9

PERIOD. CHANGE IN ACCOUNTING OMB No 1545-0047

Return of Organization Exempt From Income Tax

004	d

20	4	0	
711		ж.	

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.

Open to Public

Form 990 (2018)

Internal	Revenu	ie Service	Go to www.irs.gov/Form990 for instructions and the latest information.	100	Inspection
A F	or the	2018 calend	ar year, or tax year beginning 01-01 , 2018, and ending	05-	31 , 20 18
B Ch	neck if a	pplicable	C Name of organization INTERNATIONAL PLAY EQUIPMENT MANUFACTURERS ASSOC	IA D	Employer identification no
Ad	idress d	hange	Doing business as		52-2102729
~≒	ame cha	-	Number and street (or PO box if mail is not delivered to street address) Room/suite		Telephone number
- -	tial retur	-	2207 FOREST HILLS DRIVE	1	(717) 238-1744
5		n/terminated	City or town, state or province, country, and ZIP or foreign postal code	G	Gross receipts
5	nended		HARRISBURG, PA 17112	[\$ 142,837
5		n pending		a group return for	
_ ^₩	pheanoi	r perioning			included? Yes No
	x-exemp				list (see instructions)
	ebsite			oup exemption n	
Part		Summar		State of legal	domicile PA
T all					
		•	be the organization's mission or most significant activities The mission of the Interpretation of the Interpr		
Ce	l		t Manufacturers Association (IPEMA) is to promote play, encour	rage saf	ety and
Governance	}	provide (certification programs for playground environments.		
er					
ا م			ix I if the organization discontinued its operations or disposed of more than 25% of its net assi		
ر ا ق	1		ting members of the governing body (Part VI, Jine 1a)	3	1
ŝ	4	Number of in-	dependent voting members of the governing body (Part VI, line 1tb)	4	1
Activities &	5	Total number	of individuals employed in calendar year 2018 (Part V, line 22)	5	
S C	6	Total number	of volunteers (estimate if necessary)	6_	3
⋖	7a	Total unrelate	d business revenue from Part VIII, column (C), line 12	7a	
- 1	b	Net unrelated	business taxable income from Form 990-T, line 38	7b	
			Prior	rear	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	211,234	79,78
e l				111,380	62,93
Revenue		_	come (Part VIII, column (A), lines 3, 4, and 7d)	471	119
Ş			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
~				323,085	142,837
			milar amounts paid (Part IX, column (A), lines 1-3)	8,000	3,000
ĺ			to or for members (Part IX, column (A), line 4)	8,000	3,000
j					
es			er compensation, employee benefits (Part IX, column (A), lines 5-10)		
Su			fundraising fees (Part IX, column (A), line 11e)		<u>_</u>
Expenses			ing expenses (Part IX, column (D), line 25)		
ώ				394,419	185,468
J				402,419	188,468
	19	Revenue less	expenses Subtract line 18 from line 12	(79,334)	(45,63
Ses			Beginning of C	urrent Year	End of Year
sets	20	Total assets (Part X, line 16)	252,593	<u>568,3</u> 81
Net Assets or Fund Balances	21	Total liabilities	(Part X, line 26)	28,388	389,808
				224,205	178,573
Part	: (1	Signatur	e Block		
			are that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and aration of preparer (other than officer) is based on all information of which preparer has any knowledge	belief, it is	
		no complete pec	aration of preparer (other than onicer) is based on all information of which preparer has any knowledge		
Sign	- 11		80 1h Ce	-/	12-27-1
ign	li li	Signature		Date	
lere		7	DENISE CALABRESE, EXECUTIVE DIRECTO	SR.	
_	fi	-	rint name and title		
		Print/Type prep	The state of the s	k if P1	
lere aid		1	Check Statute	_	
aiu)ran	arer	LISA ACI		mployed	P00598315
		Firm's name	LISA ACRI CPA AND ASSOCIATES INC FIRM'S EIN		
Jse (only	Firm's address			
		<u> </u>	MIDDLETOWN PA 17057		4-2000
May the	e IRS	discuss this re	eturn with the preparer shown above? (see instructions)		

For Paperwork Reduction Act Notice, see the separate instructions.

_	n 990 (2018) INTERNATIONAL PLAY EQUIPMENT MANUFACTURERS ASSOCIA 52-2102729 Page 2
Pa	rt
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	The mission of the International Play Equipment Manufacturers Association (IPEMA) is to
	promote play, encourage safety and provide certification programs for playground
	environments.
2	Did the executation undertake any executant program conversed when the year which were not listed on the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
	γ
 4а	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	DISTRIBUTED QUARTERLY NEWSLETTER TO MEMBERS AND OTHER INTERESTED PARTIES. PRODUCED QUARTERLY
	SALES REPORT AND DISTRIBUTED TO 12 PARTICIPATING FIRMS.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	UPDATED WEBSITE ON WEEKLY BASIS WITH INFORMATION FOR GENERAL PUBLIC AND MEMBERS. OVERSAW
	VOICE OF PLAY WEBSITE TO PROMOTE PLAY TO GENERAL PUBLIC. WORKED WITH PUBLIC RELATIONS COMPANY
	TO PROMOTE VALUE OF PLAY TO CONSUMERS.
	·
ŧc	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	HANDLED RENEWALS OF TWO CERTIFICATION PROGRAMS - FOR 46 PARTICIPATING EQUIPMENT COMPANIES AND
	177 SURFACING COMPANIES. HANDLED RENEWALS OF MEMBERSHIP WITH 288 MEMBERS.
ld	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
le	Total program service expenses
ĒΑ	Form 990 (2018)

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Form 990 (2018) INTERNATIONAL PLAY EQUIPMENT MANUFACTURERS ASSOCI Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ Χ 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 Χ assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 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 Χ "Yes," complete Schedule D, Part I 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 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 8 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 Χ Did the organization, directly or through a related organization, hold assets in temporarily restricted Χ endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Χ 11b c 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 Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Χ reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Χ 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f 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 Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ b 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 Χ X 13 Χ 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 15 X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 16 Х assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

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

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

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

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

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

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Part IV 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 Χ 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Χ 23 24a 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 Χ 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? If "Yes," complete Schedule L, Part I 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or 26 X disqualified persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Χ 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) X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Χ 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Χ Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable 36 related organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 19? Note. All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No | 1a| 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 b Enter the number of Form W-2G included in line 1a Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

Form 990 (2018) INTERNATIONAL PLAY EQUIPMENT MANUFACTURERS ASSOCIA

Part V Statements Regarding Other IRS Filings and Tax Compliance

•			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			,
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		<u> </u>	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the]]
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		_X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		L
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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			
θ	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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		' i	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			1
a	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources		. [
	against amounts due or received from them)	42-		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		i
b				- 1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	130	-	
h	Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans		ĺ	ļ
_	Enter the amount of reserves on hand	1	19.	.
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	<u>'</u>
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 45		
	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N		, 	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	اشاعات 16		_
	If "Yes," complete Form 4720, Schedule O	1. July 1	124	-,
				<u> </u>

Form 990 (2018) INTERNATIONAL PLAY EQUIPMENT MANUFACTURERS ASSOCIA Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes Enter the number of voting members of the governing body at the end of the tax year 10 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 Enter the number of voting members included in line 1a, above, who are independent 10 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? Did the organization delegate control over management duties customarily performed by or under the direct 3 Χ supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Х Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Χ Each committee with authority to act on behalf of the governing body? 8h Х 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Nο Did the organization have local chapters, branches, or affiliates? Χ If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10h affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Χ 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," 12c describe in Schedule O how this was done 13 Χ 13 Did the organization have a written whistleblower policy? 14 Χ 14 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 ۵ independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Χ 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website ∪pon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records

CALABRESE MANAGEMENT (717) 238-1744, 2207 FOREST HILLS DR, Harrisburg, PA 17112

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Form	990	(2018)	
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INTERNATIONAL PLAY EQUIPMENT MANUFACTURERS ASSOCIA

52-2102729

Page 7

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

				((C)					
(A)	(B)	Position (do not check more than one		(D)	(E)	(F)				
Name and Title	Average					nan one is both a		Reportable	Reportable	Estimated
	hours per week (list any					r/trustee		compensation from	compensation from related	amount of other
	hours for		_		_		Г	the	organizations	compensation
	related organizations	Indiv	Instit	Officer	Key	Hgh	Forme	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	Individual trustee or director	Institutional trustee	۹ ا	Key employee	est co	Er!	(**-271033-141130)		and related
	line)	trust	ם	l	oyee	ompe				organizations
		8	stee			Highest compensated employee				
	ĺ			ľ		8				
<u> </u>										
(1) SCOTT LIEBELT	1.00									
IMMEDIATE PAST PRESIDENT		X						0	0	0
(2) MARK KOCH	1.00									
CERTIFICATION CHAIR- EQUIPMENT		_X_				_		0	0	0
(3) JEFF MRAKOVICH	1_00_			ŀ		,				
CERTIFICATION CHAIR- SURFACING		X	_					0	0	0_
(4) JOHN FULLER	1.00_			ł					1	
DIRECTOR		Χ		_				0	0	0
(5) BRAD PITTAM	1.00	١ ا	-	1				_	_	_
DIRECTOR		X		_				0	<u>_</u>	0
(6) ROB LOCKHART	1.00		ļ	-						•
DIRECTOR (7) TOY WORK WORK WAR	1 00	_X		\dashv				0	0	0
(7) TOM NORQUIST	_ 1 .00_	- 1		X				0		0
PRESIDENT (8) LLOVE PERSE	1 00		+	-					0	
(8) LLOYD REESE PRESIDENT ELECT	1.00			X				0	o	0
(0)	1.00		_							
(a) HENRY MUSTACATO SECRETARY	- -]		X				0	o	0
(10)RANDY WATERMILLER	1.00									<u>_</u> _
TREASURER	=	}	J	Х	J		ļļ	o	ol	0
(11)										
(12)	- 									
(13)			\dashv	_			_			
					_					
(14)	- {		1		İ		1			
	L	1								

Pa	a	6	Я

Par	VII Section A. Officers, Directors, Trustees,				_	_				ontinued)			
- ,	· (A) Name and title	(B) Average hours per week (list any	box, t	untes	s pers	tion ore th	nan one both an		(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated om amount of	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	o a	mpensati from the rganizatio ind refate ganizatio	on ed
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>											1		
<u>(18)</u>										<u> </u>			
<u>(19)</u>											-		
(20)_				_			<u></u>				1		
(21)_													
(22)_													_
(23)_													
(24)_													
(25)_													
1b c d	Sub-total	on A · ·						•	0	0			0
2	Total number of individuals (including but not limited reportable compensation from the organization							ore		0	- I		
3	Did the organization list any former officer, director, of	or trustee, ke	y empl	oyee	e, or	high	nest co	mpe	nsated			Yes	No
4	employee on line 1a? If "Yes," complete Schedule J is For any individual listed on line 1a, is the sum of repr								tion from the		3		X
•	organization and related organizations greater than \$	150,000? <i>lf</i> "	Yes," c	omp	olete	Scl	hedule	J fo	r such		4		X
5	Did any person listed on line 1a receive or accrue co for services rendered to the organization? If "Yes," co	mpensation t	from a	ny ui	nrela	ted	organ	ızatı			5		X
Secti	on B. Independent Contractors	Jilipiete Scrie	dule 3	101 3	Sucri	μει	3011					L1	Δ_
1	Complete this table for your five highest compensate compensation from the organization. Report compensation is a second compensation of the compensation in the compensation is a second compensation.	-											
	year (A)					_			(B)	00,000		(C)	
	Name and business address								Description of s	0.11000	Coin	pensation	<u></u>
2	Total number of independent contractors (including be received more than \$100,000 of compensation from			se III	sted	abo	ve) wh	10					` ~ X

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Unrelated Revenue excluded from tax Related or Total revenue exempt function under sections 512-514 revenue 1a Contributions, Gifts, Grants and Other Similar Amounts 1b 79,782 1c C d Related organizations 1d 1e e Government grants (contributions) · · All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$ 79,782 **Business Code** Program Service Revenue 62,936 2a CERTIFICATION 561000 62,936 f All other program service revenue · · · · · · g Total. Add lines 2a-2f 62,936 Investment income (including dividends, interest, 119 119 Income from investment of tax-exempt bond proceeds Royalties (II) Personal 6a Gross rents **b** Less rental expenses · · · · c Rental income or (loss) · · · d Net rental income or (loss) 7a · Gross amount from sales of (i) Secunties assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including of contributions reported on line 1c) See Part IV, line 18 a **b** Less direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a **b** Less direct expenses · · · · · · · b c Net income or (loss) from gaming activities . . 10a Gross sales of inventory, less returns and allowances a **b** Less cost of goods sold b c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11a b d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 142,837 62,936 119

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) · Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Total expenses Do not include amounts reported on lines 6b, 7b, Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 3,000 2 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 10 11 Fees for services (non-employees) 40,813 16,576 1,770 d Lobbying Professional fundraising services See Part IV, line 17 . Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 11,083 12 86,348 13 250 14 11,442 15 Royalties 16 871 17 997 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 4,516 20 21 22 Depreciation, depletion, and amortization 23 2,164 24 Other expenses - Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column 'n (A) amount, list line 24e expenses on Schedule O) BANK AND CREDIT CARD FEES 7,185 POSTAGE AND PRINTING 1,453 d All other expenses Total functional expenses. Add lines 1 through 24e 25 188,468 0 0 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 following SOP 98-2 (ASC 958-720)

Form 990 (2018) IN Part X Balance Sheet

<u>.</u>		Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·		
		· ·	(A) Beginning of year		(B)
	1 4			1	End of year
	1	Cash - non-interest-bearing	70_	2	70
	2	Savings and temporary cash investments	243,519	+	<u>560,830</u>
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees		 - -	
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	•		
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	l	organizations (see instructions) Complete Part II of Schedule L		6	
स्र	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges	9,004	9	7,481
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D · · · · 10a			
	b	Less accumulated depreciation · · · · · · · · · · · 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
1	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	252,593_	16	568,381
	17	Accounts payable and accrued expenses	19,644	17	45,708
	18	Grants payable		18	
	19	Deferred revenue	8,744	19	344,100
	20	· Tax-exempt bond liabilities		20	<u></u>
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,		-	
Liabilities		trustees, key employees, highest compensated employees, and	· · · · · · · · · · · · · · · · · · ·		·
iab		disqualified persons Complete Part II of Schedule L		22	
٦,	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D · · · · · · · · · · · · · · · · · ·		25	
	26	Total liabilities. Add lines 17 through 25	28,388	26	389,808
		Organizations that follow SFAS 117 (ASC 958), check here 🔀 and			ļ
ces		complete lines 27 through 29, and lines 33 and 34.			<u></u>
au	27	Unrestricted net assets	224,205	27	178,573
Net Assets or Fund Balances	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
<u>.</u>		Organizations that do not follow SFAS 117 (ASC 958), check here			1
ō		complete lines 30 through 34.			
e ts	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et/	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	224,205	33	178,573
	34	Total liabilities and net assets/fund balances	252,593	34	568,381

Form	n 990 (2018) INTERNATIONAL PLAY EQUIPMENT MANUFACTURERS ASSOCIA 52	-210272	<u> 29</u>	Р	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			· 🛛
1	Total revenue (must equal Part VIII, column (A), line 12)	1		142,	837
2	Total expenses (must equal Part IX, column (A), line 25)	2		188,	468
3	Revenue less expenses Subtract line 2 from line 1	3		(45,	631)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		224,	205
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			(1)
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	:	178,5	<u> 573</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u>.</u> .		· · ·	$\cdot \square$
				Yes	No
1	Accounting method used to prepare the Form 990	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			١٠ .	
	reviewed on a separate basis, consolidated basis, or both				° '
	Separate basis Consolidated basis Both consolidated and separate basis		-		
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		'.	\$ %.	n ar
	separate basis, consolidated basis, or both		1 .	14K -	ľ I
	Separate basis Consolidated basis Both consolidated and separate basis		ļ,	, ,	·
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		*		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		Ĺ
	If the organization changed either its oversight process or selection process during the tax year, explain in				1 1
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u> .	3b		<u></u>
EEA			Form	990 (2	2018)

EEA

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

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

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations Complete Part III **Employer identification number** INTERNATIONAL PLAY EQUIPMENT MANUFACTURERS AS 52-2102729 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV (c) EIN (d) Amount paid from (e) Amount of political (a) Name (b) Address filing organization's contributions received and funds If none, enter -0promptly and directly delivered to a separate political organization If none, enter -0-(1) (2) (3) (4) (5) (6)

Sche	dute C (Form 990 or 990-EZ) 2018 INTERNATION	AL PLAY EQUI	MENT MANUFACT	URERS ASSOCIA	52-2102							
Pa	rt II-A Complete if the organization	on is exempt u	inder section 50	1(c)(3) and filed	Form 5768 (elec	ction under						
	section 501(h)).											
Α	Check 👱 🔲 if the filing organization belongs to	o an affiliated group	(and list in Part IV ea	ch affiliated group me	mber's name,							
	address, EIN, expenses, and sha	are of excess lobby:	ng expenditures)									
В	Check If the filing organization checked l	box A and "limited c	ontrol" provisions appl	у								
	Limits on Lot	obying Expenditur	es		(a) Filing	(b) Affiliated						
	(The term "expenditures"	means amounts p	aid or incurred.)		organization's totals	group totals						
1a	Total lobbying expenditures to influence public o	pinion (grass roots	lobbying) · · · ·									
b	Total lobbying expenditures to influence a legisla	ative body (direct lob	obying) · · · · ·									
C	Total lobbying expenditures (add lines 1a and 1b	o)										
d	Other exempt purpose expenditures											
e	Total exempt purpose expenditures (add lines 1	c and 1d) · · ·										
f	Lobbying nontaxable amount Enter the amount	from the following t	able in both									
	columns											
	If the amount on line 1e, column (a) or (b) is:	The lobbying	g nontaxable amoun	t is:								
	Not over \$500,000	20% of the a	mount on line 1e									
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess of	over \$500,000								
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess o	over \$1,000,000								
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess ov	er \$1,500,000								
	Over \$17,000,000	\$1,000,000										
g	Grassroots nontaxable amount (enter 25% of lin	e 1f) · · · · ·)									
h	Subtract line 1g from line 1a If zero or less, ente	er -0- · · · · ·			L	· · · · · · · · · · · · · · · · · · ·						
i	Subtract line 1f from line 1c If zero or less, ente	r-0- · · · · ·			l							
j	If there is an amount other than zero on either lin											
	reporting section 4911 tax for this year?		· · · · · · · · · · · · · · · · · · ·		<u> </u>	Yes No						
			ing Period Under									
	(Some organizations that made a s					is below.						
	Se	e the separate i	nstructions for lin	ies 2a through 2f.	.)							
												
_	Lobb	ying Expenditures	During 4-Year Avera	aging Period								
	Calendar year (or fiscal year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total						
	beginning in)	. ,	, ,			, ,						
			 	 	 							
2a	Lobbying nontaxable amount											
			 	 	<u> </u>							
þ	Lobbying ceiling amount	,			· **							
_	(150% of line 2a, column (e))		 	 	 							
С	Total lobbying expenditures											
				-								
d	Grassroots nontaxable amount											
			 	 	 							
0	Grassroots ceiling amount (150% of line 2d, column (e))	-	,									
_	(150% of file 2d, coldifit (e))	<u> </u>	 	 								
f	Grassroots lobbying expenditures											

(Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

OMB No 1545-0047 2018

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number .

INTERNATIONAL PLAY EQUI	PMENT MAN	JFACTURERS	ASSOCIA	52-21	.02729		
		ies Outside th	e United States. Complete	of the organization answers	ered "Yes" on		
Form 990, Part IV,							
_	-		bstantiate the amount of its gran				
other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?							
award the grants or assistance	,				· M les [] No		
2 For grantmakers. Describe in l	Part V the organ	ızatıon's procedu	res for monitoring the use of its	grants and other assistance			
outside the United States	Ū	·	·	•			
3 Activities per Region (The follo		3 table can be d					
(a) Region	(b) Number of offices in	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as,	(e) If activity listed in (d) is a program service,	(f) Total expenditures for		
	the region	agents, and	fundraising, program services, investments, grants to recipients	describe specific type of	and investments		
		independent contractors	located in the region)	service(s) in the region	in the region		
N-11 N-11 N-11	 	in the region	-				
North America (Not (1)the United States)			Program services	MEMBERSHP AND CER	 		
("Cite Officed States)		-	Frogram Services	FIELDERSHE AND CEP	111		
(2)							
(3)	<u> </u>				<u> </u>		
/A)							
(4)	 			 			
(5)							
		-					
(6)							
(7)	<u> </u>			<u> </u>			
(9)							
(8)		+					
(9)							
[10]					<u> </u>		
440		}					
(11)		- 		 			
(12)							
							
13)	<u> </u>		<u> </u>				
14)							
45)		ĺ			,		
15)		- 					
16)							
17)		<u> </u>					
3 a Sub-total		<u> </u>	· , · · · · · · · · · · · · · · · · · ·	· · ·			
b Total from continuation			* ***				
sheets to Part I			5 1/3 1/3 1/3 mg				

INTERNATIONAL PLAY EQUIPMENT MANUFACTURERS ASSOCIA

Schedule F (Form 990) 2018

(i) Method of valuation (book, FMV, appraisal, other) Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990. (h) Description of noncash assistance (g) Amount of noncash assistance Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed (f) Manner of cash disbursement Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt (e) Amount of cash grant (d) Purpose of grant by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization PartII (13) (15) 14) (16) Ξ (12) 9 9 <u>6</u> $\widehat{\mathbf{z}}$ ල <u>₹</u> 8 9

Schedule F (Form 990) 2018 Enter total number of other organizations or entities

EEA

Schedule F(Form 990) 2018 INTERNATIONAL PLAY EQUIPMENT MANUEACTURERS ASSOCIA

| Part III | Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 INTERNATIONAL PLAY EQUIPMENT MANUFACTURERS ASSOCIA Part III can be duplicated if additional space is needed

Schedule F (Form 990) 2018 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance (17) (18) (13) 14) (16) (10) (12) (15) € (6) (11) EEA $\widehat{\Xi}$ (2) 3 9 (3 (8) 9

	ule F (Form,990) 2018 INTERNATIONAL PLAY EQUIPMENT MANUFACTURERS ASSOCIA	52-2102	729		Page 4
Pai	t IV Foreign Forms				
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"				
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign				
	Corporation (see Instructions for Form 926)	🔲	Yes		No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may				
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and				
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a				
	U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)		Yes		No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"				
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To				
	Certain Foreign Corporations (see Instructions for Form 5471)	🗆 ,	Yes		No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a				
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,				
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing				
	Fund (see Instructions for Form 8621)	· · □ ›	⁄es		No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"				
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain				
	Foreign Partnerships (see Instructions for Form 8865)	🗆 א	⁄es		No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If				
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see				
	Instructions for Form 5713, don't file with Form 990)	🗆 ነ	/es		No
EEA			ichedule	F (Form	990) 2018

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

(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.

OMB No 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.
Go to www.irs.gov/Form990 for the latest information. Name of the organization

INTERNATIONAL PLAY EQUIPMENT MANUFACTURERS ASSOCIA	52-2102729			
01. Management duties delegation (Part VI, line 3)				
ASSOCIATION HIRED CALABRESE MANAGEMENT TO PERFORM DAILY ADMINISTRATIVE, FINA	ANCIAL AND			
MANAGEMENT DUTIES OF ORGANIZATION.				
02. Members or stockholder classes and rights (Part VI, line 6)				
THERE ARE TWO CLASSES OF MEMBERSHIP, WITH EACH OF THOSE HAVING TWO LEVELS.	ACTIVE			
MANUFACTURER MEMBERSHIP IS BASED ON GROSS ANNUAL SALES. ASSOCIATE LEVEL OF	MEMBERSHIP IS			
FOR VENDORS WHO WANT TO DO BUSINESS WITH MANUFACTURERS. ASSOCIATE MEMBERS I	OO NOT HAVE			
VOTING RIGHTS.				
03. Member election for additional members (Part VI, line 7a)				
VOTING MEMBERS VOTE ON THE BOARD OF DIRECTORS SLATE AT THE ANNUAL MEETING.				
·				
(04. Governing body decisions (Part VI, line 7b)				
VOTING MEMBERS VOTE ON THE BOARD SLATE AND ON BYLAW CHANGES. ALL OTHER DECI	SIONS ARE			
VOTED ON BY THE SITTING BOARD.				
05. Governing body meeting documentation (Part VI, line 8a)				
MINUTES ARE WRITTEN FOR EACH BOARD MEETING. MINUTES ARE STORED IN THE OFFIC	E AND			
DISTRIBUTED TO THE BOARD OF DIRECTORS. MINUTES ARE AVAILABLE TO VOTING MEMB	ERS UPON			
REQUEST.				
06. Committee meeting documentation (Part VI, line 8b)				
MINUTES OF EACH COMMITTEE MEETING ARE WRITTEN AND DISTRIBUTED TO THE COMMITT	EE MEMBERS.			
MINUTES ARE STORED IN THE OFFICE AND ARE AVAILABLE TO VOTING MEMBERS UPON RE	QUEST.			