### DLN: 93493197019880

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.

Open to Public

OMB No. 1545-0047

Inspection

Department of the

Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 **C** Name of organization D Employer identification number B Check if applicable: INTERNATIONAL ASSOCIATION OF PLASTICS ☐ Address change 48-1122926 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6734 W 121ST ST □ Application pending (913) 345-1005 City or town, state or province, country, and ZIP or foreign postal code OVERLAND PARK, KS 662092002 G Gross receipts \$ 1,675,543 Name and address of principal officer: H(a) Is this a group return for SUSAN E AVERY □Yes ☑No subordinates? 6734 W 121ST STREET H(b) Are all subordinates OVERLAND PARK, KS 66209 ☐ Yes ☐No included? Tax-exempt status: ☐ 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: ► HTTP://WWW.IAPD.ORG L Year of formation: 1956 **M** State of legal domicile: KS K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► 1 Briefly describe the organization's mission or most significant activities: TO PROVIDE EDUCATION, NETWORKING AND RESEARCH OPPORTUNITIES FOR THE PLASTICS STOCK SHAPES AND PIPE, VALVES AND FITTING INDUSTRIES. Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . 4 15 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 11 Total number of volunteers (estimate if necessary) . . 6 100 7a 24,075 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 39 7b -22,081 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 1,397,964 1,495,425 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 93,161 o 2,129 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,492,312 1.590.715 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 934,023 956,864 Expenses 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 425,556 437,379 1,359,579 1,394,243 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 . 132,733 196,472 Net Assets or Fund Balances Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) . 2,458,077 2,692,867 878,683 21 Total liabilities (Part X, line 26) . 868,238 22 Net assets or fund balances. Subtract line 21 from line 20 . 1.589.839 1.814.184 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 2020-06-24 Signature of officer Sign Here SUSAN E AVERY CHIEF EXECUTIVE OFFICER Type or print name and title

Preparer's signature

Firm's name ► MARR AND COMPANY PC

Firm's address ► 1401 EAST 104TH STREET SUITE 100

May the IRS discuss this return with the preparer shown above? (see instructions) .

KANSAS CITY, MO 64131

Print/Type preparer's name

Paid

Preparer Use Only Check | if

self-employed

Firm's EIN ▶ 43-1490039

Phone no. (816) 363-8700

P00541486

Date

2020-06-24

☑ Yes ☐ No

Form	990 (2019)					Page <b>2</b>						
Pa	till Statement	of Program Service	e Accomplis	hments								
	Check if Sche	dule O contains a respo	nse or note to a	any line in this Part III		🗆						
1		organization's mission:		,								
	ROVIDE EDUCATION, I STRIES.	NETWORKING AND RESI	EARCH OPPORT	UNITIES FOR THE PLA	STICS STOCK SHAPES AND PIPE,	VALVES AND FITTING						
	Did the organization	undertake any significar	at program con	vices during the year w	shich ware not listed on							
_	the prior Form 990 o	□ Yes ☑ No										
	If "Yes," describe the	Lifes Lino										
3	•	cease conducting, or ma		changes in how it cond	uete any program							
3	-	<u>.</u>	•	changes in now it cond	ucts, any program	☐ Yes ✓ No						
	services?											
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.											
•	Section $501(c)(3)$ an		ns are required	to report the amount of	of grants and allocations to others,							
4a	(Code:	) (Expenses \$	401,084	including grants of \$	) (Revenue \$	1,193,515 )						
	See Additional Data											
4b	(Code:	) (Expenses \$	182,743	including grants of \$	) (Revenue \$	178,115 )						
	See Additional Data											
4c	(Code:	) (Expenses \$	45,850	including grants of \$	) (Revenue \$	99,720 )						
	See Additional Data											
4d	Other program servi											
	(Expenses \$	inclu	ding grants of	\$	) (Revenue \$	)						
4e	Total program serv	vice expenses ▶	629,6	77								

18

19

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Par	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	162	No No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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	<b>Section 501(c)(3) organizations.</b> 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   2	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? If "Yes," complete Schedule D, Part II	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
10	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
11	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.			
	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	
	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
	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
	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 2	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	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes." complete Schedule G. Part I(see instructions)	17		No

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

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 . . . . . .

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

Nο

Nο

Nο

18

19

20a

20b

21

rm 9	990 (2019)			Page 4
Part	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
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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		
	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		
	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		
	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
	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</i> ,Part III	27		No
	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV	28c		No
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
L	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	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
	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
1	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	
ōа	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	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	Yes	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
	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
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes	
Pari				
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> .		
			Yes	No
a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   12			

1b

Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

0

**1**c

Yes

	Statements Berneling Other IDC Filings and Ton Compliance (continued)			Page 5			
	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						
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				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	4a		No			
E ~	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					
Б Б	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No			
		5b					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		NI -			
	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			
	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).	_					
	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?						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
	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						
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	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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.						
а	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:						
	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						
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.						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	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					
	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	_		NI.			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b					
	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?	15		No			
	If "Yes," complete Form 4720, Schedule O.	16		No			

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	•	onse to i	ines
Se	ection 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 15	.		
	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 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisior 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?	<b>7</b> b	Yes	
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	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	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	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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	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?	10b		No
<b>11</b> a b	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.	11a		No
11a b 12a	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		Yes	No
11a b 12a b	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?	11a	Yes Yes	No
11a b 12a b	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	11a 12a 12b		No
11a b 12a b	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.  Did the organization have a written whistleblower policy?	11a 12a 12b 12c 13	Yes Yes Yes	No
11a b 12a b c 13	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.  Did the organization have a written whistleblower policy?	11a 12a 12b	Yes Yes	No
11a b 12a b c 13 14	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  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No
11a b 12a b c 13 14 15	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  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15	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.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No
11a b 12a b c 13 14 15	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  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b	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  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b	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  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	11a  12a  12b  12c  13  14  15a  15b  16a	Yes Yes Yes Yes Yes	
11a b 12a b c 13 14 15 a b	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  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	
11a b 12a b c 13 14 15 a b	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.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?	11a  12a  12b  12c  13  14  15a  15b  16a	Yes Yes Yes Yes Yes	
11a b 12a b c 13 14 15 a b 16a b	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.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?	11a  12a  12b  12c  13  14  15a  15b  16a	Yes Yes Yes Yes Yes	
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11a b 12a b c 13 14 15 a b 16a b See 17	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling 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.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  List the states with which a copy of this Form 990 is required to be filed▶  Section C. Disclosure  List the states with which a copy of this Form 990 is required to be filed▶  Section C. Disclosure  List the states with which a copy of this Form 990 is required to be filed▶  Outher (explain in Schedule O)  Own website Another's website Upon request Other (explain in Schedule O)	11a  12a  12b  12c  13  14  15a  15b  16a	Yes Yes Yes Yes Yes	
11a b 12a b c 13 14 15 a b 16a b	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  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  Ection C. Disclosure  List the states with which a copy of this Form 990 is required to be filed  Section 6.104 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.	11a  12a  12b  12c  13  14  15a  15b  16a	Yes Yes Yes Yes Yes	

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII  $\,$  .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations.

L Check this box if neither the organization no	r any related or	nanizal	ion c	omr	ene	ated a	nv c	urrent officer direct	ctor or trustee	
(A) Name and title	(B) Average hours per week (list any hours for related	Position than of is b	on (do one bo	(C o no ox, u n of or/t	) t cha unle: ficer trust	eck mess pers and a ee)	ore son	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	rmer thest compensated ployee groyee icer stitutional Trustee director		MISC)	MISC)	related organizations				
(1) WAYNE GONO PRESIDENT	1.00	x						0	0	C
(2) CRAIG SAUNDERS VICE PRESIDENT	1.00	х						0	0	C
(3) DEBORAH RAGSDALE AT LARGE	1.00	х						0	0	C
(4) JIM BOEHM AT LARGE	1.00	х						0	0	C
(5) MARK COURTRIGHT AT LARGE	1.00	Х						0	0	(
(6) BILL BARTH DIRECTOR	1.00	Х						0	0	(
(7) TIM BROWN DIRECTOR	1.00	х						0	0	(
(8) BRAD CAPLAN DIRECTOR	1.00	х						0	0	C
(9) GERRY HELBIG DIRECTOR	1.00	Х						0	0	(
(10) JEFF MIKITKA DIRECTOR	1.00	Х						0	0	(
(11) JIM RICHARDS DIRECTOR	1.00	Х						0	0	(
(12) JEFF TOTH DIRECTOR	1.00	Х						0	0	(
(13) SCOTT VAN WINTER DIRECTOR	1.00	Х						0	0	(
(14) BRAD WALSH DIRECTOR	1.00	Х						0	0	(
(15) JOSH WEHRLI DIRECTOR	1.00	Х						0	0	C
(16) SUSAN AVERY CHIEF EXECUTIVE OFFICER	40.00			х				188,676	0	28,635

Part VII

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

(A) (B) (C) (D) (E) (F)

Page 8

	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related	than c	ne b	ox, ι n of tor/t	t ch unle: ficer	and a	son	Repo compe fror orgar	D) ortable onsation on the oization /1099-	(E) Reportable compensation from related organizations (W-2/1099-	l s	(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		SC)	MISC)		relati organiza	ed	
												-			
												_			
												_			
												_			
c	Sub-Total Total from continuation sheets to P Total (add lines 1b and 1c)	 art VII, Section 		 			<b>&gt;</b>		1	.88,676		0		28,635	
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bov	e) who	rece	eived moi	e than \$:	100,000				
													Yes	No	
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> .										d employee on	3		No	
4	For any individual listed on line 1a, is organization and related organization										m the				
5	individual			tion f		-	unrol	• •	organizat	· ·	ividual for	4	Yes		
5	services rendered to the organization		•						_			5		No	
	ection B. Independent Contract														
1	Complete this table for your five high from the organization. Report compe	nsation for the o									n's tax year.	mpens			
	Name	(A) and business addre	ess							Des	(B) cription of services		(C Compen		
												_			

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 ▶ 0

		(2019)								Page <b>9</b>
Part	VIII									
		Check if Sched	dule O coi	ntains a	respo	ense or note to any	(A) Total revenue	( <b>B)</b> Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10	<b>1</b> a	Federated campa	aigns .		1a			revenue		512 - 514
ants	ı	<b>b</b> Membership dues	s	į	<b>1</b> b					
, Gr	•	c Fundraising even	its	ļ	1c					
Contributions, Gifts, Grants and Other Similar Amounts		<b>d</b> Related organiza			1d					
is, Gimil		<ul><li>Government grants</li><li>All other contribution</li></ul>		Ļ	1e					
tion er S	1	and similar amounts above	s not includ	ded [	1f					
Contributions, Gifts, Grants and Other Similar Amounts	9	g Noncash contributio lines 1a - 1f:\$	ons included	d in	.					
ont	١,	<b>h Total.</b> Add lines	1a-1f	L	1g					
9	<u> </u>	II Totali Add ililes	14 11 .	•		Business Code				Ι
	2a	MEMBERSHIP DUES				611710	692,311	692,311		
ж		CONVENTION & LEAD	SERCUI			011710	632,743	632,743		
le ve	b	CONVENTION & LEAD	JEKSHI			900099	·	·		
сеВ	c	MEMBER PROGRAMS				611710	119,113	95,038	24,075	
Program Service Revenue	d	EDUCATION & TRAIN	ING			611710	51,258	51,258		
anı 🤄						011/10				
rogr	е									
۵	f	All other program	service re	evenue.						
	g	Total. Add lines 2	2a-2f		. •	1,495,425				
	3 ]	Investment income similar amounts)	(includin	g divide	ends, i	nterest, and other	24,03	34		24,034
		Income from invest								
	5	Royalties				1				
				(i) Rea	al	(ii) Personal	4			
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c							
	d	Net rental income		)			_			
			(i)	) Securi	ities	(ii) Other				
	7a Gross amount from sales of 153,95			153,955	;					
		assets other than inventory  b Less: cost or other basis and 7b 84,82								
	b			84,828	,					
		sales expenses					-			
		Gain or (loss)	7с		69,127					
		Net gain or (loss) Gross income from fu					69,12	27		69,127
ıne	- Cu	(not including \$ contributions reporter		of						
ĕ∧e		See Part IV, line 18			8a					
Other Revenue		Less: direct expen			8b					
the	С	: Net income or (los	ss) from f	undrais	ing eve	ents 🕨	1			
	9a	Gross income from See Part IV, line 19			1 1					
	h	Less: direct expen			9a 9b		4			
		: Net income or (los				es •				
	10-	- C								
	104	Gross sales of inve returns and allowa	ances .	•	10a					
	b	Less: cost of good	s sold .	•	<b>10</b> b					
	С	Net income or (los Miscellaneo			invent	ory ► Business Code	1			
	11	•aMISCELLANEOUS				90009	9 2,12	29		2,129
	b	•								
				_						
	c	:								
	الد	All other revenue			-					
		Total. Add lines 1				•				
		: <b>Total revenue.</b> S					2,12			
					-	- P	1,590,71	.5 1,471,350	24,075	95,290 Form <b>990</b> (2019)

Р	art IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns	All other organizati	ons must complete col	umn (A).
	Check if Schedule O contains a response or note to an		-	·	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C)  Management and general expenses	(D) 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	217,311			
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	563,232			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	36,956			
9	Other employee benefits	81,609			
10	Payroll taxes	57,756			
11	Fees for services (non-employees):				
ä	Management				
ı	Legal	5,659			
	Accounting	9,380			
(	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	11,302			
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,376			
12	Advertising and promotion	3,119			
13	Office expenses	40,903			
14	Information technology	48,929			
	Royalties				
16	Occupancy	36,112			
	Travel	7,391			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	411,028			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	55,983			
23	Insurance	10,017			
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 EDUCATION & TRAINING	248,068			
	b BANK CHARGES & CREDIT C	28,881			
	c PROPERTY TAX	16,207			
	d REPAIRS & MAINTENANCE	9,124			
	e All other expenses	-507,100			
25	Total functional expenses. Add lines 1 through 24e	1,394,243			
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).				Form <b>990</b> (2019)

Form	990	(2019)			Page <b>11</b>
Pa	rt X	Balance Sheet			<del></del> -
		Check if Schedule O contains a response or note to any line in this Part IX .			🗆
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	210,905	1	78
	2	Savings and temporary cash investments	9,141	2	149,990
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	58,102	4	15,877
	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	
S	7	Notes and loans receivable, net		7	
ssets	8	Inventories for sale or use	6,365	8	1,019
S	۵	Prenaid expenses and deferred charges	15 982	۵	34 796

1,215,361

429,672

752,173

-14.042

24,340

31,534

95,615

110,671

661,952

868.238

1,589,839

1,589,839

2,458,077

2,458,077

1,363,577

10c

11

12 13

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17 18

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26

27

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29

30

31

32

33

785,689

-14.042

24,340

65,208

75,287

155,767

647.629

878.683

1.814.184

1,814,184

2.692.867

Form 990 (2019)

2,692,867

1,629,912

10a

10b

		section 4958(f)(1)), and persons described in se									
S	7	Notes and loans receivable, net									
set	8	Inventories for sale or use									
Assets	9	Prepaid expenses and deferred charges									
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D									
	b	Less: accumulated depreciation	10								
	11	Investments—publicly traded securities .									
	12	Investments—other securities. See Part IV, line	11								
	13	Investments—program-related. See Part IV, line	11								
	14	Intangible assets									

15

16

17

18

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23

24

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27

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31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Other assets. See Part IV, line 11 .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities

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

Accounts payable and accrued expenses

or family member of any of these persons

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

**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

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

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

Retained earnings, endowment, accumulated income, or other funds

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,

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

## Additional Data

Software ID:

Software Version:

IAPD ANNUAL CONVENTION AND IAPD LEADERSHIP SUMMITTHE OBJECTIVE FOR THE ANNUAL CONVENTION IS TO PROVIDE NETWORKING, EDUCATION, AND BUSINESS

DISTRIBUTION

Form 990 (2019)

Form 990, Part III, Line 4a:

OPPORTUNITIES, AND SUBSTANTIVE MEETINGS CONCERNING THE DIRECTION OF THE INDUSTRY.

DEVELOPMENT OPPORTUNITIES FOR THE PLASTICS DISTRIBUTION INDUSTRY. THE LEADERSHIP SUMMMIT OFFERS LEADERSHIP TRAINING, NETWORKING

**EIN:** 48-1122926

Name: INTERNATIONAL ASSOCIATION OF PLASTICS

ENVIRONMENTAL PROGRAMSIAPD LAUNCHED A SERIES OF ENVIRONMENTAL PROGRAMS IN 2008. THESE PROGRAMS INCLUDED AN INDUSTRY SURVEY BENCHMARKING THE RECYCLING ACTIVITIES OF THE PLASTICS DISTRIBUTION INDUSTRY, A COMPILATION OF ENVIRONMENTAL GUIDELINES, BEST PRACTICES AND DEFINITIONS, AND AN EDUCATIONAL SEMINAR CONDUCTED DURING THE ANNUAL CONVENTION. THE GOAL OF OUR ENVIRONMENTAL PROGRAMS IS TO EDUCATE THE PLASTICS DISTRIBUTION

INDUSTRY ON BEING "ENVIRONMENTAL STEWARDS AND PROMOTE PLASTICS AS AN "ENVIRONMENTALLY FRIENDLY AND SUSTAINABLE" MATERIAL FOR APPLICATIONS.

Form 990, Part III, Line 4b:

#### Form 990, Part III, Line 4c: IAPD EDUCATIONIAPD LAUNCHED LEVEL 2 OF THE IAPD CERTIFICATE COURSE IN 2008. IAPD ADDED THE EXCELLENCE IN SALES CERTIFICATE PROGRAM LEVEL 1. INTRODUCTION TO PLASTICS SALES AND WEBINAR SPONSORSHIPS. THE PURPOSE OF THE CERTIFICATE PROGRAMS ARE TO EDUCATE PLASTICS PROFESSIONALS ON

HOW TO BEST SELL PLASTICS, EDUCATE CUSTOMERS ON HOW TO USE PLASTICS, AND GROW THE OVERALL INDUSTRY.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

## Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

DLN: 93493197019880

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. 
► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Wered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities) anizations: Complete Parts I-A and B. Do not complete Part I-C.

f the organization answered "Yes" or • Section 501(c)(3) organizations: Cor	n Form 990, Part IV, Line 3, or Form 99 mplete Parts I-A and B. Do not complete	<b>90-EZ, Part V, lin</b> Part I-C	e 46 (Political Campaign /	Activities), then
<ul> <li>Section 501(c) (other than section 5</li> </ul>	501(c)(3)) organizations: Complete Parts	I-A and C below.	Do not complete Part I-B.	
<ul> <li>Section 527 organizations: Complete</li> <li>f the organization answered "Ves" or</li> </ul>	te Part I-A only. n Form 990, Part IV, Line 4, or Form 99	90-F7 Part VI lin	ne 47 (Lohbying Activities	then
	t have filed Form 5768 (election under se			
	t have NOT filed Form 5768 (election un			
r the organization answered Tres Tol Proxy Tax) (see separate instruction	n Form 990, Part IV, Line 5 (Proxy Tax s). then	) (see separate ii	nstructions) or Form 990-	EZ, Part V, line 350
<ul> <li>Section 501(c)(4), (5), or (6) organize</li> </ul>				
Name of the organization INTERNATIONAL ASSOCIATION OF PLASTICS DISTRIBUTION	5		Employer iden 48-1122926	tification number
Part I-A Complete if the orga	nization is exempt under sectio	n 501(c) or is	****	zation.
Provide a description of the organ "political campaign activities")	nization's direct and indirect political cam	npaign activities in	Part IV (see instructions for	or definition of
	litures (see instructions)		<b>&gt;</b>	\$
	paign activities (see instructions)			
Part I-B Complete if the orga	nization is exempt under sectio	n 501(c)(3).		
1 Enter the amount of any excise to	ax incurred by the organization under se	ction 4955	<b>&gt;</b>	\$ 
2 Enter the amount of any excise ta	ax incurred by organization managers ur	nder section 4955	<b>&gt;</b>	\$
<b>3</b> 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>b</b> If "Yes," describe in Part IV.				
Part I-C Complete if the orga	nization is exempt under sectio	n 501(c), exce	ept section 501(c)(3)	•
Enter the amount directly expend	ed by the filing organization for section	527 exempt funct	ion activities 🕨	\$
	anization's funds contributed to other or			\$
·	es. Add lines 1 and 2. Enter here and on			\$
4 Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No
organization made payments. For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere ee (PAC). If additional space is needed,	unt paid from the ed to a separate p	filing organization's funds. olitical organization, such a	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
l				
2				
3				
1				
5				
5				
or Paperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	. Cat.	No. 500845 Schedule C (1	Form 990 or 990-EZ) 2019

activity.

1

3

Part IV

Return Reference

No

Nο

No

No

122,140

122.140

124.616

-2,476

(b)

**Amount** 

(a)

Yes | No

#### Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? ..... Grants to other organizations for lobbying purposes? ..... Direct contact with legislators, their staffs, government officials, or a legislative body? ..... Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? ...... Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? ..... 2a If "Yes," enter the amount of any tax incurred under section 4912 ...... 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? ..... Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes Were substantially all (90% or more) dues received nondeductible by members? 1 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? ..... 2 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? ..... Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B 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." Dues, assessments and similar amounts from members 692,311 1

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

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

Volunteers? .....

During the year, did the filing organization attempt to influence foreign, national, state or local legislation.

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .......

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

Current vear .....

Carryover from last year Total .....

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?

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

Taxable amount of lobbying and political expenditures (see instructions) ......

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

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

**Supplemental Information** 

including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

2a

2b

2c

3

4 5

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493197019880

OMB No. 1545-0047

2019

## **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.

Open to Public

Department of the Treasury

(Form 990)

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

Na	me of the organization  ERNATIONAL ASSOCIATION OF PLASTICS			Employer id	entification n	umber
	STRIBUTION			48-1122926		
Pa	Organizations Maintaining Donor Advis Complete if the organization answered "Ye			r Accounts.		
	Complete if the organization answered fre	(a) Donor advise		(b) Fund	ds and other ac	
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 adviso organization's property, subject to the organization's ex					Yes 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for ar	ny other purpose c		rmissible	Yes □ No
Pa	<b>Conservation Easements.</b> Complete if the organization answered "Ye	s" on Form 990 Part IV	/ line 7			
1	Purpose(s) of conservation easements held by the organ					
	Preservation of land for public use (e.g., recreation		Preservation of an	historically imr	ortant land are	ea
	Protection of natural habitat	´ _	Preservation of a c			
	Preservation of open space		reservation or a c	ertifica mistorio	. Structure	
2	Complete lines 2a through 2d if the organization held a	gualified conservation cont	ribution in the for	m of a concerv	ation	
2	easement on the last day of the tax year.	quaimed conservation cont	inducion in the for		at the End of	the Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements		[	2b		
С	Number of conservation easements on a certified historic	c structure included in (a)	[	2c		
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and not	on a historic	2d		
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished,	or terminated by t	the organizatio	n during the	
4	Number of states where property subject to conservatio	n easement is located 🕨				
5	Does the organization have a written policy regarding th and enforcement of the conservation easements it holds			of violations,	☐ Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations	, and enforcing co	nservation eas	ements during	the year
7	Amount of expenses incurred in monitoring, inspecting,  \$ \\$	handling of violations, and	enforcing conserv	vation easemer	nts during the y	/ear
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?			70(h)(4)(B)(i)	☐ Yes	□ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization			and	<b>□ N</b> 0
Pai	t III Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical Trea	•	er Similar A	ssets.	
<b>1</b> a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	6 (ASC 958), not to report public exhibition, education	in its revenue sta n, or research in fo			rks of
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ 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, historic following amounts required to be reported under SFAS 1	cal treasures, or other simi	lar assets for finar			
а	Revenue included on Form 990, Part VIII, line 1			▶\$		
b	Assets included in Form 990, Part X			▶\$		

Cat. No. 52283D

Schedule D (Form 990) 2019

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Par	3000	Organizations Ma	aintaining Coll	ections of	Art, Histo	rical T	reası	ares, or	r Other	Similar A	ssets (d	continued)	
3		g the organization's acq s (check all that apply):		, and other r	ecords, checl	k any of	the fo	llowing t	hat are a	significant	use of its	collection	
а		Public exhibition			d		Loan	or excha	ange prog	ırams			
b		Scholarly research			е		Othe	r					
C		Preservation for future	e generations										
4	Provi Part :	de a description of the XIII.	organization's coll	ections and e	xplain how t	hey furt	her th	e organiz	zation's e	xempt purpo	ose in		
5		ng the year, did the org									☐ Ye	ıs 🗆 I	No
Par	t IV	Escrow and Cust Complete if the ord X, line 21.			on Form 99	0, Part	t IV, li	ine 9, or	r reporte	ed an amo	unt on F	orm 990	, Part
1a		e organization an agent ded on Form 990, Part									☐ Ye	s 🗆 I	No
b	If "Ye	es," explain the arrange	ement in Part XIII	and complete	the followin	a table		[		<u> </u>	mount		_
C		nning balance		•		-		ŀ	1c				_
d	_	ions during the year .							1d				_
e		ibutions during the year							1e				_
f		ng balance						l	1f				
2a	Did tl	he organization include	an amount on Fo	rm 990. Part	X. line 21. fo	r escro	w or cu	، Istodial a	ccount lia	ability?	Пуе	s 🗆 I	— No
		es," explain the arrange									_	э — .	••
	rt V	Endowment Fund		oneek nere	T dire explaine			promaci	4 111 1 410				
		Complete if the or		ered "Yes"	on Form 99	0, Parl	t IV, li	ine 10.					
				(a) Current	year (b)	Prior ye	ar	<b>(c)</b> Two y	ears back	(d) Three ye	ears back	(e) Four ye	ars back
	-	ning of year balance .											
		butions											
		vestment earnings, gair	ns, and losses										
		or scholarships					_						
	and pr	expenditures for facilitions ograms											
		istrative expenses											
_		year balance											
2		de the estimated perce	-	nt year end b	alance (line	1g, colu	ımn (a	)) held a	s:				
а		d designated or quasi-e	ndowment >										
b		anent endowment 🟲											
С		porarily restricted endov	***************************************										
3a	Are t	percentages on lines 2a here endowment funds nization by:				at are h	neld an	ıd admini	istered fo	r the			
	-	nrelated organizations									3a	Yes a(i)	No
		elated organizations .										ı(ii)	
b	If "Ye	es" on 3a(ii), are the re	lated organization	s listed as re	quired on Sch	nedule F	₹?.				. 🗔	3b	
4	Desci	ribe in Part XIII the inte	ended uses of the	organization'	s endowmen	t funds.							
Pai	t VI	Land, Buildings,			00	.0 5-				000 -			
	Descr	Complete if the ordinate of property	ganization answ (a) Cost or oth (investme	er basis (	on Form 99 (b) Cost or oth					rm 990, Pa depreciation		ie 10. d) Book val	ue
4 -	1 1						E0.000						150.000
							50,000			210,744			150,000
	Buildin	-				/	41,660			210,744			530,916
		nold improvements				2	23,701			218,928			104,773
a	⊑quipn	nent	l			3	20,701	1		210,928			104,//3

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

785,689

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990,	Dart IV li	ne 111	See Form 990 [	Dart V lii	no 12
	(a) Description of security or category (including name of security)	(b) Book value	ile III	(c) Metho Cost or end-of-	d of valua	tion:
	I derivatives					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Columi	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,	•	no 116	Soo Form 990	Dart V li	no 13
	(a) Description of investment	raic IV, ii	ne II	(b) Book value	(c) M	ethod of valuation: end-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	art IV, lir	ne 11d	. See Form 990, Par	t X, line 1	
(1)	(a) Description					(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col.(B) line 15.)				<b>•</b>	
Part X	<b>Other Liabilities.</b> Complete if the organization answered 'Yes' on Form 990, F	art IV, lir	ne 11e	or 11f.See Form	990, Par	t X, line 25.
1.	(a) Description of liability	,				b) Book value
(1) Federal (4)	income taxes					
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 25.)			<b>b</b>		647,629
	or uncertain tax positions. In Part XIII, provide the text of the footnot 's liability for uncertain tax positions under FIN 48 (ASC 740). Check					

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

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Supplemental Information

Add lines **4a** and **4b** . . . . . . . . . . . .

Page 4

11,302

1.394.243

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

Part XI

b

Part XIII

See Additional Data Table

Return Reference

5

### Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . 5 1,590,715 5 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.

	complete it the organization and the form to of the start and the			
1	Total expenses and losses per audited financial statements		1	2,058,780
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	675,839		

Add lines 2a through 2d . . 2e 675,839 3 1,382,941 3

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

4a

4b

Explanation

11.302

4c

5

chedule D (Form 990) 2019					
Part XIII	Supplemental Info	rmation (continued)			
Retur	n Reference	Explanation			

Schedule D (Form 990) 2019

## **Additional Data**

Software ID: Software Version:

**EIN:** 48-1122926

Name: INTERNATIONAL ASSOCIATION OF PLASTICS

DISTRIBUTION

HE ASSOCIATION ADOPTED THE PROVISION OF THE FASB ASC 740. ACCOUNTING STANDARDS FOR INCOME TAXES. MANAGEMENT BELIEVES THERE ARE NO SUCH PROVISIONS FOR INCOME TAXES IN THESE CONSOLID ATING FINANCIAL STATEMENTS AS OF DECEMBER 31, 2019 AND 2018, AND ACCORDINGLY, NO LIABILITY

supplemental Information						
Return Reference	Explanation					
PART X, LINE 2:	THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(6) OF THE INTERNA					

HAS BEEN ACCRUED. FEDERAL FORM 990 HAS BEEN FILED IN A TIMELY MANNER.

Supplemental Information Return Reference Explanation PART XI, LINE 2D - OTHER ADJ FOR ASI REVENUE IN CONSOLIDATED FS 638,969. ADJ FOR IAPD-PAC REVENUE IN CONSOLIDATED FS I ADJUSTMENTS: 28,160. INVESTMENT MANAGEMENT FEES -11,302.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	REIMBURSEMENT INCOME 517,602. ADJ FOR ASI EXPENSES IN CONSOLIDATED FS 158,237.

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upplemental Information						
Return Reference	Explanation					
PART XII, LINE 4B - OTHER ADJUSTMENTS:	INVESTMENT MANAGEMENT FEES 11,302.					

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efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Dat	a -	DLN: 93	49319	7019	880			
	nedule J	С	ompensat	ion Information	0	MB No.	1545-0	0047			
•	m 990)	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			
-	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	<u>ov/Form990</u> for	instructions and the latest infori	mation.		ectio				
Nar	ne of the organiza				Employer identifica						
	ERNATIONAL ASSOC TRIBUTION	CIATION OF PLASTICS			48-1122926						
Pa	rt I Questi	ons Regarding Compensa	ation		10 1122520						
							Yes	No			
1a				f the following to or for a person liste y relevant information regarding the							
	_	s or charter travel		Housing allowance or residence for	personal use						
	_	companions	님	Payments for business use of perso							
		nification and gross-up paymen	ts 📙	Health or social club dues or initiati							
	<b>✓</b> Discretion	nary spending account	Ш	Personal services (e.g., maid, chau	ffeur, chef)						
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b		No			
2				or allowing expenses incurred by all	1-2	2	Yes				
	directors, truste	es, officers, including the CEO/	executive Directo	r, regarding the items checked on Lii	ne la?						
3	organization's C	EO/Executive Director. Check a	all that apply. Do r	ed to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain							
	<b>✓</b> Compensa	ation committee		Written employment contract							
		ent compensation consultant	✓	Compensation survey or study							
	☐ Form 990	of other organizations	$\checkmark$	Approval by the board or compensa	ation committee						
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	filing organization or a						
а	Receive a sever	ance payment or change-of-cor	ntrol payment? .			4a		No			
b	Participate in, o	r receive payment from, a supp	lemental nonqual	ified retirement plan?		4b		No			
С		. ,	,	nsation arrangement?		4c		No			
	If "Yes" to any o	of lines 4a-c, list the persons ar	nd provide the app	olicable amounts for each item in Par	t III.						
	Only <b>501</b> (a)(2	) F01(-)(4)  F01(-)(20	·	t							
5		), 501(c)(4), and 501(c)(29		the organization pay or accrue any							
,		ontingent on the revenues of:	on A, line 1a, did	the organization pay or accrue any							
а	The organization	n?				5a					
b						5b					
		5a or 5b, describe in Part III.									
6		ed on Form 990, Part VII, Section		the organization pay or accrue any							
а	The organization	n?				6a					
b	Any related orga	anization?				6b					
	If "Yes," on line	6a or 6b, describe in Part III.									
7				the organization provide any nonfixe rt III		7					
8	subject to the in	nitial contract exception describ	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," d 		8					
9				presumption procedure described in		9					
For 5	Danerwork Pedu	iction Act Notice, see the In	structions for Fo	orm 990 Cat No	50053T Schedule	l (Forn	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 200. But VIII.

instructions, on row (ii). I <b>Note.</b> The sum of column	Do no is (B)	ot list any individuals that )(i)-(iii) for each listed ind	are not listed on Form 9 dividual must equal the to	90, Part VII. otal amount of Form 990,	Part VII, Section A, line	1a, applicable column (D)	and (E) amounts for tha	t individual
(A) Name and Title			of W-2 and/or 1099-MIS  (ii) Bonus & incentive compensation		(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 SUSAN AVERY CHIEF EXECUTIVE OFFICER	(i) (ii)	188,676	0	0 0	5,879	22,756 0	217,311	0
			ı		ı		Schedule	J (Form 990) 2019

Schedule J (Form 990) 2019 Page 3 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 THE ORGANIZATION PAID \$0 FOR NOMINAL EXPENSES PART I, LINE 3 THE CEO'S CONTRACT AND SALARY ARE REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE. THE SALARY/COMPENSATION PACKAGE IS DETERMINED BY THE MARKET RATE (ASAE ANNUAL COMPENSATION STUDY) AND ADJUSTED FOR THE KANSAS CITY MARKET.

Schedule 1 (Form 990) 2019

efile GRAPH	C print - DO NOT PROCESS As Fi	led Data -		DLN: 93493197019880
SCHEDUL (Form 990 or EZ)	990- Complete to provide in: Form 990 or 990-l	formation for Z or to provi ttach to Form	n to Form 990 or 990-E2 responses to specific questions on de any additional information. 990 or 990-EZ. 100 for the latest information.	OMB No. 1545-0047  2019  Open to Public Inspection
DISTRIBUTION	পাহৰtion SOCIATION OF PLASTICS  O, Supplemental Information		48-1122	er identification number 926
Return Reference			Explanation	
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS FULL MEMBER	S AND NON-	OTING MEMBERS.	

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION A, LINE 7A

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. DECISIONS ARE SUBJECT TO APPROVAL.

FORM 990, DECISIONS ARE SUBJECT TO APPROVAL.
PART VI,
SECTION A.

LINE 7B

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION B, LINE 11B

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, THE BOARD IS REMINDED OF THEIR DUTY AND COMPLIANCE REQUIREMENTS AT THE BEGINNING OF EACH TERM.
SECTION B,
LINE 12C

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990,	THE CEO'S CONTRACT AND SALARY ARE REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE. THE SA
PART VI,	LARY/COMPENSATION PACKAGE IS DETERMINED BY THE MARKET RATE (ASAE ANNUAL COMPENSATION STUDY
SECTION B,	) AND ADJUSTED FOR THE KANSAS CITY MARKET. ALL STAFFS' SALARIES ARE REVIEWED ANNUALLY AND
LINE 15	COMPARED TO THE ASAE ANNUAL COMPENSATION STUDY FOR EACH LIKE POSITION.

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation Reference

FORM 990. CHANGE IN NET ASSETS - GOVERNMENT RELATIONS -137,559. CHANGE IN NET ASSETS - IAPD PAC -6.0 PART XI, 12. CHANGE IN NET ASSETS - IAPD INTERNSHIP PROGRAM -4.000. ROUNDING

990 Schedule O, Supplemental Information

LINE 9:

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

INTERNATIONAL ASSOCIATION OF PLASTICS

Internal Revenue Service Name of the organization

# **Related Organizations and Unrelated Partnerships**

▶ 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.

OMB No. 1545-0047 2019

DLN: 93493197019880

Open to Public Inspection

**Employer identification number** 

DISTRIBUTION							48-1	122926				
Part I Identification of Disregarded Entities. Comp	lete if the orgar	nization ans	wered "Yes	" on For	m 990, Part	IV, lin	e 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary activity		(c) Legal domicile (state or foreign country)		(d) Total income		(e) End-of-year assets		<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organiz related tax-exempt organizations during the tax y		 ete if the or	ganization	answere	ed "Yes" on F	orm 9	90, Part I	V, line 34	l because	e it had one or	more	
(a) Name, address, and EIN of related organization	(	<b>b)</b> y activity	(c) Legal domic or foreign	ile (state	(d) Exempt Code s	section	Public char (if section	ity status	Dire	(f) ect controlling entity	Section (13) co ent	g) n 512(b ontrolle tity?
(1)IAPD PAC 6734 W 121ST STREET OVERLAND PARK, KS 66209 47-5409523	POLITICAL AI COMMITTEE	CTION	KS	,	527		LINE 11		INTERNATI ASSOCIATI DISTRIBUT	ION OF PLASTICS	Yes	No No
For Paperwork Reduction Act Notice, see the Instructions for F				t. No. 501	1257				6.1	edule R (Form 9	200) 2:	
FOR Paperwork Reduction ACT NOTICE, See the Instructions for h	Orm 990.		Ca	ι. Νο. 501	1331				>cn	eaule K (rorm S	ナダひ) とり	JIJ

Part III Identification of Related Organione or more related organizations	zations Taxable as a l reated as a partnership	Partnership. during the ta	Comple x year.	ete if the o	rganization	answered	l "Yes	s" on Forn	า 990,	Part I	V, line 34,	beca	use i	t had	
<b>(a)</b> Name, address, and EIN of related organization	(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predomin income(rel unrelate excluded f tax und sections 5	ated, total ir rom er	e of	(g) Share of end-of-year assets	<b>(I</b> Disprop alloca	h) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		ral or aging	( <b>k</b> Percer owner	ntage
					314)				Yes	No		Yes	No		
Part IV Identification of Related Organia because it had one or more related  (a)  Name, address, and EIN of related organization		s a corporation (control control contr	on or tru	st during t	he tax yea (d) t controlling		y s	vered "Yes (f) hare of total income	Share	(g) of end- year assets	of- Perce	(h)		(i) Sectior (b)(1 contro	L3)
			ntry)			ŕ								entit <b>Yes</b>	
(1)ASI INC 6734 W 121ST ST 0VERLAND PARK, KS 66209 48-1034063	PERIODICAL PRODUCTION	K	6	ASSOC PLASTI	NATIONAL IATION OF CS BUTION	С		511,486		114,9	100.0	00 %	-	Yes	
	<u> </u>														

chedule R (Form 990) 2019		Page <b>3</b>									
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.											
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>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b	No									
c Gift, grant, or capital contribution from related organization(s)	1c	No									
d Loans or loan guarantees to or for related organization(s)	1d Ye	es									
e Loans or loan guarantees by related organization(s)	1e	No									
f Dividends from related organization(s)	<b>1</b> f	No									
g Sale of assets to related organization(s)	<b>1</b> g	No									
h Purchase of assets from related organization(s)	1h	No									
i Exchange of assets with related organization(s)	<b>1</b> i	No									
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No									
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No									
l Performance of services or membership or fundraising solicitations for related organization(s)	11	No									
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No									
o Sharing of paid employees with related organization(s)	10	No									
p Reimbursement paid to related organization(s) for expenses	1p	No									
q Reimbursement paid by related organization(s) for expenses	1q Ye	es									
		$\overline{}$									

f k Lease of facilities, equipment, or other assets from related organization(s)				1k	No
<b>I</b> Performance of services or membership or fundraising solicitations for related organization(s)				11	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
o Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p	No
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q Yes	
f r Other transfer of cash or property to related organization(s)				1r	No
${f s}$ Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin	e, including covered r	elationships and tra	nsaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining an	ount involve	d
(1)ASI INC	Q	517,602	CASH TRANSACTION		
(2)ASI INC	D	64,999	CASH TRANSACTION		

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.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate ?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j)</b> General ( managin partner	or g ?	<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
			1			ı				Schedul	e R (Forn	990	0) 2019

Schedule R (Fo	rm 990) 2019		Page <b>5</b>
Part VII	Supplemental Info	ormation	
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).	
Retu	ırn Reference	Explanation	