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Form # 8868 ATTACHED

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Open to Public Inspection

Form 990-EZ

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.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

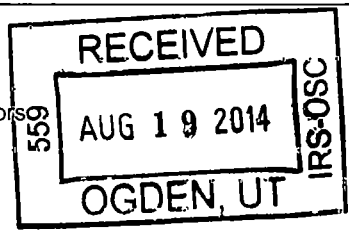
Part I: For the 2013 calendar year, or tax year beginning, and ending. Includes fields for Name of organization (International Management Development Association), Address (1201 Stonegate Road, Hummelstown, PA 17036), Employer identification number (23-1736169), and Group Exemption Number.

Part II: Accounting Method (Cash checked), Website, Tax-exempt status (501(c)(6) checked), and Form of organization (Association checked).

Part III: Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. Total gross receipts: \$35,599.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 35,599. Expenses total: 32,649. Net Assets total: 212,56.



Vertical handwritten text: 0423235246 SEP 09 2014

Vertical handwritten text: CANCELED SEP 2 2014

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

Handwritten mark at bottom right.

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

Table with 4 columns: Line number, Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? Education

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Table with 4 columns: Line number, Description, (Grants \$), and Expenses. Rows include Organizes conferences, publishes newsletters, and network educational opportunities for members; Other program services; Total program service expenses.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits contributions, (e) Estimated amount of other compensation. Rows include Kip Becker, Pres; Erdner Kaynak, V-Pres.



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

| | | Yes | No |
|------|--|-----|----|
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | | X |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | | X |
| 35 a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | | X |
| 35 b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | | |
| 35 c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | | X |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | | X |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/> | | |
| 37 b | Did the organization file Form 1120-POL for this year? | | |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | | |
| 38 b | If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/> | | |
| 39 | Section 501(c)(7) organizations Enter | | |
| 39 a | Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/> | | |
| 39 b | Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/> | | |
| 40 a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/> | | |
| 40 b | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | |
| 40 c | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/> | | |
| 40 d | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text"/> | | |
| 40 e | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | | |
| 41 | List the states with which a copy of this return is filed <input type="text"/> | | |
| 42 a | The organization's books are in care of <input type="text" value="Erdner Kaynak"/> Telephone no <input type="text"/> Located at <input type="text" value="1201 Stonegate Road"/> City <input type="text" value="Hummelstown"/> ST <input type="text" value="PA"/> ZIP + 4 <input type="text" value="17036"/> | | |
| 42 b | 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 <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | Yes | No |
| 42 c | At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <input type="text"/> | | X |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/> | | |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |
| 44 b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |
| 44 c | Did the organization receive any payments for indoor tanning services during the year? | | |
| 44 d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |
| 45 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | |
| 45 b | 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | | |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with Yes/No columns and value 46, X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

Table with Yes/No columns and value 47

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

Table with Yes/No columns and value 48

49 a Did the organization make any transfers to an exempt non-charitable related organization?

Table with Yes/No columns and value 49a

b If "Yes," was the related organization a section 527 organization?

Table with Yes/No columns and value 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here Signature of officer ERONER KAYMK V-PRES Date 8-15-14

Paid Preparer Use Only Print/Type preparer's name ROSTITLER Preparer's Signature ROSTA Date 8/15/14 Check self-employed PTIN Firm's EIN 25-183005

May the IRS discuss this return with Stiteler & Associates 4902 Carlisle Pike - Box 195 Mechanicsburg PA 17050

Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

International Management Development Association

Employer identification number

23-1736169

Form 990-EZ, Part I, Line 16, Other Expenses Telephone 3,096

Form 990-EZ, Part I, Line 16, Other Expenses Printing 4,074

Form 990-EZ, Part I, Line 16, Other Expenses Clerical 1,100

Form 990-EZ, Part I, Line 16, Other Expenses Bank Fees 1,652

Form 990-EZ, Part I, Line 16, Other Expenses Journal Review 2,499

Form 990-EZ, Part I, Line 16, Other Expenses Travel & Transportation 7,578

Form 990-EZ, Part I, Line 16, Other Expenses Stationary 221

Form 990-EZ, Part I, Line 16, Other Expenses Awards 212

Form 990-EZ, Part I, Line 16, Other Expenses Journal Subscription 1,240

Form 990-EZ, Part I, Line 16, Other Expenses Membership Fees 90

Form 990-EZ, Part I, Line 16, Other Expenses Shipping 424

Form 990-EZ, Part I, Line 16, Other Expenses Postage 2,176

Form 990-EZ, Part I, Line 16, Other Expenses Miscellaneous 2,685

Form 990-EZ, Part I, Line 16, Other Expenses Internet/Web Host Fees 3,059

Form 990-EZ, Part I, Line 16, Other Expenses Car Rentals 1,283

Form 990-EZ, Part I, Line 16, Other Expenses Hotel Expense 1,260

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

| | | |
|--|--|---|
| Type or print <small>File by the due date for filing your return. See instructions</small> | Name of exempt organization or other filer, see instructions International Management Development Association | Employer identification number (EIN) or 23-1736169 |
| | Number, street, and room or suite no. If a P.O. box, see instructions 1201 Stonegate Road | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions Hummelstown, PA 17036 | |
| | | |

Enter the Return code for the return that this application is for (file a separate application for each return) 01

| Application Is For | Return Code | Application Is For | Return Code |
|---|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

• The books are in the care of ▶ Erdner Kaynak

Telephone No ▶ Fax No ▶

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year 2013 or

▶ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period

| | | | |
|--|-----------|----|---|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 3a | \$ | 0 |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit | 3b | \$ | 0 |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | 3c | \$ | 0 |

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions