 21 Under pue, cool	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block Penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement, and complete. Declaration of preparer (other than officer) is based on all information of which preparer Signature of officer CAREN BURGERMEISTER EXECUTATIVE perparer's name Preparer's signature ROSEMARY R IRBLAND, CPA ROSEMARY R IRBLAND, CPA Firm's name ROSEMARY R IRBLAND, CPA ROSEMARY R IRBLAND, CPA Firm's name ROSEMARY R IRBLAND, CPA ROSEMARY R IRBLAND, CPA Firm's name ROSEMARY R IRBLAND, CPA ROSEMARY R IRBLAND, CPA	28 35 169 Beginning of Cur 198 166 32 ents, and to the be has any knowledg	3,794 5,796 3,794 5,590 9,008 rent Year 3,832 5,686 2,146 st of my kree. Date 2020	0 44,633 0 0 0 0 159,961 159,961 -115,328 End of Year 83,505 25,833 57,672 nowledge and belief, it is
Sich Balance Branch	11 12 13 14 15 163 17 18 19 20 21 22 20 21 1 1 22 22 20 21 1 1 2 22 20 20 1 2 2 2 2	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block Penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement, and complete. Declaration of preparer (other than officer) is based on all information of which preparer CAREN BURGERMEISTER Signature of officer Type or print name and title Print/Type preparers name Preparer's signature ROSEMARY R IRBLAND, CPA Firm's name	28 35 169 8eginning of Cur 198 166 32 ents, and to the be has any knowledg	3,794 5,796 3,794 5,590 9,008 rent Year 3,832 5,686 2,146 st of my kree. Date 2020	0 44,633 0 0 0 0 159,961 159,961 -115,328 End of Year 83,505 25,833 57,672 nowledge and belief, it is

Pa	m 990 (2019) INTERNATIONAL ASSOCIATION FOR THE	Page 2
	art III Statement of Program Service Accomplishments	₩.
	Check if Schedule O contains a response or note to any line in this Part III	X
	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
	•	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	. 🗀 🗀
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
T E M C Y	THE ASSOCIATION SPONSORS PUBLICATIONS, HOLDS GLOBAL, REGIONAL AND THEMATIC MEETINGS OF MEMBERS TO SHARE THE RESULTS FROM PRACTICAL EXPERIENCE, RESEARCH AND THEORETICAL DEVELOPMENTS, AND FOSTERS A MECHANISMS FOR DISSEMINATION OF FINDINGS, SUCH AS SPONSORSHIP OF PUBLICATIONS, WORKSHOPS AND SYMPOSIA ON SPECIFIC TOPICS. AS FYEAR 2018-2019, THE IASC RECEIVES REGISTRATIONS AND PAYMENTS FOR CONFERENCES ON BEHALF OF LOCAL ORGANIZERS AND REIMBURSES LOCAL OF FOR INCURRED COSTS.	RANGE OF
Т	b (Code:) (Expenses \$ including grants of \$) (Revenue \$ THE ASSOCIATION SUPPORTS EDUCATIONAL RESOURCES FOR DISSEMINATION KNOWLEDGE OF COMMONS' TOPICS.	OF)
	·	
Т	c (Code:) (Expenses \$	EVENTS,
II A	THE ASSOCIATION INFORMS ITS MEMBERS ABOUT RELEVANT DEVELOPMENTS, AND TOPICS VIA ITS WEBSITE, NEWLETTERS AND SOCIAL MEDIA.	EVENTS,
T A	THE ASSOCIATION INFORMS ITS MEMBERS ABOUT RELEVANT DEVELOPMENTS, AND TOPICS VIA ITS WEBSITE, NEWLETTERS AND SOCIAL MEDIA.	EVENTS,

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			•
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		v
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			х
7	"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
۰	complete Schoolvile D. Part III	8		х
9	Did the organization report an amount in Part X. line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt acceptation acceptance of the formation of the debt of the de	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
•	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			•
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		x
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
20-	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
20a h	If "Voe" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	<u> </u>	
ь 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	g			

	n 990 (2019) INTERNATIONAL ASSOCIATION FOR THE		P	age 4
Pi	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		163	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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			
	omployees? # "Vee " complete Schedule I	23		х
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			
	though Old and associate Cabada K. K. Mala San In Eur Offi	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
-1	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		240		\vdash
204	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		v
	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			
	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-		32		x
33	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
55	201 7701 2 and 201 7701 22 K Was * seconds Cabada D Dad I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
34	and Nord Bod V For A	34		х
25-				X
35a	, , , , , , , , , , , , , , , , , , , ,	35a		
ь	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		\vdash
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		X
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		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	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			ᆜ
	1 1 -		Yes	No
1a				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			

reportable gaming (gambling) winnings to prize winners?

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			
				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		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	6)			
3a			3a	\vdash	Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	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				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \dots		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e			
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		Х
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 g	joods			
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer				
۰	sponsoring organization have excess business holdings at any time during the year?	-	8		
9	Sponsoring organizations maintaining donor advised funds.				
٠.			9a		
d b	Did the sponsoring organization make any taxable distributions under section 4986?		9b		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		an		
10	Section 501(c)(7) organizations. Enter:	40-			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	L I			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b			
12a			12a		
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.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ration or			
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4988 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				

Part VI Governance, Management, and Disclosure For cost #10 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			7		
	any other officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		Х
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	mal F	Revenue C	ode.)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	m?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	onflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		••••			
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14		Х
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?					
а	The organization's CEO, Executive Director, or top management official			15a		Х
b	Other officers or key employees of the organization			15b		X
	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					
	with a taxable entity during the year?			16a		X
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?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed F IN					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (S	ection	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 on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	rest po	licy, and			
	financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	rds 🕨				
R	MILY CASTLE 513 NORTH PARK AVENUE					
B	LOOMINGTON IN 4740	8-3	829 31	7-60	8-3	067

Section A.

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form 990 (2019)	INTERNATIONAL	ASSOCIATION	FUR	THE

Page 7

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

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.
 See instructions for the order in which to list the persons above.

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	bo	k, unie	ess pe	tion more rson i	than one is both a or/trustee	in	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2 TUSHWISC)	(W-2 Tusa-Misc)	related organizations
(1) CAREN BURGERMEI	I					П				
EXECUTIVE DIR 2020	0.00	x		x				0	0	0
(2) MARCO JANSSEN										
	0.00								_	
PRESIDENT (3) RENE' VAN WEEREN	0.00	X		X		\vdash		0	0	0
(3) KENE. VAN WEEKEI	0.00									
EXEC DIRECTOR 2019	0.00	x		х				0	0	0
(4) PURABI BOSE						\Box				
	0.00									
COUNCIL MEMBER	0.00			Х		\sqcup		0	0	0
(5) EMILY CASTLE										
TWEEDING STONE OF STORE	0.00			٠,					_	
(6) FRANK LAERHOVEN	0.00		\vdash	X		\vdash		0	0	0
(6) FRAIR LAERHOVEN	0.00									
JOURNAL CO-EDITOR	0.00			x				0	0	0
(7) MARIA CLAUDIA LO						\vdash		· ·		
	0.00									
COUNCIL MEMBER	0.00			X				0	0	0
(8) INOUE MAKOTO										
	0.00									
COUNCIL MEMBER	0.00			Х		\vdash		0	0	0
(9) EVERISTO MAPEDZA	0.00									
COUNCIL MEMBER	0.00			х				0	0	0
(10) BERIL OCAKLI	0.00			^		\vdash		0	0	0
(10) 22142	0.00									
COUNCIL MEMBER	0.00			х				0	0	0
(11) JOHN POWELL										
	0.00									
PAST-PRESIDENT	0.00			X				0	0	0

Form 990 (2019)

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Form 990 (2019)	INTERNATIONAL	ASSOCIATION	FOR	THE

Part VII Section A. Officers	s, Directors, Tru	Siee	s, ne	y E	mpi	oyee	>,	and highest compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any	οm	o not ci k, unied loer an	Posi heck ss pe d a c	more rson I	s both	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and			
	hours for related organizations below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		ganizatio ed organ		
(12) MICHAEL SCHOO	0.00												
JOURNAL CO-EDITOR	0.00			X				0	0				0
(13) CHARLES SCHWI	0.00												
COUNCIL MEMBER	0.00			х				0	0				0
(14) INSA THEESFE	1												
PRESIDENT-ELECT	0.00			x				0	0				0
(15) SERGIO VILLAN	MAYOR TO	MA.S		Λ			Г						
JOURNAL CO-EDITOR	0.00			x				0	0				0
(16) CATHERINE M !				Λ					•				
·	0.00												_
COUNCIL MEMBER	0.00		\vdash	X			\vdash	0	0				0
1b Subtotal							•						
d Total from continuation shee	ets to Part VII, S						-						
2 Total number of individuals (in	cluding but not li	mite	d to t			ted a	bov	ve) who received more than	\$100,000 of				
reportable compensation from	the organization	>	U								\Box	Yes	No
3 Did the organization list any for employee on line 1a? If "Yes,"											3		x
4 For any individual listed on line	e 1a, is the sum	of re	porta	able	con	npens	sati	on and other compensation	from the		Ť		
organization and related organ individual	•							-			4		х
5 Did any person listed on line 1	1a receive or acc	rue	comp	ens	atior	n fron	n a	ny unrelated organization or	individual		5		х
for services rendered to the o Section B. Independent Contracto		es,	comp	nete	30	neau	ie J	l for such person			5		
Complete this table for your from the organic										ear			
	(A) business address	mpe	11500	011 11	01 41	10 00			(B) ion of services	iai.	Cor	(C) npensatio	n
							Γ						
							\vdash						
							L						
							T						
2 Total number of independent	contractors (inclu	ding	but r	not I	imite	ed to	the	ose listed above) who					
received more than \$100,000	of compensation	fron	n the	org	aniz	ation	Þ		0		Form	990	(2019)

Form 990 (2019) INTERNATIONAL ASSOCIATION FOR THE

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (C) Unrelated (D) Revenue excluded (B) Related or exempt function revenue from tax under sections 512-514 business revenue 1a Federated campaigns 1a b Membership dues 36,392 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 1,425 g Noncash contributions included in lines 1a-1f 1g 37,817 h Total. Add lines 1a-1f.... Business Code 4,588 4,588 2a JOURNAL REVENUE 2,220 CONFERENCE FEES 541900 2,220 f All other program service revenue g Total. Add lines 2a-2f. 6,808 ▶ Investment income (including dividends, interest, and other similar amounts) 8 Income from investment of tax-exempt bond proceeds (I) Real 6a Gross rents 6a b Less: rental expenses 6b 6c Rental inc. or (loss) d Net rental income or (loss) ▶ Gross amount from (I) Securities (II) Other sales of assets other than inventory 7a b Less: cost or other Revenue basis and sales exps. 7b c Gain or (loss) 7c d Net gain or (loss) • 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b Net income or (loss) from gaming activities 10a Gross sales of inventory, less retums and allowances 10a b Less: cost of goods sold 10b Net income or (loss) from sales of inventory Business Code Total. Add lines 11a-11d

44,633

6,816

0

ol

12 Total revenue. See instructions

Pa	rt IX Statement of Functional Ex	penses			
Secti	ion 501(c)(3) and 501(c)(4) organizations must c	complete all columns. All ot	ther organizations must con	nplete column (A).	
	Check if Schedule O contains a resp	onse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
	Grants and other assistance to domestic organizations			J	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	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 (nonemployees):	17,854		17,854	
a b	•	17,034		17,034	
c	•	1,220	1,220		
d	•	1/220	1/220		
	Lobbying Professional fundraising services. See Part IV, line 17				
f					
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12					
13	Office expenses				
14	Information technology	8,687	8,687		
15	Royalties				
16	Occupancy				
17					
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19		126,105	126,105		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	662			
23		662	662		
24					
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.) PUBLISHING FEES	3,579	3,579		
a b	BANKING COSTS	1,854	3,313	1,854	
C	•	1,004		1,004	
d	*				
	All other expenses				
25		159,961	140,253	19,708	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ if				
	following SOP 98-2 (ASC 958-720)				

Г	31 L /			to a to the Dood W			
		Check if Schedule O contains a response or note to	o any li	ne in this Part X			(D)
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing			198,832	1	83,505
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or former of	officer,	director,			
		trustee, key employee, creator or founder, substantial cor					
		controlled entity or family member of any of these person	s			5	
	6	Loans and other receivables from other disqualified person					
23		under section 4958(f)(1)), and persons described in section	on 495	58(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net				7	
4	8	leventering for pale 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	
	11	Investments multiply tended acquities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)			198,832	16	83,505
	17	Accounts payable and accrued expenses			146,028	17	,
	18	Grants payable			20,658	18	25,833
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of		ula D		21	
	22						
Liabilities	22	trustee, key employee, creator or founder, substantial cor					
Ē		controlled entity or family member of any of these person				22	
Ë	22					23	
		Secured mortgages and notes payable to unrelated third		·····		24	
	24					24	
	25	Other liabilities (including federal income tax, payables to		I			
		parties, and other liabilities not included on lines 17-24). (25	
		of Schedule D			166,686	25	25,833
	26	Total liabilities. Add lines 17 through 25	_		100,000	26	25,033
ø		Organizations that follow FASB ASC 958, check here	► V				
8		and complete lines 27, 28, 32, and 33.			20 146		F7 C70
agai	27				32,146	27	57,672
ä	28	Net assets with donor restrictions		·····		28	
Ĕ		Organizations that do not follow FASB ASC 958, chec	k here	:▶			
Ē		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current funds				29	
98	30	Paid-in or capital surplus, or land, building, or equipment				30	
As	31	Retained earnings, endowment, accumulated income, or	other f	funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			32,146	32	57,672
_	33	Total liabilities and net assets/fund balances			198,832	33	83,505

	990 (2019) INTERNATIONAL ASSOCIATION FOR THE			Pag	je 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		 		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	-	44,6	533
2	Total expenses (must equal Part IX, column (A), line 25)	2		59,9	
3	Revenue less expenses. Subtract line 2 from line 1	3	-11	15,3	328
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		32,1	146
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 on Schedule O)	9	14	40,8	354
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	ļ	57,6	572
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		 		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed 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		Х
	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 on				
	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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			\neg	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	,,		 	n 990	(2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

2019

Open to Public Inspection

Attach to Form 990 or Form 990-EZ.

INTERNATIONAL ASSOCIATION FOR THE

STUDY OF THE COMMONS

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). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 g Provide the following information about the supported organization(s). (I) Name of supported (II) EIN (iv) Is the organization (v) Amount of monetary (M) Amount of (III) Type of organization organization listed in your governing support (see (described on lines 1-10 other support (see Instructions) Instructions) above (see Instructions)) document? No Yes (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2019

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
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						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First five years. If the Form 990 is for the						•
	organization, check this box and stop here			_			▶□
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2019 (line 6,	column (f) divided	by line 11, colum	n (f))		14	%
15	Public support percentage from 2018 Sche		0 14			45	%
16a	33 1/3% support test—2019. If the organ	ization did not che					
	box and stop here. The organization quali			ation			▶ □
b	33 1/3% support test-2018. If the organ	ization did not che	ck a box on line 13				
	this box and stop here. The organization	qualifies as a publ	icly supported orga	anization			▶ □
17a	10%-facts-and-circumstances test—201	9. If the organizati	on did not check a				
	10% or more, and if the organization mee	ts the "facts-and-ci	ircumstances" test,	check this box an	d stop here. Expl	ain in	
	Part VI how the organization meets the "fo	acts-and-circumsta	nces" test. The or	ganization qualifies	as a publicly sup	ported	
	organization						▶ □
b	10%-facts-and-circumstances test—201	8. If the organizati	on did not check a	box on line 13, 16	3a, 16b, or 17a, an	d line	
	15 is 10% or more, and if the organization	•		-			
	Explain in Part VI how the organization me						
	supported organization			_		•	▶ □
18	Private foundation. If the organization did	I not check a box	on line 13, 16a, 16	b, 17a, or 17b. che	eck this box and se	e	
	instructions						▶ □

Schedule A (Form 990 or 990-EZ) 2019

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	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	27,348	17,426	32,179	63,814	37,817	178,584
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	38,595	43,011	28,052	140,659	6,808	257,125
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	65,943	60,437	60,231	204,473	44,625	435,709
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						
8	Public support. (Subtract line 7c from						
	line 6.)						435,709
Sec	tion B. Total Support						
Caler	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	65,943	60,437	60,231	204,473	44,625	435,709
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				125		422
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				123	8	133
С	Add lines 10a and 10b				125	8	133
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,	65,943	60,437	60,231	204,598	44,633	435,842
14	First five years. If the Form 990 is for the						,
	organization, check this box and stop her	•		, ,			▶ □
Sec	tion C. Computation of Public S						
15	Public support percentage for 2019 (line 8			nn (fl)		15	99.97 %
16	Public support percentage from 2018 Sch					16	99.97 %
	tion D. Computation of Investme						23.31.4
17	Investment income percentage for 2019 (S column (fl)		17	%
18	Investment income percentage for 2018					18	%
19a	33 1/3% support tests—2019. If the orga						~
100	17 is not more than 33 1/3%, check this b						▶ X
b	33 1/3% support tests—2018. If the orga	_	_				
-	line 18 is not more than 33 1/3%, check the						▶ □
20	Private foundation. If the organization di						

Schedule A (Form 990 or 990-EZ) 2019

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.)

S

ecti	on A. All Supporting Organizations			
			Yes	No
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.	1		
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).	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.	3a		
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.	3b		
С	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.	3с		
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.	4a		
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.	4b		
С	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.	4c		
5a	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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
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).	7		
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).	8		
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.	9a		
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.	9b		
С	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.	9c		
0a	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.	10a		
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.)

Schedu	le A (Form 990 or 990-EZ) 2019 INTERNATIONAL ASSOCIATION FOR THE			Page 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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		
b	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		
Secti	on B. Type I Supporting Organizations			
			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,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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			
	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			
0 1	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	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 instruct	ions).		
	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	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		

Schedul	e A (Form 990 or 990-EZ) 2019 INTERNATIONAL ASSOCIATION F	OR '	THE	Page 6
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniza	itions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	v. 20,	1970 (explain in Part VI). S	ee
	instructions. All other Type III non-functionally integrated supporting organizations mus	st comp	olete Sections A through E.	
Secti	on 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			
coll	ection of gross income or for management, conservation, or			
mai	ntenance 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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
inst	ructions 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		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on 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		
	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			
	ergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated	Type I	II supporting organization (s	see
	instructions).			

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Secti	on D - Distributions			Current Year
1	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			
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		
4	Amounts paid to acquire exempt-use assets	-		
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	ition is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 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	Distributable
			Pre-2019	Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form Part VI	Supplemental Information. Provide III, line 12; Part IV, Section A, lines 1, B, lines 1 and 2; Part IV, Section C, li 3a, and 3b; Part V, line 1; Part V, Seclines 2, 5, and 6. Also complete this	2, 3b, 3c, 4b, 4c, 5a, ne 1; Part IV, Section I tion B, line 1e; Part V,	red by Part II, line 10; Pa 6, 9a, 9b, 9c, 11a, 11b, a D, lines 2 and 3; Part IV, Section D, lines 5, 6, ar	and 11c; Part IV, Section Section E, lines 1c, 2a, 2b, ad 8; and Part V, Section E,
_				
-				

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.

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

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
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
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.
PART III, LINE 4A -

INTERNATIONAL ASSOCIATION FOR THE

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 4D - ALL OTHER ACCOMPLISHMENTS EXPENSES: ADMINISTRATIVE COSTS, BANKING COSTS, OFFICE SUPPLIES, ICT SERVICES; REVENUES; DONATIONS 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

INTERNATIONAL ASSOCIATION FOR THE

ORGANIZATIONAL MEMBERS. THE SUPPORTING AND ORGANIZATION MEMBERSHIPS ARE INSTITUTIONAL MEMBERSHIPS, GRANTING INDIVIDUAL MEMBERSHIP RIGHTS TO A PRE-DEFINED 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 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 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.

INTERNATIONAL ASSOCIATION FOR THE

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
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

PAGE 3 OF 4

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization INTERNATIONAL ASSOCIATION FOR THE 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 INTEREST 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 INTERNATIONAL ASSOCIATION FOR THE STUDY OF THE COMMONS.