DLN: 93493196048830 OMB No 1545-0047 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 Department of the Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 D Employer identification number B Check if applicable International Trademark Association Inc ☑ Address change 13-1427696 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 675 Third Avenue 3rd Floor ☐ Amended return ☐ Application pending (212) 768-9887 City or town, state or province, country, and ZIP or foreign postal code New York, NY $\,$ 10017 G Gross receipts \$ 29,932,021 Name and address of principal officer H(a) Is this a group return for ETIENNE SANZ DE ACEDO ☐Yes **☑**No subordinates? 675 Third Avenue 3rd Floor H(b) Are all subordinates New York, NY 10017 ☐ Yes ☐No ıncluded? ☐ 501(c)(3) **☑** 501(c)(6) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► www inta ord L Year of formation 1901 M State of legal domicile NY K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities To support trademarks and related intellectual property in order to protect consumers and to promote fair and effective commerce Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 36 4 36 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) 6 3,100 Total unrelated business revenue from Part VIII, column (C), line 12 7a 111,122 **b** Net unrelated business taxable income from Form 990-T, line 39 2,406 **Current Year Prior Year** 8 Contributions and grants (Part VIII, line 1h) . 25,000 Ravenua 22,272,651 22,706,785 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 55,788 2,547,030 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10,116 275 22,338,555 25,279,090 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 9,481,001 9,800,526 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 12,721,857 14,063,694 22,202,858 23,864,220 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 135,697 1,414,870 Net Assets or Fund Balances Beginning of Current Year End of Year 27,336,924 33,669,435 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 6,178,431 9,708,542 22 Net assets or fund balances Subtract line 21 from line 20 . 21,158,493 23,960,893 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-07-14 Signature of officer Sign Here Etienne Sanz De Acedo CHIEF EXECUTIVE OFFICER Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P01231300 Paid self-employed Firm's name ► CROWE LLP Firm's EIN > 35-0921680 Preparer Use Only Firm's address > 488 Madison Avenue Floor 3 Phone no (212) 572-5500 New York, NY 100225702 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2019)

Form	990 (2019)				Page 2
Pa	rt III Stateme	nt of Program Service Acc	omplishments		
	Check if Sc	hedule O contains a response or	note to any line in this Part III		🗆
1	Briefly describe the	e organization's mission			
oubli crade	c with respect to the mark owners in the	e uses of trademarks and related uses of their trademarks and re	ual property as elements of fair and el intellectual property, to promote the lated intellectual property, and to obti lemarks and related intellectual prope	interests of the members of thain, collect, and disseminate in	e Association and of
2	Did the organization	on undertake any significant prog	gram services during the year which w	vere not listed on	
	the prior Form 990	O or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe t	these new services on Schedule	0		
3	•		unificant changes in how it conducts, a	any program	
	services?	these changes on Schedule O			☐ Yes 🗹 No
4	Describe the organ Section 501(c)(3)	nization's program service accom	plishments for each of its three larges required to report the amount of grar ervice reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program se	rvices (Describe in Schedule O)			
	(Expenses \$	ıncludıng g	•	(Revenue \$)
40	Total program se	arvice evnences >	0		

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Pa	tiv 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🔰	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
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 "Yes," complete Schedule D,Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
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 negotiation services? If "Yes," complete Schedule D, Part IV	9		No
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
.1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	Yes	
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		No
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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸	11e	Yes	

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 🥦

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 为

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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12b

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14a

14b

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Yes

Yes

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Yes

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Nο

Νo

No

Nο

Nο

No

Nο

Form	990 (2019)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23	Yes	
	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 through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		
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		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			☑
1 -	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 13		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 13 14 15 16 17 17 18 18 19 18 19 19 19 19 19 19			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Yes	2 (3313)
		F	-nrm aa	0 (2019)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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	69		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	·
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	a 4a	Yes	
b	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country BE , CI , CH			
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	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 goods and service provided to the payor?	es 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 was required to file Form 8282?	₽ 7 c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	\dashv		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Ī
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12	_		
11	Section 501(c)(12) organizations. Enter	\dashv		
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b		
	parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O	16		No

orm	990 (2019)						Page 6
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched Check if Schedule O contains a response or note to any line in this Part VI	lule O	See instruction	ins	" resp	onse to	lines
Se	ction 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		36			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		36			
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?			any other	2		No
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other			supervision	3		No
4	Did the organization make any significant changes to its governing documents since the	prior F	Form 990 was	filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the orga	nızatıo	n's assets? .		5		No
6	Did the organization have members or stockholders?				6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power members of the governing body?			ne or more	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by persons other than the governing body?				7 b		No

	officer, director, trustee, or key employeer.	-		NO
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		
	organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue		e.)	No
Se			e.) Yes	No
10a	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		No
10a b	Did the organization have local chapters, branches, or affiliates?	Code		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a		No No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a		No No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10a 10b	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	10a 10b 11a	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in	10a 10b 11a 12a	Yes Yes Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No No

	persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	≘.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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			
	form?	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	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		No
ь	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?			
	status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website \square Another's website $ ewline olimits$ Upon request \square Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

	and branches to ensure their operations are consistent with the organization's exempt purposes.			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
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	Yes	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
Ь	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		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶Mike Lindsay 675 Third Avenue New York, NY 10017 (212) 642-1726			
		F	orm 99	0 (2019

Form 990 (2	2019)										Page 7
Part VII	Compensation of Officer and Independent Contra	•	Truste	es,	Key	E n	nploy	ees	, Highest Comp	ensated Employ	yees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	thıs	Part VI	١.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees,	, an	ıd F	lighe	st C	Compensated En	nployees	
year ● Lıst all	e this table for all persons require of the organization's current of	icers, directors,	· , trustee	es (wh	neth	er ır	ndıvıdu		, -		-
	ation Enter -0- in columns (D), (of the organization's current key	,, , ,						finit	ion of "Ivoy omnlovo	0.11	
• List the who receive	organization's current high d reportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	her t	than ar	n off	icer, director, truste	e or key employee))
	of the organization's former office e compensation from the organiz						pensat	ed e	employees who rece	ived more than \$10	00,000
	of the organization's former dire i, more than \$10,000 of reportab										e
See instruct	ions for the order in which to list	the persons ab	ove								
☑ Check t	his box if neither the organizatio	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	Check this box if neither the organization no (A) Name and title Position of the content of t		Position than o	(C) o no ox, u) t cho unles ficer	eck moss pers	ore son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
		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)	organization and related organizations
See Addition	al Data Table										

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
(A) Name and title	(B) Average hours per week (list any hours		ne bo	ox, ι n of	t che inles ficer	s pers and a	on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	indradual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
See Additional Data Table										
									_	
	-									Form 990 (2019)

Page **8**

	t VII Section A. Officers, Direct	ors, Trustees	, Key I	Empl	oye	es,	and I	High	nest Con	npensate	ed Employees	(conti	nued)	Page 8	
	(A) Name and title	(A) (B) (C)		eck moss persection and a	ore son	Repo compe fror orgar	(D) ortable ensation m the nization	(E) Reportable compensation from related organizations (W-2/1099-	n .	(F) Estimated amount of other compensation from the organization and					
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		,,1099- ISC)	(W-2/1099- MISC)		related organizations		
See /	Additional Data Table						\vdash				†	+			
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								\Box				\top			
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								Ш				\perp			
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41.0	hip Total											\perp			
c T	Sub-Total	art VII, Section	Α		·		>	_				_			
<u>d T</u> 2	Total (add lines 1b and 1c)					\C.	•) wbo			282,567		0		259,750	
2	Total number of individuals (including of reportable compensation from the	organization > 2	to thos 22	e IIST	eu at	۷۵۸€	e) wnc	rece	eivea mo.	ie inan \$1	.00,000				
_	D.I.II.								_1				Yes	No	
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>			ee, ke		nplc •	oyee, (or hi	gnest cor	npensated	employee on	3		No	
4	For any individual listed on line 1a, is organization and related organization individual										n the	4	Yes		
5	Did any person listed on line 1a receiv services rendered to the organization									tion or ind	ıvıdual for	5	165	No	
	ction B. Independent Contract				_	_							<u>'</u>		
1	Complete this table for your five high- from the organization Report comper											mpens	sation 		
		(A) and business addre	:SS								(B) cription of services	\prod	(C Comper	nsation	
·	estaurants ummer Street									2019 Annua	al Meeting		1	,413,388	
Bosto	n, MA 02210 nan Audio Visual									Annual Mee	ting 2019 Audio Vis	ual	1	,082,155	
РО Во	x 650036									Vendor	= / (ddio Vis		1	,,	
	s, TX 752650036 ont Hotels									2019 Leade	rship Meeting	\dashv		678,229	
	ed River Street n, TX 78710									l					
	vent Inc									Annual Mee	ting 2019 Vendor	\dashv		662,985	
Bosto	ummer St n, MA 02127														
	a Bay Sands Pte Ltd									Annual Mee	ting 2020 Vendor			620,763	
10 Ba Singa SN	yfront Ave pore									l					
2 T	otal number of independent contractor		not lim	ited t	o the	ose	listed	abov	l /e) who r	eceived m	ore than \$100,00	00 of			
	ompensation from the organization 🕨 :	10				_							Form 99	0 (2019)	

orm 9 Part		(2019) Statement	of R	evenue						Page 9
, air	V 111				respo	nse or note to any	line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
10	1 a	Federated campa	aigns		1a			revenue		512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	ı	b Membership due:	s.	· į	1 b					
. Gr.	(c Fundraising even	nts .	.	1 c					
ifts, ar A	(d Related organiza	tions	•	1 d	25,000				
s, G mil		e Government grants			1e					
ijon r Si	1	f All other contribution and similar amounts above			1f					
ibu Xfe	٩	Noncash contributio	ns in	cluded in						
ontr nd C	١.	lines 1a - 1f \$		_	1g					
ج ت	<u>'</u>	h Total. Add lines	1a-11	·	• •	•	25,000			
	22	FORUMS AND MEETIN	NGS			Business Code	15,820,771	15,734,549	86,222	
<u> </u>			103			900099		·		
Service Revenue	b	MEMBERSHIP DUES				900099	6,633,956	6,633,956		
ր G	c	MEMBERSHIP DIRECT	TORY			541800	205,300	205,300		
rvic		PUBLICATIONS					46,758	21,858	24,900	
<u>ج</u> ج	a	PODLICATIONS				519100	,	·	·	
Program	e									
ď		All 11					0	0	0	0
		All other program Total. Add lines 2				22,706,785				
		Investment income					1		1	
	s	similar amounts). Income from invest	•			Þ	526,555			526,555
							•			
				(ı) Rea	al	(II) Personal				
	6a	a Gross rents 6a								
	b	Less rental	6b				-			
	С	expenses Rental income	60				-			
		or (loss)	6c		0		<u>o</u>			
	d	Net rental income	or ((ı) Secur		(II) Other	1			
	7a	Gross amount	_	.,			1			
		from sales of assets other than inventory	7a	6,0	521,574	51,83	2			
	ь	Less cost or					1			
		other basis and sales expenses	7b	4,0	552,931					
	С	Gain or (loss)	7c	1,9	968,643	51,83	2			
	d	Net gain or (loss)	-			l .	2,020,475	5		2,020,475
<u>ə</u>	8a	Gross income from fu (not including \$	ındraı	sing events of						
enu		contributions reported See Part IV, line 18		ine 1c)						
Rev	b	Less direct expen			8a 8b		-			
Other Revenue		: Net income or (los			ıng ev	ents 🕨	_			
	0 2	Gross income from	aami	na activities						
	Ju	See Part IV, line 19	•	• •	9a					
		Less direct expen			9b					
	С	: Net income or (los	ss) fr	om gaming	activiti	es •	7			
	10a	Gross sales of inve								
	ь	Less cost of good			10a 10b		-			
		: Net income or (los				ory >	_			
		Miscellaneo	us Re			Business Code				
	11	a Miscellaneous inc	ome			90009	9 275	275		
	b	,								
	c					•				
		All other revenue					C	((0
		Total. Add lines 1				•	275	i		
	12	Total revenue. S	ee in	structions	• •	• • • •	25,279,090	22,595,938	111,122	
										Form 990 (2019)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns	All other organization	ons must complete co	olumn (A)
Check if Schedule O contains a response or note to an		_		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
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	0			
5 Compensation of current officers, directors, trustees, and key employees	1,584,996			
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	6,446,159			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	497,432			
9 Other employee benefits	798,615			
10 Payroll taxes	473,324			
11 Fees for services (non-employees)				
a Management				
b Legal	336,819			
c Accounting	115,281			
d Lobbying	87,483			
e Professional fundraising services See Part IV, line 17	,			
f Investment management fees	60,905			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,170,103	0	0	0
12 Advertising and promotion	50,638			
13 Office expenses	501,206			
14 Information technology	810,825			
15 Royalties				
16 Occupancy	2,063,592			
17 Travel	796,497			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	730,137			
19 Conferences, conventions, and meetings	6,396,258			
20 Interest	, ,			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	132,144			
23 Insurance	141,348			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	112,010			
a DUES AND SUBSCRIPTIONS	286,345			
b CREDIT CARD FEES	737,252			
c STAFF TRAINING	52,538			
d SPONSORSHIPS	187,928			
e All other expenses	136,532	0	0	0
25 Total functional expenses. Add lines 1 through 24e	23,864,220	0	0	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)				

Cash-non-interest-bearing

Pledges and grants receivable, net . . .

Notes and loans receivable, net

Inventories for sale or use Prepaid expenses and deferred charges . . .

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Tax-exempt bond liabilities . . .

Investments—other securities See Part IV, line 11 .

Investments-program-related See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here ▶

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ▶ 📙 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

basis Complete Part VI of Schedule D

b Less accumulated depreciation

Intangible assets

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Grants payable .

Accounts receivable, net

Savings and temporary cash investments . .

Loans and other 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

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10b

Form 990 (2019)

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Assets

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23

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26

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32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Page **11**

1,968,193

2,706,341

25,779,483

33,669,435

1,390,747

6.273.247

2.044.548

9.708.542

23,960,893

23,960,893

33,669,435

Form 990 (2019)

heck if Schedule O contains a response or note to any line in this Part IX .									
	Е	Begir	(A nning) j of :	year			Е	Ξnd

2,770,672

64,331

	_	
3,665,722	1	3,2
Beginning of year		End of year

36.478

1,014,575

162,375

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22,457,774

27,336,924

1,308,286

4.623.221

246,924

6.178.431

21,158,493

21,158,493

27,336,924

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Beginning of year		End of year
3,665,722	1	3,215,4
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Form 990 (2019)

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Additional Data

Software ID: 19010655

Software Version: 2019v5.0 **EIN:** 13-1427696

Name: International Trademark Association Inc.

Form 990 (2019)

Form 990, Part III, Line 4a:

INTA was founded in 1878 by 17 merchants and manufacturers who saw a need for an organization "to protect and promote the rights of trademark owners, to secure useful legislation and to give aid and encouragement to all efforts for the advancement and observance of trademark rights " INTA's members are more than 7,200 organizations from 191 countries INTA members collectively contribute almost \$12 trillion (US), 8 8 trillion (EU), 73 trillion (China) to global GDP annually. The Association's member organizations represent some 31,000 trademark professionals and include brand owners from major corporations as well as small- and medium-sized enterprises, law firms and nonprofits. There are also government agency members as well as individual professor and student members. INTA undertakes advocacy work throughout the world to advance trademarks and offers educational programs and informational and legal resources of global interest. INTA is headquartered in New York City with offices in

Brussels, Santiago, Shanghai, Washington D C and Singapore INTA has representatives in Geneva and New Delhi

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person compensation amount of other hours per compensation is both an officer and a week (list from the compensation from related

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	ı	direct	or/t	rust	ee)		organization (W-	organizations	from the organization and related organizations	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)		
Ayala Deutsch	2 0										
President Elect		X		×				0	U	0	
Dana Northcott	2 0			,,							
Secretary		X		×				0	0	0	
David Lossignol	2 0			\ ,							
President		X		×						0	
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Secretary			^				
David Lossignol	2 0		V			0	
President		^	^			0	
Jomarie Fredericks	2 0						
Treasurer		X	×			0	

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and Independent Contractors

Tıkı Dare

Vice President Zeeger Vınk

Vice President

Board member

Barry Gerber

Board member

Board member

Board member

Batur Oktay

Bartosz Krakowiak

Annabelle DanielVarda

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation week (list is both an officer and a from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours		irect			ee)	•	organization (W-	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
Carsten Albrecht	2 0	х						0	0	0	
Board member		^								0	
Cecilia Emanuelson	2 0										
Board member		X							0	0	
Daretia Austin	2 0										
Board member		X							0	0	
Diane Lau	2 0										
		X	l	I	l		I	l o	l o	0	

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Board member						
Daretia Austin	2 0	1				
Board member	•••••	X			0	
Diane Lau	2 0					
Board member		X			0	
Elisabeth Kasznar Fekete	2 0					

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and Independent Contractors

Board member Gang Bai Wanhuida

Board member

Board member

Board member

Joann Pinaire

Board member

Board member

Judy McCool

Jeremy Kaufman

Heather McDonald

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation

director/trustee)

any hours

for related

organizations

below dotted

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Individual trustee or director

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Institutional

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

Kowit Somwaiya
Board member
Larry Rickles
Board member
Leanne Stendall

Board member

Board member

Board member

Board member

Melody Schottle

Board member

Michael Graham

Board member

Michael Hawkins

Board member

Pamela Malları

Board member

Marie Cecilia Romoleroux

Marie-Laure Bonnaffous

Louis Chan

and Independent Contractors

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Highest compensated

Former

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organization (W-

organizations

(W- 2/1099-

MISC)

from the

organization and

related

organizations

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person compensation amount of other hours per compensation is both an officer and a compensation week (list from related from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	director/trustee)				ee)		organization (W-	organizations	from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	related organizations	
Paul McGrady	2 0	х						0	0	0	
Board member		^								Ĭ	
Peter Van den Bulck	2 0	x						0	0	0	
Board member		_ ^							١	ľ	
Phiippa McLeod	2 0										
Board member		X							0	0	
Ranjan Narula	2 0							0	0	0	
Board member		X								0	

0

807,190

169,334

269,470

209,920

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27,799

17,436

46,876

36,971

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35 0

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RScott MacKendrick Board member

Uche Nwokocha

Board member

Michael Lindsay

Bruce Macpherson

Randı Mustello

CHIEF POLICY OFFICER

Etienne Sanz De Acedo

CHIEF EXECUTIVE OFFICER

Director Finance & Administration

CHIEF GOVERNANCE OFFICER

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations from the for related 2/1099-MISC) (W-2/1099organization and

Former

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MISC)

161,037

200,591

159,130

160,114

145,781

related organizations

16,140

36,870

31,287

17,929

28,442

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee
DEBORAH COHN	35 0					
			I	l	l	l x l

and Independent Contractors

Senior Director, Government Relations

SR DIRECTOR, INTERNET POLICY

Lori Schulman

PEGGY REARDON

Sarah O'Connell

Sheila Jeyathurai

DIRECTOR, MEMBERSHIP

DIRECTOR, EDUCATION

Director, Strategic Partnerships

35 0

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SCHEDULE C

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493196048830

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Open to Public Inspection

• S • S f the • S • S f the Prox	Section 501(c) (other than section 5 Section 527 organizations Complet corganization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form 9 thave filed Form 5768 (election under s thave NOT filed Form 5768 (election ur n Form 990, Part IV, Line 5 (Proxy Tax s), then	s I-A and C below 90-EZ, Part VI, IIr ection 501(h)) Co ider section 501(h	ne 47 (Lobbying Activitie emplete Part II-A Do not co)) Complete Part II-B Do	omplete Part II-B not complete Part II-A
	me of the organization			Employer ide	ntification number
Inte	ernational Trademark Association Inc				
Dave	t I-A Complete if the orga	nization is exempt under sectio	n EO1(s) or is	13-1427696	ization
		-			
1	"political campaign activities")	ization's direct and indirect political can	npaign activities ir	n Part IV (see instructions	for definition of
2	Political campaign activity expend	itures (see instructions)		>	\$
3	Volunteer hours for political camp	• • • • • • • • • • • • • • • • • • • •			
Par	t I-B Complete if the orga	nization is exempt under sectio	n 501(c)(3).		
1	Enter the amount of any excise ta	ex incurred by the organization under se	ection 4955	•	\$
2	Enter the amount of any excise ta	ex incurred by organization managers ui	nder section 4955	•	\$
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	his year?		🗌 Yes 🔲 No
4a	Was a correction made?	☐ Yes ☐ No			
b					
Par	t I-C Complete if the orga	nization is exempt under sectio	n 501(c), exce	ept section 501(c)(3)).
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt funct	ion activities	\$
2	Enter the amount of the filing org function activities	anization's funds contributed to other o	rganizations for se	ection 527 exempt	\$
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and or	n Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly deliver se (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's funds olitical organization, such	Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
1					
2					
3					
1					
5					
5					
			1		

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?

If "Yes," enter the amount of any tax incurred under section 4912

Schedule C (Form 990 or 990-EZ) 2019

Media advertisements?

Other activities?

Total Add lines 1c through 1i

501(c)(6).

answered "Yes."

Dues, assessments and similar amounts from members

Supplemental Information

expenses for which the section 527(f) tax was paid).

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Part II-B

activity

2a

1

2

1

2

C Total

Part IV

3

Part III-A

Part III-B

Current year

Carryover from last year

expenditure next year?

Return Reference

(b)

Amount

Yes

1

2

1

2a

2b

2c

3

4 5

Schedule C (Form 990 or 990EZ) 2019

No

No

No

Nο

2,123,305

73,026

73.026

84.932

-11,906

Yes | No During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? b

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section

and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Did the organization agree to carry over lobbying and political expenditures from the prior year?

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

Were substantially all (90% or more) dues received nondeductible by members?

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

(a)

SCHEDULE D

DLN: 93493196048830

OMB No 1545-0047

Supplemental Financial Statements

Complete if the organization answered "Yes," on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990.

(Form 990)

-	al Revenue Service ► Go to <u>www.irs.gov/Forr</u>	<u>m990</u> for instructions and the latest i	nformation.	Inspection
	me of the organization rnational Trademark Association Inc		Employ	er identification number
inte	mational trademark Association Inc		13-1427	696
Pa	rt I Organizations Maintaining Donor Adv		ds or Accou	ıts.
	Complete if the organization answered "Ye		1 (1)	F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1	Total number at and of year	(a) Donor advised funds	(b)	Funds and other accounts
2	Total number at end of year Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisor	ore in writing that the assets held in dono	or advised fund	c are the
5	organization's property, subject to the organization's ex		n auviseu iuliu	Yes No
6	Did the organization inform all grantees, donors, and d	onor advisors in writing that grant funds	can be used or	
	charitable purposes and not for the benefit of the dono			
	private benefit?			☐ Yes ☐ No
Pa	rt II Conservation Easements. Complete if the organization answered "Ye	es" on Form 990 Part IV line 7		
1	Purpose(s) of conservation easements held by the orga			
-	Preservation of land for public use (e.g., recreation		of an historically	y important land area
	Protection of natural habitat	,	of a certified his	
		- Preservation o	n a ceruned his	storic structure
_	☐ Preservation of open space			
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in the		servation leld at the End of the Year
а	Total number of conservation easements		2a	icia at the Ena of the Tear
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified histor	ric structure included in (a)	2c	
d	Number of conservation easements included in (c) acqu	ured after 7/25/06, and not on a historic	2d	
3	structure listed in the National Register Number of conservation easements modified, transferr	ed released extinguished or terminated	I by the organi	zation during the
•	tax year ►	ed, released, extinguished, or terminated	i by the organiz	edion during the
4	Number of states where property subject to conservation	on easement is located >		
5	Does the organization have a written policy regarding t		ling of violation	s,
	and enforcement of the conservation easements it hold	ls?		🗌 Yes 🔲 No
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcir	ng conservatior	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting. • \$, handling of violations, and enforcing cor	nservation ease	ements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on 170(h)(4)(R)(1)
•	and section $170(h)(4)(B)(n)$?	, above sausty the requirements of section	5 ±7.0(11)(±)(D	Yes No
9	In Part XIII, describe how the organization reports con- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer	e footnote to the organization's financial s		ent, and
Par	t III Organizations Maintaining Collections		Other Simila	ar Assets.
	Complete if the organization answered "Ye			
1a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	public exhibition, education, or research	ı ın furtherance	
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for put following amounts relating to these items	16 (ASC 958), to report in its revenue sta	atement and ba	
(i) Revenue included on Form 990, Part VIII, line 1		•	\$
(i	i)Assets included in Form 990, Part X		•	\$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		financial gain,	
а	Revenue included on Form 990, Part VIII, line 1	. , ,	•	· \$
Ь	Assets included in Form 990, Part X		,	
	Paperwork Reduction Act Notice, see the Instruction	ins for Form 990. Cat	No. 52283D	Schedule D (Form 990) 2019

d Equipment .

Sche	edule D (Form 990) 2019								Page 2
Par	t III Organizations Maintainin	g Collections o	of Art, Histor	ical Trea	sures, o	r Other Similar A	ssets (cont	inued)	
3	Using the organization's acquisition, acc items (check all that apply)	ession, and other	r records, check	any of the	e following	that are a significant	use of its col	ection	
а	Public exhibition		d	☐ Lo	an or exch	ange programs			
b	Scholarly research		е	☐ Ot	ther				
С	Preservation for future generation	าร							
4	Provide a description of the organization Part XIII	n's collections and	d explain how th	ey further	the organi	zation's exempt purpo	ose in		
5	During the year, did the organization so assets to be sold to raise funds rather t		•				☐ Yes	□ N-	0
Pa	rt IV Escrow and Custodial Arr Complete if the organization X, line 21.		" on Form 990), Part IV	, line 9, o	r reported an amo	unt on Forn	า 990,	Part
1 a	Is the organization an agent, trustee, c	ustodian or other	ıntermedıary fo	r contribut	ions or oth	er assets not	_		
	included on Form 990, Part X?						☐ Yes	□ N	0
	75 1134 11 1 1 1 1								_
b	If "Yes," explain the arrangement in Pa	rt XIII and compl	ete the following	j table		1c	lmount		_
c d	Beginning balance					1d			_
e	Additions during the year					1e			_
f	Distributions during the year					1f			_
	Ending balance								_
2a	Did the organization include an amount					·	_	⊔ N₁	0
	If "Yes," explain the arrangement in Pa	t XIII Check her	e if the explana	tion has be	en provide	d in Part XIII	Ш		
Pa	Endowment Funds. Complete if the organization	answord "Vos	" on Form 99) Dart IV	lino 10				
	complete if the organization	(a) Curre		Prior year		years back (d) Three ye	ears back (e)	Four year	rs back
1 a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and loss	es							
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the	current year end	d balance (line 1	.g, column	(a)) held a	is			
а	Board designated or quasi-endowment	>							
b	Permanent endowment ►								
С	Temporarily restricted endowment ▶								
	The percentages on lines 2a, 2b, and 2	should equal 10	0%						
3а	Are there endowment funds not in the p	ossession of the	organization tha	at are held	and admin	istered for the		V T	
	organization by (i) unrelated organizations						3a(i)	Yes	No
	(ii) related organizations						3a(ii)	+	
b			required on Sch	edule R?			3b	+	
4	Describe in Part XIII the intended uses	of the organizatio	n's endowment	funds					
Pa	rt VI Land, Buildings, and Equi								
	Complete if the organization								
		t or other basıs vestment)	(b) Cost or othe	r basis (othe	er) (c) Aco	cumulated depreciation	(d) B	ook value	9
1.2	Land								
	Buildings				-				
	Leasehold improvements			2 247 9	909	51 262			196 647

522,763

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

509,694

2,706,341

13,069

Part VII	Investments—Other Securities.	Dowt IV.	111	. Coo Form 000 I	10 mt V	line 10
	Complete if the organization answered "Yes" on Form 990, (a) Description of security or category (including name of security)	(b) Book value	ne III	(c) Metho Cost or end-of	d of va	aluation
	l derivatives					
(2) Closely- (3)Other	held equity interests					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV. I	ne 110	. See Form 990,	Part >	(, line 13,
	(a) Description of investment			(b) Book value	(с	Method of valuation to rend-of-year market
						value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 13)		•			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, F	Part IV, lıı	ne 11d	. See Form 990, Par	t X, lıı	
(1)	(a) Description					(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	(1) (5) (6) (7) (7)					
Part X	omn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities.	<u></u>	•			
1.	Complete if the organization answered 'Yes' on Form 990, F (a) Description of liability	Part IV, lii	ne 11e	or 11f.See Form	990, 	Part X, line 25. (b) Book value
(1) Federal	income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 25) or uncertain tax positions In Part XIII, provide the text of the footno	te to the o	rganizəl	ion's financial state	ments	2,044,548 that reports the
•	's liability for uncertain tax positions under FIN 48 (ASC 740). Check		_			· —

Schedule D (Form 990) 2019

Page 4

1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ities	2b]	
С	Recoveries of prior year grants		2c]	
d	Other (Describe in Part XIII) .		2d		1	
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) $\ .$		4b			
c	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 40	c. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part			Returi	n.
1	·	dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25				
а	Donated services and use of facili	ities	2a			
b	Prior year adjustments		2b		1	
С	Other losses		2c			
d	Other (Describe in Part XIII) $\ .$		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a]	
b	Other (Describe in Part XIII) .		4b]	
C	Add lines 4a and 4b				4c	
5		4c. (This must equal Form 990, Part I, line 18) .		5	
	t XIII Supplemental Info					
		art II, lines 3, 5, and 9, Part III, lines 1a and ϵ s 2d and 4b Also complete this part to provide			V, line	4, Part X, line 2, Part
	Return Reference		Exp	lanation		
See /	Additional Data Table					
						·

Page 5		chedule D (Form 990) 2019	
	ormation (continued)	Part XIII Supplemental Info	Part XIII
	Explanation	Return Reference	

Schedule D (Form 990) 2019

Additional Data

Software ID: 19010655 Software Version: 2019v5.0

EIN: 13-1427696

Name: International Trademark Association Inc.

Supplemental Information

Return Reference Explanation

Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote

INTA is exempt from federal income tax under Section 501(c)(6) of the Internal Revenue Cod e CURRENT ACCOUNTING STANDARDS REQUIRE THE ASSOCIATION TO DISCLOSE THE AMOUNT OF POTENTIA L BENEFIT OR OBLIGATION TO BE REALIZED AS A RESULT OF AN EXAMINATION PERFORMED BY A TAXING

AUTHORITY FOR THE YEARS ENDED DECEMBER 31, 2019 and 2018, MANAGEMENT HAS DETERMINED THAT THE ASSOCIATION DOES NOT HAVE ANY TAX POSITIONS THAT RESULT IN ANY UNCERTAINTIES REGARDIN G THE POSSIBLE IMPACT ON THE CONSOLIDATED FINANCIAL STATEMENTS. THE ASSOCIATION DOES NOT E XPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS THE ASSOCIATION RECOGNIZES INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTER S IN INCOME TAX EXPENSE THE ASSOCIATION DOES NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AN D PENALTIES AT DECEMBER 31, 2019

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493196048830 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2019 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** International Trademark Association Inc. 13-1427696 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (such as, program service, describe for and investments region and independent fundraising, program specific type of in the region contractors in the services, investments, grants service(s) in the region region to recipients located in the region) See Add'l Data 1.968.656 3a Sub-total b Total from continuation sheets to Part I 1,968,656 c Totals (add lines 3a and 3b) Cat No 50082W For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2019

					itional space is ne		
(h) Method of valuation (book, FMV, appraisal, other	(g) Description of noncash assistance	(f) Amount of noncash assistance	(e) Manner of cash disbursement	(d) Amount of cash grant	(c) Number of recipients	(b) Region	Type of grant or assistance
							-

Sche	dule F (Form 990) 2019		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	□Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the		
	organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships		
	(see Instructions for Form 8865)	☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	Yes	☑ No

Schedule F ((Form 990) 2019	Page !
Part V	amounts of investments vs.	uired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; expenditures per region); Part II, line 1 (accounting method); Part III (accounting nn (c) (estimated number of recipients), as applicable. Also complete this part to provide
	ReturnReference	Explanation
•		

Schedule F (Form 990) 2019

Additional Data

South Asia

Software ID: 19010655 **Software Version:** 2019v5.0 **EIN:** 13-1427696

Name: International Trademark Association Inc

(a) Region	offices in the region	employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	describe specific type of service(s) in region	(†) Total expenditures for region
East Asia and the Pacific	1	1	Program Services	OFFICE OPERATING EXPENSES	370,194

2 Program Services

OFFICE OPERATING

EXPENSES

590,794

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) South America 2 Program Services OFFICE OPERATING 383.572 **IEXPENSES** Europe (Including Iceland and 4 | Program Services OFFICE OPERATING 624,096 Greenland) **IEXPENSES**

efil	e GRAPHIC	orint - DO NOT PROCESS	As Filed Dat	a -	DLN: 93	19319	6048	830		
Sch	nedule J	Co	mpensat	ion Information	10	1B No	1545-0	0047		
(For	m 990)	For certain Office	For certain Officers, Directors, Trustees, Key Employees, and Highest							
		► Complete if the orga	Compensa nization answ	ated Employees vered "Yes" on Form 990, Part IV	, line 23.	2019				
Б			▶ Attach	to Form 990. instructions and the latest inform) pen i				
	tment of the Treasu al Revenue Service	F GO to <u>www.iis.gov</u>	7/ <i>F01111990</i> 101	mistructions and the latest miori	nation.		ectio			
	ne of the organ	ization irk Association Inc			Employer identifica	tion nu	ımber			
Title	inational madema	II K ASSOCIATION THE			13-1427696					
Pa	rt I Ques	tions Regarding Compensat	ion							
	a						Yes	No		
1a				the following to or for a person liste y relevant information regarding the						
	_	ss or charter travel		Housing allowance or residence for	•					
		or companions	님	Payments for business use of perso						
		mnification and gross-up payments	님	Health or social club dues or initiati Personal services (e.g., maid, chau						
	□ Discreti	onary spending account	Ш	rersonal services (e.g., maid, chad	neur, cher)					
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1 b				
2				or allowing expenses incurred by all r, regarding the items checked on Lii	no 152	2				
	directors, trus	tees, officers, including the CEO/E	Recutive Directo	r, regarding the items checked on Li	ie Iar					
3		, if any, of the following the filing of CEO/Executive Director Check all		ed to establish the compensation of the	he					
				CEO/Executive Director, but explain	ın Part III					
	✓ Comper	sation committee	П	Written employment contract						
		dent compensation consultant		Compensation survey or study						
		0 of other organizations	\checkmark	Approval by the board or compensa	ition committee					
4	During the year		90, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a					
а	_	erance payment or change-of-cont	rol payment?			4a		No		
ь		or receive payment from, a supple		ified retirement plan?		4b		No		
c		or receive payment from, an equit				4c		No		
	If "Yes" to any	of lines 4a-c, list the persons and	provide the app	plicable amounts for each item in Par	t III					
	Only 501(c)	3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-0						
5			-	the organization pay or accrue any						
		contingent on the revenues of		, , , , ,						
а	The organizat	on?				5a				
b	Any related or	=				5b				
	-	e 5a or 5b, describe in Part III								
6		sted on Form 990, Part VII, Section contingent on the net earnings of	A, line 1a, did	the organization pay or accrue any						
а	The organizat					6a				
b	Any related or	—				6b				
7	•	e 6a or 6b, describe in Part III	الداحة مصالك	the eventuation provide and provident	4					
7	payments not	described in lines 5 and 6? If "Yes,	" describe in Pa		u	7				
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8				
9	If "Yes" on lin 53 4958-6(c)		the rebuttable	presumption procedure described in	Regulations section	9				
For F	Panerwork Re	duction Act Notice, see the Inst	ructions for Fo	orm 990. Cat No. 5	50053T Schedule J	(Form	1 990)	2019		

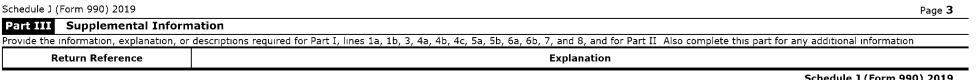
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

Instructions, on row (II) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

Note. The sum of columns (
(A) Name and Title			of W-2 and/or 1099-MISC		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990	
1 Etienne Sanz De Acedo	(i)	740,516	0	66,674	0	27,799	834,989	0	
CHIEF EXECUTIVE OFFICER	(ii)	0	0	0	0	0	0	0	
2 Michael Lindsay	(i)	167,977	0	1,357	17,112	324	186,770	0	
Director Finance & Administration	(ii)	0	0	0	0	0	0	0	
3 Bruce Macpherson	(i)	264,136	0	5,334	28,554	18,322	316,346	0	
CHIEF POLICY OFFICER	(ii)	0	0	0	0	0	0	0	
4 Randı Mustello	(i)	208,960	0	960	22,051	14,920	246,891	0	
CHIEF GOVERNANCE OFFICER	(ii)	0	0	0	0	0	0	0	
5 Sarah O'Connell	(i)	159,838	0	276	16,783	1,146	178,043	0	
DIRECTOR, EDUCATION	(ii)	0	0	0	0	0	0	0	
6 Sheila Jeyathurai	(i)	145,385	0	396	15,188	13,254	174,223	0	
Director, Strategic Partnerships	(ii)	0	0	0	0	0	0	0	
7 Lori Schulman	(i)	198,895	0	1,696	21,131	15,739	237,461	0	
SR DIRECTOR, INTERNET POLICY	(ii)	0	0	0	0	0	0	0	
8 PEGGY REARDON	(i)	158,671	0	459	16,944	14,343	190,417	0	
DIRECTOR, MEMBERSHIP	(ii)	0	0	0	0	0	0	0	
9 DEBORAH COHN	(i)	153,223	7,814	0	15,244	896	177,177	0	
Senior Director, Government Relations	(ii)	0	0	0	0	0	0	0	
							_		
							Schedule	J (Form 990) 2019	



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SCHEDUL (Form 990 or EZ)	990-EZ ions on n.	OMB No 1545-0047 2019 Open to Public Inspection				
Name & the ofg International Trade	Employer identi 13-1427696	fication number				
Return Reference			Explanation			
Form 990, Part VI, Line 6 Classes of members or stockholders	The membership of the Association rs, Associate Members, Emeritus M plementary Members and Associate m members or counsel as its Desig point in writing one of its employees he purpose of service on the Board	lembers and Honorary e Members each appo nee to act on its behal s, firm members or cou	Members Regular Members, R int in writing one of its employee f Each member may additionally	egular Sup s, fir		

Return
Reference

Explanation

Explanation

REGULAR MEMBERS FLECT THE BOARD OF DIRECTORS AT THE ANNUAL MEETING OF MEMBERS

Form 990. Part VI, Line 7a Members stockholders electing members of governing body

990 Schedule O, Supplemental Information

Return Explanation

Reference	Explaination
Form 990, Part VI, Line 11b Review of form 990 by governing body	INTA hires an independent tax firm to assist in the preparation and review of the Form 990 with the assistance of management. The Form 990 is reviewed by internal management prior to its filing with the IRS. The Form 990 is provided on request to the members of the gove rning body.

Return Reference	Explanation
Form 990,	THE ASSOCIATION HAS A FORMAL CONFLICT OF INTEREST POLICY THAT REQUIRES BOARD MEMBERS AND M
Part VI, Line	ANAGEMENT TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST THE FORMS ARE REVIEWED ANNUALLY
12c Conflict	BY THE DIRECTOR OF GOVERNANCE AND HUMAN RESOURCES IF A CONFLICT IS DETERMINED, FURTHER A
of interest	CTION WOULD BE TAKEN, INCLUDING PROHIBITING THE PERSON(S) FROM PARTICIPATING IN THE GOVERN
policy	ING BODY'S OR ORGANIZATION'S DELIBERATIONS AND DECISIONS

Reference	Explanation
Form 990,	ANNUALLY, THE ASSOCIATION'S COMPENSATION AND BENEFITS COMMITTEE OF THE BOARD OF DIRECTORS
Part VI, Line	ESTABLISHES, REVIEWS AND APPROVES THE COMPENSATION OF THE CEO COMPARABILITY DATA IS USED
15a Process	TO DETERMINE REASONABLENESS OF COMPENSATION LEVEL COMPENSATION AND BENEFITS ARE REVIEWED
to establish	AND CHANGES ARE APPROVED EVERY JANUARY BY THE COMMITTEE ANNUAL MERIT REVIEWS ARE CONTEMPO

Evolunation

to establish compensation of top management official

Return

Return Reference	Explanation
Form 990,	ANNUALLY, THE ASSOCIATION'S COMPENSATION AND BENEFITS COMMITTEE OF THE BOARD OF DIRECTORS
Part VI, Line	ESTABLISHES, REVIEWS AND APPROVES THE COMPENSATION OF THE OFFICERS AND KEY EMPLOYEES COMP
15b Process	ARABILITY DATA IS USED TO DETERMINE REASONABLENESS OF COMPENSATION LEVEL COMPENSATION AND
to establish	BENEFITS ARE REVIEWED AND CHANGES ARE APPROVED EVERY JANUARY BY THE COMMITTEE ANNUAL MER
compensation	IT REVIEWS ARE CONTEMPORANEOUSLY DOCUMENTED THE PROCESS DESCRIBED ABOVE APPLIED TO THE FO
of other	LLOWING POSITIONS- CHIEF POLICY OFFICER AND CHIEF GOVERNANCE OFFICER
employees	

Return Explanation
Reference

Form 990,	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE
Part VI, Line	TO THE PUBLIC UPON REQUEST
19 Required	
documents	
available to	
the public	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2019

Employer identification number

DLN: 93493196048830

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service							
Name of the organization							
International Trademark Association	Inc						

(Form 990)

Department of the Treasury

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

13-1427696 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (c) (d) (e) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)INTA FOUNDATION Support for Trademark NY 501(c)(3) INTA Yes 675 THIRD AVENUE 3RD FLOOR Education NEW YORK, NY 10017 13-3436191 (2)INTA POLITICAL ACTION COMMITTEE NY 527 POLITICAL ACTION INTA Yes 675 THIRD AVENUE 3RD FLOOR COMMITTEE NEW YORK, NY 10017 14-0716530 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2019

		1 763	1 (-5 1	(4)	1 /->	1 10	1 (=)			/:·	1 4	、 I	(1.)			
(a) Name, address, and EIN of related organization		Primary activity	Legal domicile (state or foreign	Primary Legal domicile (state or foreign		activity domicile (state or	(d) Direct controlling entity	(e) Predominant income(relate unrelated, excluded fror tax under sections 512	d, total income	(g) Share of end-of-year assets	Disprop	h) rtionate tions?	(i) Code V-UBI amount in boo 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or Figing ((k) Percenta <u>c</u> ownershi
					514)						V	N .				
								Yes	No		Yes	NO				
							1									
J Identification of Related Organiza because it had one or more related or (a) Name, address, and EIN of related organization		a corporation		st during th	(d) controlling Ty	(e)	(f) Share of total	Share	(g) of end-o	(I of- Perce	, line i) ntage	Sec	(ı) tion 512) contro			
related organization		(state	or foreign untry)		endry	or trust)	income		assets	OWITE	чэшр		entity?			
			.,,									1	55 144			
										1						

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.									
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No						
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?									
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No						
b Gift, grant, or capital contribution to related organization(s)	1 b		No						
c Gift, grant, or capital contribution from related organization(s)	1c	Yes							
	1.0		No						

Page 3

No

No

No

No

No No

No No

No

No

11

1m

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1r

1s

Schedule R (Form 990) 2019

(d)

Method of determining amount involved

Ь	Gift, grant, or capital contribution to related organization(s)	1b		No
С	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1 d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1 i		No

Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)
 l Performance of services or membership or fundraising solicitations for related organization(s)

(b)

Transaction

type (a-s)

(c)

Amount involved

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

m Performance of services or membership or fundraising solicitations by related organization(s) . . .

(a)

Name of related organization

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . .

Reimbursement paid by related organization(s) for expenses . . .

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

was not a related organization. See histractions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)		(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No	<u> </u>		Yes	No		Yes	No	
												П	
				_					_	Schedul	e R (Form	1 990)) 2019

