(())	1)
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A Check box if address changed B Exempt under section X 501(c) 3) 408(e) 220(e) Name of organization (Check box if name changed and see instructions.) INTERNATIONAL MUNICIPAL SIGNAL ASSOCIATION, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 5 9 7 HAVERTY CT, NO. 100	2019 Open to Public Inspection 501(c)(3) Organizations On loyer identification number loyees' trust, see auctions)
Department of the Treasury Internal Revenue Service A Check box if address changed B Exempt under section X 501(cN3) 100 or Type Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of organization (Check box if name changed and see instructions.) INTERNATIONAL MUNICIPAL SIGNAL ASSOCIATION, INC. Number, street, and room or suite no. If a P.O. box, see instructions. See in Structions and the latest information. DEmple (Emple Instructions) INTERNATIONAL MUNICIPAL SIGNAL ASSOCIATION, INC. See in Structions. 1 Or Type See in Structions. 1 Or Type See in Structions.	Open to Public Inspection 501(c)(3) Organizations On loyer identification number oloyees' trust, see uctions)
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). A Check box if address changed B Exempt under section X 501(c)3 Print Or Type Or Type Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). DEmpli (Emp instruC) INTERNATIONAL MUNICIPAL SIGNAL ASSOCIATION, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 597 HAVERTY CT, NO. 100	501(c)(3) Organizations On loyer identification number lloyees' trust, see uctions)
A Check box in address changed B Exempt under section X 501(CV3) 100 Type Section ASSOCIATION INC . Section Se	oloyees' trust, see uctions)
X 501(CV3) Or Type Number, street, and room or suite no. If a P.O. box, see instructions. 597 HAVERTY CT , NO . 100	
Type Number, street, and room of some no. If a P.O. box, see instructions. 597 HAVERTY CT, NO. 100	1-2548753
408(e) 2220(e) 397 HAVERTY CT, NO. 100	lated business activity code instructions)
	800
G Book value of all assets at end of year CORD F Group exemption number (See instructions.)	
1,897,570. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust	Other trust
H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated Describe the only (or first) unrelated	
trade or business here ADVERTISING IN JOURNAL . If only one, complete Parts I-V. If more	
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade business, then complete Parts III-V.	6 01
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	es X No
If "Yes," enter the name and identifying number of the parent corporation.	
J The books are in care of ▶ TOBY CUMMINGS, EXECUTIVE DIRECTOR Telephone number ▶ 321-	
Part I Unrelated Trade or Business Income (A) Income (B) Expenses	(C) Net
1 a Gross receipts or sales	
b Less returns and allowances C Balance	
2 Cost of goods sold (Schedule A, line 7)	
3 Gross profit. Subtract line 2 from line 1c 3	·/
4a Capital gain net income (attach Schedule D) 4a	<u> </u>
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b	
c Capital loss deduction for trusts 5 income (loss) from a partnership or an S corporation (attach statement) 5	
5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 6	
7 Unrelated debt-financed income (Schedule E) 7	
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8	
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9	· · · · · · ·
10 Exploited exempt activity income (Schedule I)	
11 Advertising income (Schedule J) 11 218,531. 146,999.	71,532
12 Other income (See instructions; attach schedule)	
13 Total. Combine lines 3 through 12 13 218,531. 146,999.	71,532
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income)	
14 Compensation of officers, directors, and trustees (8chedule K) 14	
15 Salaries and wages 15	
16 Repairs and maintenance	
17 Bad debts RECE 12	
18 Interest (attach schedule) (see instructions)	040
18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 20 Depreciation (attach Form 4562) MAR 0 4 2021 20 20	940
21 Less depreciation claimed on Schedule A and elsewhere on return OGDEN, UT 21a 21b 22 Depletion 22	
22 Depletion 23 Contributions to deferred compensation plans 22 23	
23 Contributions to deterred compensation plans 24 Employee benefit programs 24	
25 Excess exempt expenses (Schedule I) - 25	
26 Excess peadership costs (Schedule J) 26	
27 Other fleductions (attach schedule) 27	-
28 Total deductions Add lines 14 through 27 28	940
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	70,592
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018	
(see instructions) 30	0
/31 Unrelated business taxable income. Subtract line 30 from line 29 823703 03-27-20 J. HA. For Panerwork Reduction Act Notice, see instructions	70,592

Form 990	O-T (2019)	INTERNATIONAL MUN	NICIPAL SIGNAL A	SSOCIATI	ON, INC	Z. <u>'</u>	81-2	2548 <u>753 Page</u> 24
Part	: III/\.	Total Unrelated Business	Taxable Income			ì		
32	otal of	unrelated business taxable income co	mputed from all unrelated trades of	businesses (see	instructions)		82	70,592.
33 ′	· ·							-
34	Λh	-la annimitation from implementant for l	_	34	0.			
35	Total ur	ole contributions (see instructions for increased business taxable income befor	re pre-2018 NOI s and specific dedu	ection Subtract line	34 from the sum o	of lines 32 and 337	35	70,592.
36		on for net operating loss arising in tax					36	<u> </u>
		unrelated business taxable income be		-	,	-1	37	70,592.
38		deduction (Generally \$1,000, but see	· ·				38	1,000.
		ted business taxable income. Subtrac	·			0,	/" -	
00		e smaller of zero or line 37	ic into do from into or. It into oo is g	roater than line or	,	- 11	39	69,592.
Part	******	Tax Computation				,,	100	
	$\overline{}$	tations Taxable as Corporations. Mul	troly line 30 by 21% (0.21)			1	40	14,614.
		Taxable at Trust Rates. See instruction		on the amount on	line 30 from	{	╆╩┼╌	
71			D (Form 1041)	on the amount on	illic 55 irom.	_	41	
42		ax. See instructions	S (FORM 1041)				42	
	-	ive minimum tax (trusts only)					43	
		Noncompliant Facility Income. See in	estructions			_	44	
		add lines 42, 43, and 44 to line 40 or 4				7	45	14,614.
		Tax and Payments	i, whichever applies			+	130	14,014.
		tax credit (corporations attach Form 1	118: truste attach Form 1116\		46a			
		redits (see instructions)	Tio, addis attach i offi i i ioj		46b		1	
		business credit. Attach Form 3800			46c		1 1	
		or prior year minimum tax (attach Forn	n 8801 or 8827)		46d		1 1	
		redits. Add lines 46a through 46d	11 000 1 01 0021)		1 400]		46e	
47		t line 46e from line 45					AT	14,614.
		ixes. Check if from: Form 4255	5 Form 8611 Form 869	7 Form 88	66 Other	(attach schedule)	48	11,0110
		x Add lines 47 and 48 (see instruction		,		(attach schools)	49	14,614.
		et 965 tax liability paid from Form 965-	•	r\ line 3 .		٦	50	0.
		its: A 2018 overpayment credited to 2		(20)	514	10,074.		
	-	stimated tax payments		(8)24	516	10,000.	1	
		osited with Form 8868		~ 0	51c		1	
	•	organizations: Tax paid or withheld at	source (see instructions)		51d		1	
	-	withholding (see instructions)	,		51e		1	
		or small employer health insurance pre	emiums (attach Form 8941)		51f		1 1	
		edits, adjustments, and payments:	Form 2439				1	
·		orm 4136	Other	Total -	51g			
52		ayments. Add lines 51a through 51g		_			82	20,074.
53	Estimate	ed tax penalty (see instructions). Chec	k if Form 2220 is attached 🕨 🛭			_	53	
		e. If line 52 is less than the total of lines		d		▶	54	
55	Overpa	yment. If line 52 is larger than the total	of lines 49, 50, and 53, enter amou	unt overpaid		[○ ▶	55	5,460.
56	Enter th	e amount of line 55 you want: Credite	d to 2020 estimated tax	5,	460. Re	funded 🕨	56	0.
Part	VI S	Statements Regarding Ce	rtain Activities and Oth	er Informati	on (see instru	ctions)		
57	At any t	ime during the 2019 calendar year, did	I the organization have an interest ii	n or a signature or	other authority	_		Yes No
	over a f	inancial account (bank, securities, or o	ther) in a foreign country? If "Yes,"	the organization n	nay have to file			
	FinCEN	Form 114, Report of Foreign Bank and	Financial Accounts. If "Yes," enter	the name of the fo	reign country			
	here	>						X
58	During 1	the tax year, did the organization receiv	ve a distribution from, or was it the	grantor of, or tran	sferor to, a forei	gn trust?		X
	If "Yes,"	see instructions for other forms the or	rganization may have to file.					
59	Enter th	e amount of tax-exempt interest receiv	red or accrued during the tax year	▶ \$				
0:		der penalties of perjury, I declare that I have or rrect, and complete Declaration of preparer (wiedge and b	elief, it is true,
Sign						·	ay the IRS dis	cuss this return with
Here		10h cm	8 3-7-2/	EXECUTI	VE DIRE			own below (see
		Signature of officer	Date	Title		ın	structions)?	X Yes No
		Print/Type preparer's name	Preparer's signature	Da	te		f PTIN	
Paid		CHRISTOPHER	CHRISTOPHER		.,,,,,,	self- employed	200	0000100
Prep	arer	JOHNSTON	JOHNSTON	J0 2	/19/21	<u> </u>		896198
Use	Only	Firm's name ► EFPR GROU		OTTT MEN 1	EOO	Fırm's EIN ▶	47-	4526160
			TH CLINTON AVE,		.500	Dha	EOE	427 0000
		Firm's address ROCHES'I	.EK, NY 14604-18	UΤ		Prione no. (202)	427-8900

Form **990-T** (2019)

Page 3

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory valuation N/	<u> </u>			 .	
1 Inventory at beginning of year	1		6 Inventory at end of ye	ear		6		_
2 Purchases	2		7 Cost of goods sold. S	Subtract	line 6			
3 Cost of labor	3		from line 5. Enter her	e and in l	Part I,			
4a Additional section 263A costs			line 2			7	Ì	
(attach schedule)	4a		8 Do the rules of section	n 263A (with respect to		Yes N	0
b Other costs (attach schedule)	4b		property produced or	property produced or acquired for resale) apply to				
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	nd Personal Property	Leas	ed With Real Pro	perl	ty)	
1. Description of property	,							
(1)	- -							_
(2)								
(3)								
(4)							· <u>-</u>	
	2. Rent receiv	ed or accrued			3/0)5-4''		1	
(a) From personal property (if the per rent for personal property is mor 10% but not more than 509	e than	` of rent for	b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) 3(a) Deductions directly connecte columns 2(a) and 2(b) (att					
(1)								_
(2)								
(3)								Т
(4)								
Total	0.	Total		0.			-	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum		ter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0	
Schedule E - Unrelated De		I Income (see	e instructions)		<u>'</u>			_
		· -	2 Gross income from		3. Deductions directly con to debt-finance			
1. Description of debt-f	inanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(D) Other deductions (attach schedule)	
(1)				+				_
(2)				†		\dagger		_
(3)			- "	† -		+		_
(4)			· · · · · · · · · · · · · · · · · · ·	 		1		_
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	`,	8 Allocable deductions (column 6 x total of column: 3(a) and 3(b))	s
(1)			%	+		<u> </u>		_
(2)			%	1				_
(3)			%	1		T		
(4)			%					_
	•		•		inter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)	_
Totals			•		0		0	
Total dividends received deductions	noludad in anlumi	. 0				1	 -	

Form **990-T** (2019)

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Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)											
Exempt Controlled Organizations											
1. Name of controlled organizat	aon	2. Emp identific num	cation		related income instructions)		tal of specified prents made organization's gross income		6. Deductions directly connected with income in column 5		
(1)										-	
(2)										\dashv	
(3)										o	
(4)											
Nonexempt Controlled Organi	zations	•		•							
7. Taxable Income		nrelated incom ee instructions		9. Total	of specified paye made	nents	10. Part of column 9 that is included in the controlling organization's gross income			eductions directly connected th income in column 10	
<u>(1)</u>				<u> </u>			<u>-</u>			<u> </u>	
(2)				 -							
(3)											
(4)											
-	-			•			Add colun Enter here and line 8, c	on pag	e 1, Part I,	t	dd columns 6 and 11 here and on page 1, Part i, line 8, column (B)
Totals									0.		0.
Schedule G - Investme	nt Inco	me of a	Saction	501/0\/	7) (9) or	(17) 0:	aanization		<u> </u>		
(see insti		ine oi a .	Section	301(0)(<i>1</i>), (3), 01	(17) 01	yanızatıdı	•			
1, Desc	ription of inco	me			2 Amount of	ıncome	3 Deduction directly connections (attach schedu	cted	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)						Ì					
					Enter here and Part I, line 9, co		•				Enter here and on page 1, Part I, line 9, column (B)
Totals				•		0.					0.
Schedule I - Exploited (see instru	-	Activity	Incom	e, Othe	r Than Ad	lvertisi	ng Income				•
			3. Exc	penses	4. Net incom		5.0		_		7. Excess exempt
1. Description of exploited activity	unrelated	iross business e from business	directly c with pro of unr	onnected duction	from unrelated business (co minus colum gain, compute through	lumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	attribut	penses able to mn 5	expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)				-		ĵ					
(3)			·								
(4)											
						•					Enter here and on page 1, Part II, line 25
Totals		0.		0.							0.
Schedule J - Advertisi											
Part I Income From I	Periodic	als Repo	orted o	n a Con	solidated	Basis			,		
1. Name of periodical		2. Gross advertising income		3. Direct ortising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	iin, comput	5. Circulat		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)] .
(3)]
(4)											
Totals (carry to Part II, line (5))	•	().	0							0.

81-2548753

Page 5

Form 990-T (2019) ASSOCIATION, INC. 81-25487

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) IMSA JOURNAL	218,531.	146,999.	71,532.	142,085.	62,637.	
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)].			Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	218,531.	146,999.			_	0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)