

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization INTL ASSN AMUSEMENT PARKS & ATTRACTIONS</td> <td rowspan="2">D Employer identification number 36-2079990</td> </tr> <tr> <td colspan="2">Doing business as IAAPA</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address) 4155 WEST TAFT VINELAND ROAD</td> <td>Room/suite</td> <td rowspan="2">E Telephone number (321) 319-7600</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code ORLANDO, FL 32837</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: HAROLD MCEVOY 4155 WEST TAFT VINELAND ROAD ORLANDO, FL 32837</td> <td>G Gross receipts \$ 30,544,529</td> </tr> </table>	C Name of organization INTL ASSN AMUSEMENT PARKS & ATTRACTIONS		D Employer identification number 36-2079990	Doing business as IAAPA		Number and street (or P.O. box if mail is not delivered to street address) 4155 WEST TAFT VINELAND ROAD	Room/suite	E Telephone number (321) 319-7600	City or town, state or province, country, and ZIP or foreign postal code ORLANDO, FL 32837		F Name and address of principal officer: HAROLD MCEVOY 4155 WEST TAFT VINELAND ROAD ORLANDO, FL 32837		G Gross receipts \$ 30,544,529	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
C Name of organization INTL ASSN AMUSEMENT PARKS & ATTRACTIONS		D Employer identification number 36-2079990													
Doing business as IAAPA															
Number and street (or P.O. box if mail is not delivered to street address) 4155 WEST TAFT VINELAND ROAD	Room/suite	E Telephone number (321) 319-7600													
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F Name and address of principal officer: HAROLD MCEVOY 4155 WEST TAFT VINELAND ROAD ORLANDO, FL 32837		G Gross receipts \$ 30,544,529													
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527															
J Website: ▶ WWW.IAAPA.ORG															
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1934 M State of legal domicile: DE													

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO SERVE THE MEMBERSHIP BY PROMOTING SAFE OPERATIONS, GLOBAL DEVELOPMENT, PROFESSIONAL GROWTH, AND THE COMMERCIAL SUCCESS OF THE AMUSEMENT PARKS AND ATTRACTIONS INDUSTRY.		
	2 Check this box <input type="checkbox"/> 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)		24
	4 Number of independent voting members of the governing body (Part VI, line 1b)		23
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)		58
	6 Total number of volunteers (estimate if necessary)		0
	7a Total unrelated business revenue from Part VIII, column (C), line 12		1,216,877
	7b Net unrelated business taxable income from Form 990-T, line 39		0
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	0	0
	9 Program service revenue (Part VIII, line 2g)	25,471,088	27,921,317
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	867,200	627,186
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	646,227	699,207
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,984,515	29,247,710
Expenses			
	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)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,994,420	8,090,941
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	18,376,473	19,312,767
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	25,370,893	27,403,708
	19 Revenue less expenses. Subtract line 18 from line 12	1,613,622	1,844,002
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	33,712,833	38,769,880
	21 Total liabilities (Part X, line 26)	8,131,574	8,265,146
	22 Net assets or fund balances. Subtract line 21 from line 20	25,581,259	30,504,734

Part II 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.

Sign Here	2020-11-05 Date
Signature of officer	
JOSH POWERS CHIEF FINANCIAL OFFICER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00365899
	Firm's name ▶ CALIBRE CPA GROUP PLLC			Firm's EIN ▶ 47-0900880	
	Firm's address ▶ 7501 WISCONSIN AVENUE SUITE 1200 WEST BETHESDA, MD 20814			Phone no. (202) 331-9880	

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission:

TO SERVE THE MEMBERSHIP BY PROMOTING SAFE OPERATIONS, GLOBAL DEVELOPMENT, PROFESSIONAL GROWTH, AND THE COMMERCIAL SUCCESS OF THE AMUSEMENT PARKS AND ATTRACTIONS INDUSTRY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 14. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V 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	2a 58			
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? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .		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 financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .		4a	Yes	
b If "Yes," enter the name of the foreign country: ▶ BE , MX , HK , CH See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a 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		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f 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?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
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.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
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.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .		14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Note. See instructions and file Form 4720, Schedule N.		15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . Note. See instructions and file Form 4720, Schedule O.		16		No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (24), 1b (23), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section 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.
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:

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

1b Sub-Total
1c Total from continuation sheets to Part VII, Section A
1d Total (add lines 1b and 1c) 2,422,990 0 345,693

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 21
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Rows include DPR CONSTRUCTION, FREEMAN, ARCON MARKETING, CSG CREATIVE, and BAOBAB TREE MANAGEMENT COMPANY LTD.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 32

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f: \$	1g			
	h Total. Add lines 1a-1f ▶				

Program Service Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
		Business Code				
2a CONVENTION		900004	23,526,199	23,526,199		
b DUES		900099	2,310,528	2,310,528		
c FUNWORLD		541800	774,541	5,133	769,408	
d EDUCATION		900099	412,159		412,159	
e PUBLICATIONS		511120	340,122	340,122		
f All other program service revenue			557,768	557,768		
g Total. Add lines 2a-2f. ▶			27,921,317			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		531,515			531,515		
	4 Income from investment of tax-exempt bond proceeds ▶							
	5 Royalties ▶							
	6a Gross rents	6a	(i) Real					
			(ii) Personal					
			b Less: rental expenses	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss) ▶							
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,392,490				
			(ii) Other					
			b Less: cost or other basis and sales expenses	7b	1,296,819			
			c Gain or (loss)	7c	95,671			
	d Net gain or (loss) ▶			95,671		95,671		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
	b Less: direct expenses	8b						
	c Net income or (loss) from fundraising events ▶							
	9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b						
	c Net income or (loss) from gaming activities ▶							
	10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory ▶								
Miscellaneous Revenue	Business Code							
11a OTHER INCOME	900099	699,207	663,897	35,310				
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d ▶		699,207						
12 Total revenue. See instructions ▶		29,247,710	27,403,647	1,216,877	627,186			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

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
1 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				
5 Compensation of current officers, directors, trustees, and key employees	1,756,316			
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	4,492,088			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	619,291			
9 Other employee benefits	775,145			
10 Payroll taxes	448,101			
11 Fees for services (non-employees):				
a Management				
b Legal	192,390			
c Accounting	50,942			
d Lobbying	204,824			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	60,867			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,937,587			
12 Advertising and promotion	950,952			
13 Office expenses	993,431			
14 Information technology	89,172			
15 Royalties				
16 Occupancy	565,297			
17 Travel	2,142,470			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,343,281			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	648,051			
23 Insurance	73,549			
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.)				
a MISCELLANEOUS	838,201			
b CREDIT CARD FEES	466,488			
c PUBLICATIONS PRINTING	213,551			
d AWARDS & RECOGNITION	176,283			
e All other expenses	365,431			
25 Total functional expenses. Add lines 1 through 24e	27,403,708			
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	942	1	1,008
	2 Savings and temporary cash investments	7,097,394	2	6,899,030
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	575,310	4	849,578
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	645,734	9	712,363
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 17,137,095		
	b Less: accumulated depreciation	10b 3,299,637	7,610,922	10c 13,837,458
	11 Investments—publicly traded securities	14,607,332	11	15,000,887
	12 Investments—other securities. See Part IV, line 11	698,460	12	701,409
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	488,278	14	488,278
	15 Other assets. See Part IV, line 11	1,988,461	15	279,869
16 Total assets. Add lines 1 through 15 (must equal line 34)	33,712,833	16	38,769,880	
Liabilities	17 Accounts payable and accrued expenses	3,904,615	17	4,090,296
	18 Grants payable		18	
	19 Deferred revenue	4,182,164	19	4,161,934
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	44,795	25	12,916
	26 Total liabilities. Add lines 17 through 25	8,131,574	26	8,265,146
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	25,581,259	27	30,504,734
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	25,581,259	32	30,504,734	
33 Total liabilities and net assets/fund balances	33,712,833	33	38,769,880	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,247,710
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,403,708
3	Revenue less expenses. Subtract line 2 from line 1	3	1,844,002
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,581,259
5	Net unrealized gains (losses) on investments	5	1,318,284
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,761,189
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	30,504,734

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 36-2079990

Name: INTL ASSN AMUSEMENT PARKS & ATTRACTIONS

Form 990 (2019)

Form 990, Part III, Line 4a:

CONVENTION:THREE ANNUAL TRADE SHOWS, ONE IN THE UNITED STATES, ONE IN ASIA, AND ONE IN EUROPE, AS WELL AS AN ANNUAL LEADERSHIP CONFERENCE, AND GLOBAL SAFETY SEMINARS, ARE CONDUCTED TO PROMOTED THE PROGRESS AND DEVELPOMENT OF THE INDUSTRY.

Form 990, Part III, Line 4b:

MEMBERSHIP: MEMBERSHIP DUES AND ASSESSMENTS SUPPORTS THE COSTS OF PROVIDING SERVICES TO THE MEMBERS TO PROMOTE THEIR COMMON BUSINESS INTEREST.

Form 990, Part III, Line 4c:

COMMUNICATION: FUNWORLD THE FUNDWORLD PUBLICATION PROVIDES INFORMATION RELATING TO THE AMUSEMENT PARKS AND ATTRACTIONS INDUSTRY.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID ROSENBERG CHAIRMAN OF THE BOARD	1.00	X		X				6,485	0	0
AMANDA THOMPSON OBE FIRST VICE CHAIR	1.00	X		X				0	0	0
KEN WHITING SECOND VICE CHAIR	1.00	X		X				0	0	0
ANDREAS ANDERSON IMMEDIATE PAST CHAIR	1.00	X		X				0	0	0
HANK SALEMI TREASURER	1.00	X		X				0	0	0
DAN AYLWARD DIRECTOR	1.00	X						0	0	0
RICHARD CARROLL DIRECTOR	1.00	X						0	0	0
CHIP CLEARY DIRECTOR	1.00	X						0	0	0
MASSIMILIANO FREDDI DIRECTOR	1.00	X						0	0	0
ADREA GIBBS DIRECTOR	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FRANCEEN GONZALES DIRECTOR	1.00	X						0	0	0
AHMAD HUSSAIN DIRECTOR	1.00	X						0	0	0
TED MOLTER DIRECTOR	1.00	X						0	0	0
ROB NORRIS DIRECTOR	1.00	X						0	0	0
PAUL NORTON DIRECTOR	1.00	X						0	0	0
LUCIANA PERIALES DIRECTOR	1.00	X						0	0	0
ANNE RASHFORD DIRECTOR	1.00	X						0	0	0
VGP RAVIDAS DIRECTOR	1.00	X						0	0	0
LUKE RILEY DIRECTOR	1.00	X						0	0	0
BOB RIPPY DIRECTOR	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MIIKKA SEPPALA DIRECTOR	1.00	X						0	0	0
ASH SMART DIRECTOR	1.00	X						0	0	0
BOB WILLIAMS DIRECTOR	1.00	X						0	0	0
PHIL WILSON DIRECTOR	1.00	X						0	0	0
HAROLD MCEVOY PRESIDENT/CEO	40.00			X				525,223	0	69,645
WILLIAM POWERS CHIEF FINANCIAL OFFICER	40.00			X				189,024	0	26,166
DAVID MANDT CHIEF ENGAGEMENT OFFICER	40.00			X				260,117	0	44,911
JUNE KO VP, ASIA PACIFIC OPERATIONS	40.00				X			235,807	0	7,985
JOHN HALLENBECK VP, NORTH AMERICA OPERATIONS	40.00				X			163,825	0	31,372
JAKOB WAHL VP, EMEA OPERATIONS	40.00				X			189,755	0	6,000

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RENO DESCHAIINE VP, EDUCATION	40.00					X		193,839	0	44,903
SUZANNE PFORDRESHER VP, GLOBAL MARKETING	40.00					X		187,223	0	18,374
RANDALL DAVIS SR. VP SAFETY & ADVOCACY	40.00					X		173,819	0	46,205
ALICE MATHU VP, GLOBAL SALES	40.00					X		152,470	0	30,352
CLAYTON LOGUE DIR., INFORMATION TECHNOLOGY	40.00					X		145,403	0	19,780

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶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.

OMB No. 1545-0047

2019
Open to Public Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization INTL ASSN AMUSEMENT PARKS & ATTRACTIONS	Employer identification number 36-2079990
---------------------------------------------------------------------	----------------------------------------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- Political campaign activity expenditures (see instructions) ▶ \$ _____
- Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____
- Did the filing organization file **Form 1120-POL** for this year? Yes No
- Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(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				
4				
5				
6				

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	Yes

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	2,310,528
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	219,067
b Carryover from last year	2b	112,350
c Total	2c	331,417
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	739,369
4 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 expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	-407,952

Part IV Supplemental Information

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

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

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

Name of the organization
INTL ASSN AMUSEMENT PARKS & ATTRACTIONS

Employer identification number
36-2079990

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	19,817,027	20,231,966	15,300,000	14,500,000	12,300,000
b Contributions					
c Net investment earnings, gains, and losses	-19,817,027	-414,939	4,931,966	700,000	2,300,000
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance		19,817,027	20,231,966	15,300,000	14,600,000

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,000,000		3,000,000
b Buildings		9,509,335	152,472	9,356,863
c Leasehold improvements		13,550	260	13,290
d Equipment		4,614,210	3,146,905	1,467,305
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				13,837,458

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (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, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	12,916

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	38,062,501
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,318,284	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	7,557,374	
e	Add lines 2a through 2d			2e 8,875,658
3	Subtract line 2e from line 1			3 29,186,843
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	60,867	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c 60,867
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 29,247,710

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	33,262,641
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	5,919,800	
e	Add lines 2a through 2d			2e 5,919,800
3	Subtract line 2e from line 1			3 27,342,841
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	60,867	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c 60,867
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 27,403,708

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information (continued)

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 36-2079990

Name: INTL ASSN AMUSEMENT PARKS & ATTRACTIONS

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE AMOUNT PREVIOUSLY REPORTED ON THE FORM 990 AS A BOARD DESIGNATED OR QUASI-ENDOWMENT WA S MISCLASSIFIED AS SUCH. THE BOARD'S INTENTION OF THESE FUNDS ARE FOR A RESERVE FUND TO COVER EXPENSES INCURRED AND REVENUES LOST AS A RESULT OF ONE OF THE ASSOCIATION'S EXPOSITIONS BEING CANCELLED.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	INCOME TAXES - THE ASSOCIATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE (IRC). INCOME FROM NON-EXEMPT FUNCTIONS, INCLUDING ADVERTISING, IS SUBJECT TO INCOME TAXES TO THE EXTENT THAT REVENUE EXCEEDS RELATED COSTS. THERE WAS NO TAX DUE FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018; ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR INCOME TAXES IN THE CONSOLIDATED FINANCIAL STATEMENTS.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	REVENUE OF RELATED ENTITIES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS 7,557,374.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	EXPENSES OF RELATED ENTITIES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS 5,919,800.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ 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.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
INTL ASSN AMUSEMENT PARKS & ATTRACTIONS

Employer identification number
36-2079990

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? Yes No
- 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.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	4	23			11,060,711
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	4	23			11,060,711

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3 Enter total number of other organizations or entities ▶ _____

Part 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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

EIN: 36-2079990

Name: INTL ASSN AMUSEMENT PARKS & ATTRACTIONS

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	2	9	PROGRAM SERVICES	MEMBERSHIP, TRADESHOW, AND EDUCATION	4,546,294
EUROPE, THE MIDDLE EAST AND AFRICA	1	10	PROGRAM SERVICES AND TRADESHOW OWNERSHIP	MEMBERSHIP, TRADESHOW, AND EDUCATION	5,858,377

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
LATIN AND SOUTH AMERICA	1	4	PROGRAM SERVICES	MEMBERSHIP, EDUCATIONAL EVENTS	656,040

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
INTL ASSN AMUSEMENT PARKS & ATTRACTIONS

Employer identification number
36-2079990

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	
b Any related organization?	5b	
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	
b Any related organization?	6b	
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	IAAP REIMBURSES THE CHAIRMAN FOR COMPANION TRAVEL. IN CASES WHERE THE FIRST VICE CHAIR IS TRAVELING ON IAAPA BUSINESS FOR THE CHAIRMAN, IAAPA WILL REIMBURSE THE FIRST VICE CHAIR FOR COMPANION TRAVEL. THE PRESIDENT OF THE ASSOCIATION ALSO RECEIVES REIMBURSEMENT FOR COMPANION TRAVEL.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

INTL ASSN AMUSEMENT PARKS & ATTRACTIONS

Employer identification number

36-2079990

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	FOUNDED IN 1918, IAAPA IS THE LARGEST INTERNATIONAL TRADE ASSOCIATION FOR PERMANENTLY-SITUATED AMUSEMENT FACILITIES WORLDWIDE. THE ORGANIZATION REPRESENTS OVER 5,300 FACILITY, SUPPLIER, AND INDIVIDUAL MEMBERS FROM MORE THAN 93 COUNTRIES. IAAPA STRIVES TO HELP MEMBERS IMPROVE THEIR EFFICIENCY, MARKETING, SAFETY, AND PROFITABILITY WHILE MAINTAINING THE HIGHEST POSSIBLE PROFESSIONAL STANDARDS IN THE INDUSTRY. MEMBERS INCLUDE THEME PARKS, MUSEUMS, SCIENCE CENTERS AND TOURIST ATTRACTIONS. ADDITIONALLY, THE MEMBERS INCLUDE ALL THE MANUFACTURERS, SUPPLIERS AND CONSULTANTS THAT MAKE THE INDUSTRY SAFE AND FUN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE IAAPA NOMINATING COMMITTEE PRESENTS A SLATE OF NOMINEES (FIVE DIRECTORS EVERY YEAR) TO THE MEMBERSHIP AT ITS ANNUAL BUSINESS MEETING FOR ELECTION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	OTHER THAN THE ELECTION OF THEIR REPRESENTATIVES ON THE BOARD OF DIRECTORS, THERE ARE NO OTHER DECISIONS OF THE BOARD THAT ARE SUBJECT TO APPROVAL BY THE GENERAL MEMBERSHIP. THE BOARD OF DIRECTORS SUPERVISES, DIRECTS, AND CONTROLS THE POLICIES AND PROGRAMS OF THE ASSOCIATION. EACH DIRECTOR HAS A FIDUCIARY DUTY TO BE LOYAL TO THE ASSOCIATION, TO ACT IN ITS BEST INTERESTS, TO AVOID CONFLICTS OF INTEREST, TO MAINTAIN THE CONFIDENTIALITY OF ASSOCIATION INFORMATION, AND TO AVOID UTILIZING THE OFFICE FOR PERSONAL GAIN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE ANNUAL FEDERAL FORMS 990 AND 990-T FOR IAAPA ARE PREPARED BY THE INDEPENDENT ACCOUNTING FIRM BASED ON THE AUDITED FINANCIAL INFORMATION. THE COMPLETED 990 AND 990-T ARE THEN REVIEWED INTERNALLY BY THE CHIEF FINANCIAL OFFICER AND CONTROLLER FOR ACCRACY. THE FORMS ARE POSTED ON A MEMBERS ONLY SECTION OF IAAPA'S WEBSITE. A LINK IS SENT TO ALL BOARD MEMBERS WITH A DEADLINE TO REPLY TO STAFF WITH ANY QUESTIONS OR COMMENTS PRIOR TO FILING THE FORMS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>IAAPA HAS A CONFLICT OF INTEREST POLICY THAT IS ENFORCED FOR INDIVIDUAL BOARD MEMBERS AND OFFICERS AS DESCRIBED BELOW 1) BOARD MEMBERS AND OTHER INTERESTED PERSONS HAVE A FIDUCIARY DUTY TO CONDUCT THEMSELVES WITHOUT CONFLICT TO THE INTERESTS OF IAAPA IN THEIR CAPACITY AS BOARD MEMBERS, THEY MUST SUBORDINATE PERSONAL, INDIVIDUAL BUSINESS, THIRD-PARTY, AND OTHER INTERESTS TO THE WELFARE AND BEST INTERESTS OF IAAPA A CONFLICT OF INTEREST ARISES WHEN A BOARD MEMBER MAY BENEFIT FINANCIALLY OR OTHERWISE FROM A DECISION HE OR SHE COULD MAKE IN THAT CAPACITY, INCLUDING INDIRECT BENEFITS SUCH AS TO FAMILY MEMBERS OR BUSINESSES WITH WHICH THE PERSON IS CLOSELY ASSOCIATED. 2) DISCLOSURE IS EXPECTED OF THE FOLLOWING ACTUAL OR POTENTIAL CONFLICTS OF INTEREST AN OWNERSHIP, EMPLOYMENT, VOLUNTEER OR AGENCY INTEREST OR INVOLVEMENT IN A COMMERCIAL ENTITY OR NONPROFIT ORGANIZATION THAT COMPETES WITH IAAPA, AN OWNERSHIP, EMPLOYMENT, VOLUNTEER OR AGENCY INTEREST OR INVOLVEMENT IN A COMMERCIAL ENTITY OR NONPROFIT ORGANIZATION THAT IS, OR SEEKS TO BE, A VENDOR OF PRODUCTS OR SERVICES TO IAAPA, OR A POSITION AS SPOKESPERSON, CONSULTANT OR EMPLOYEE OR AGENT FOR ANOTHER COMMERCIAL OR NONPROFIT ORGANIZATION THAT ADVANCES OPPOSING OR ADVERSE PUBLIC POLICY POSITIONS FROM THOSE OF IAAPA. 3) ALL CONFLICTS OF INTEREST ARE NOT NECESSARILY PROHIBITED OR HARMFUL TO IAAPA HOWEVER, FULL DISCLOSURE OF ALL ACTUAL AND POTENTIAL CONFLICTS AND A DETERMINATION BY THE DISINTERESTED BOARD MEMBERS - WITH THE INTERESTED BOARD MEMBER(S) RECUSED FROM PARTICIPATING IN DEBATES AND VOTING ON THE MATTER - ARE REQUIRED. 4) ALL ACTUAL AND POTENTIAL CONFLICTS OF INTERESTS SHALL BE DISCLOSED BY BOARD MEMBERS TO THE EXECUTIVE COMMITTEE THROUGH THE ANNUAL DISCLOSURE FORM AND/OR WHENEVER A CONFLICT ARISES THE DISINTERESTED MEMBERS OF THE EXECUTIVE COMMITTEE SHALL MAKE A DETERMINATION AS TO WHETHER A CONFLICT EXISTS AND WHAT SUBSEQUENT ACTION IS APPROPRIATE (IF ANY) THE EXECUTIVE COMMITTEE SHALL INFORM THE BOARD OF SUCH DETERMINATION AND ACTION THE BOARD SHALL RETAIN THE RIGHT TO MODIFY OR REVERSE SUCH DETERMINATION AND ACTION AND SHALL RETAIN THE ULTIMATE ENFORCEMENT AUTHORITY WITH RESPECT TO THE INTERPRETATION AND APPLICATION OF THIS POLICY. 5) ON AN ANNUAL BASIS, ALL BOARD MEMBERS SHALL BE PROVIDED WITH A COPY OF THIS POLICY AND REQUIRED TO COMPLETE AND SIGN THE ACKNOWLEDGMENT AND DISCLOSURE FORM BELOW ALL COMPLETED FORMS SHALL BE PROVIDED TO AND REVIEWED BY THE EXECUTIVE COMMITTEE, AS WELL AS ALL OTHER CONFLICT INFORMATION, IF ANY, PROVIDED BY BOARD MEMBERS. 6) IF THE EXECUTIVE COMMITTEE OR BOARD HAS REASONABLE CAUSE TO BELIEVE A BOARD MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE EXECUTIVE COMMITTEE OR BOARD DETERMINES THE MEMBER</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	R HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	IAAPA HAS A COMPENSATION COMMITTEE COMPRISED OF THE IAAPA MEMBER OFFICERS. ANNUAL GOALS AND OBJECTIVES FOR THE PRESIDENT ARE PREPARED BY THE PRESIDENT AND APPROVED BY THE COMMITTEE. HIS COMPENSATION AND BONUS IS BASED ON ACHIEVING THOSE GOALS. MARKET SURVEYS ARE PERFORMED PERIODICALLY TO COMPARE COMPENSATION OF HIGHLY PAID IAAPA EMPLOYEES TO THE LOCAL MARKET. THE SENIOR STAFF PREPARES GOALS AND OBJECTIVES FOR APPROVAL BY THE PRESIDENT. SALARY INCREASES FOR SENIOR STAFF ARE APPROVED BY THE PRESIDENT BASED ON THEIR ACHIEVING THE PRESET GOALS AND A BONUS POOL FOR THE SENIOR MANAGEMENT IS APPROVED BY THE COMMITTEE AND DISTRIBUTION OF THE POOL IN AGGREGATE IS APPROVED BY THE COMMITTEE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	IAAPA COMPLIES WITH THE PUBLIC INSPECTION REQUIREMENTS OF THE INTERNAL REVENUE CODE SECTION 6104 BY MAKING ITS FORM 1024, APPLICATION FOR RECOGNITION OF EXEMPTION UNDER SECTION 501(A), ITS DETERMINATION LETTER FROM THE IRS, AND THE FORMS 990 FOR ITS THREE MOST RECENTLY COMPLETED TAX PERIODS AVAILABLE TO THE PUBLIC UPON REQUEST. HOWEVER, AS SECTION 6104 DOES NOT REQUIRE AN ORGANIZATION EXEMPT UNDER SECTION 501(C)(6) TO DISCLOSE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, OR FINANCIAL STATEMENTS, IAAPA HAS DECIDED NOT TO MAKE SUCH INFORMATION AVAILABLE FOR PUBLIC INSPECTION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	TEMPORARY HELP 193,897. PROFESSIONAL FEES 1,609,990. RESEARCH & SURVEYS 580,731. EDITORIAL, PROOFREADING, AND DESIGN 464,094. TRANSLATION 88,875.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	GAIN ON FOREIGN CURRENCY TRANSLATION -20,623. GGAIN ON SALE OF BUILDING 1,781,812.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, FINANCIAL STATEMENTS AND REPORTING, LINE 2C:	THE AUDIT COMMITTEE HAS OVERSIGHT OVER THE AUDIT, REVIEW, AND COMPILATION OF ITS FINANCIAL STATEMENTS.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
INTL ASSN AMUSEMENT PARKS & ATTRACTIONS

Employer identification number
36-2079990

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) EAS USA 2111 EISENHOWER AVENUE SUITE 304 ALEXANDRIA, VA 22314 36-2079990	DORMANT LLC	DE			INTERNATIONAL ASSOCIATION OF AMUSEMENT PARKS AND ATTRACTIONS

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) IAAPA FOUNDATION 4155 WEST TAFT WINELAND ROAD ORLANDO, FL 32837 26-4186862	EDUCATION AND RESERACH FOR THE AMUSEMENT AND ATTRACTIONS INDUSTRY	DE	501(C)(3)	LINE 7	INTERNATIONAL ASSOCIATION OF AMUSEMENT PARKS AND ATTRACTIONS		No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) THE EURO AMUSEMENT SHOW AVENUE LOUISE 65 BOX 11 BRUSSELS BE 36-2079990	EUROPEAN TRADESHOW	BE	INTERNATIONAL ASSOCIATION OF AMUSEMENT PARKS AND ATTRACTIONS	C	6,590,099	7,331,565	100.000 %	Yes	

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		No
b	Gift, grant, or capital contribution to related organization(s)		No
c	Gift, grant, or capital contribution from related organization(s)		No
d	Loans or loan guarantees to or for related organization(s)		No
e	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)		No
k	Lease of facilities, equipment, or other assets from related organization(s)		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o	Sharing of paid employees with related organization(s)		No
p	Reimbursement paid to related organization(s) for expenses	Yes	
q	Reimbursement paid by related organization(s) for expenses	Yes	
r	Other transfer of cash or property to related organization(s)		No
s	Other transfer of cash or property from related organization(s)		No

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.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation