

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2020

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

Open to Public Inspection

▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning January 1, 2020, and ending December 31, 2020

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization International Management Development Association	D Employer identification number 251736169
	Number and street (or P O box if mail is not delivered to street address) Room/suite 549 Springbrook Drive	E Telephone number 717-831-2730
	City or town, state or province, country, and ZIP or foreign postal code Palmyra, PA 17078	F Group Exemption Number ▶ ?

G Accounting Method. Cash Accrual Other (specify) ▶

I Website: ▶ <http://imda-usa.org/> **H** Check if the organization is not required to attach Schedule B ?

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF).

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 1,224

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1 Contributions, gifts, grants, and similar amounts received																	895													
	2 Program service revenue including government fees and contracts																														
	3 Membership dues and assessments																														
	4 Investment income																		329												
	5a Gross amount from sale of assets other than inventory																														
	b Less cost or other basis and sales expenses																														
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)																														
	6 Gaming and fundraising events.																														
	a Gross income from gaming (attach Schedule G if greater than \$15,000)																														
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																														
	c Less direct expenses from gaming and fundraising events																														
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																														
	7a Gross sales of inventory, less returns and allowances																														
	b Less: cost of goods sold																														
	c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)																														
	8 Other revenue (describe in Schedule O)																														
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																														1,224
Expenses	10 Grants and similar amounts paid (list in Schedule O)																														
	11 Benefits paid to or for members																														
	12 Salaries, other compensation, and employee benefits ?																														
	13 Professional fees and other payments to independent contractors ?																														
	14 Occupancy, rent, utilities, and maintenance																														
	15 Printing, publications, postage, and shipping																														
	16 Other expenses (describe in Schedule O) ?																													13,944	
	17 Total expenses. Add lines 10 through 16																														13,944
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)																													(12,720)	
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																													189,199	
	20 Other changes in net assets or fund balances (explain in Schedule O)																													(12,720)	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20																														176,480

SCANNED MAY 28 2022

RECEIVED
MAY 28 2021
D249
OGDEN, UT
IRS OSC

2940204307812 2

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

Form 990-EZ (2020) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, and tax shelter transactions.

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	Yes	No
		46	

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	Yes	No
		47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
b	If "Yes," was the related organization a section 527 organization?		
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. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(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. If there is none, enter "None."

(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 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 <input checked="" type="checkbox"/>	<i>E. Krynok</i> Signature of officer	<i>May 17, 2021</i> Date
	<i>Erdener Krynok, Director < Executive VP</i> Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

International Management Development Association

Employer identification number

25-1736169

Form 990-EZ, Part 1, Line 16, Other Expenses Telephone \$1,214

Form 990-EZ, Part 1, Line 16, Other Expenses Printing \$534

Form 990-EZ, Part 1, Line 16, Other Expenses Clerical/Secretarial \$845

Form 990-EZ, Part 1, Line 16, Other Expenses Bank Service Charge \$2

Form 990-EZ, Part 1, Line 16, Other Expenses Journal Review System \$575

Form 990-EZ, Part 1, Line 16, Other Expenses Travel and Transportation \$1,576

Form 990-EZ, Part 1, Line 16, Other Expenses Stationary \$720

Form 990-EZ, Part 1, Line 16, Other Expenses Entertainment Charges \$561

Form 990-EZ, Part 1, Line 16, Other Expenses Membership Fee \$409

Form 990-EZ, Part 1, Line 16, Other Expenses Internet Access \$3,319

Form 990-EZ, Part 1, Line 16, Other Expenses Equipment and Supplies \$1,538

Form 990-EZ, Part 1, Line 16, Other Expenses Postage \$510

Form 990-EZ, Part 1, Line 16, Other Expenses Web Hosting Fee \$1,370

Form 990-EZ, Part 1, Line 16, Other Expenses P O Box Fee \$64

Form 990-EZ, Part 1, Line 16, Other Expenses Hotel Expenses \$308