Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Α	For	the 2	2018 calend	lar year, or t	ax year begin	ning		, 2018, and e	nding		, 20)	
В	Chec	ck if ap	plicable:	C Name of org	ganization The	Internationa	l DOI Foundat	ion, Inc.			D Employe	r identifica	ation no.
	Addr	ess ch	ange	Doing busin	ess as						52-206	5453	
$\overline{\Box}$	Name	e chan	nge			x if mail is not delivered	o street address)		Room	n/suite	E Telephon	e number	
Ī		ıl returr	•		den Court		,				(186)555-9070		
П			/terminated			country, and ZIP or fore	ian nostal code				G Gross red		, , , , , , , , , , , , , , , , , , ,
H				l '		•	• .					•	222
Н		nded r				y, UK TW9 1E						,075,	$\overline{}$
Ш	Appli	ication	pending		ddress of principal		ntz			a) Is this a group return			X No
					as C above				H(I	b) Are all subordina	tes included?	Yes	No
<u> </u>	Tax-	exemp	t status:) ◀ (insert no.)	4947(a)(1) or	527		If "No," attac	h a list. (see ins	tructions)	
J		site:		v.doi.org				I	H(Group exemption	on number 🕨		
			ganization: X		Trust Ass	ociation Other >		L Year of formation: 1	.997	M State of le	gal domicile:		
Pa	art l		Summar	'y									
		1	Briefly desci	ribe the orgar	nization's missi	ion or most signific	ant activities: The	Internation	al D	OI Foundat	ion exi	sts t	0
4		8	support	and regu	late the	needs of the	intellectual	property con	mmun.	ity in the	digita	1	
Activities & Governance		•	environm	ent.									
rna													
Š.		2	Check this b	ox ▶ ☐ if th	e organization	discontinued its or	perations or disposed	d of more than 25%	of its n	et assets.			
Ö				-	ū	rning body (Part V	•			1			11
∘ŏ ′∩				-	_		oody (Part VI, line 1b						11
ties				•	•		8 (Part V, line 2a)	•					0
Έ													
Ą					•	• ,							
						•	C), line 12						0
	-	D I	net unrelate	ea business ta	axable income	from Form 990-T,	iine 38		• • •	•			0
										Prior Year	Cu	rrent Year	
				-									0
Jue			-					-		1,246,1	63	1,07	5,011
Revenue	1	10 I	Investment i	ncome (Part	VIII, column (A	A), lines 3, 4, and 70	d)				89		212
æ	1	11 (Other reven	ue (Part VIII,	column (A), lin	nes 5, 6d, 8c, 9c, 10	c, and 11e)						0
	1	12	Total revenu	e - add lines	8 through 11 (must equal Part VII	I, column (A), line 12	2)		1,246,2	52	1,07	5,223
	1	13 (Grants and	similar amour	nts paid (Part I	X, column (A), line	s 1-3)						0
	1	14 I	Benefits paid	d to or for me	mbers (Part I)	K, column (A), line	1)						0
	1	15	Salaries, oth	ner compensa	ition, employee	benefits (Part IX,	column (A), lines 5-1	0)					0
Expenses	1						e)	· -					0
en				_		lumn (D), line 25)							
Ä	` ₁						le)			934,5	1 1	97	7,833
			•		. , .	•	mn (A), line 25) .	 -		934,5			7,833
								-		311,7			7,390
_		19 1	ixeveriue ies	ва ехрепаса.	Subtract line	10 110111111111111111111111111111111111			D!				
ts o	ا يو	an -	Total acceta	(Dort V line	16)			 	ведinn	ing of Current Yea		d of Year	
SSe	Bag				,			-		939,7			0,836
Net Assets or	g 4			•	•					576,5			0,181
		_			ces. Subtract	line 21 from line 20	·			363,2	65	46	0,655
	art I			re Block									
							ng schedules and statement mation of which preparer ha		knowled	ge and belief, it is			
		Π.			-	•							
٥.				entz									
Si	gn		Signatu	re of officer						D	ate		
He	re		Ed P	entz, Tr	easurer								
_			Type or	print name and t	itle								
			Print/Type pro	eparer's name		Preparer's signature		Date		Check X if	PTIN		
Pa	id		Elaine	•		Elaine	Kenyi	11-06-2019		self-employed	P0062	24491	
	ера	rer	Firm's name	>	Elaine R	enzi, CPA, I			Firm's	s EIN ▶			
	•	nly	Firm's addres		8 Richar				Phon				
		· · · · y	i iiii addies	~ ·		MA 02038			1 110/1		528-881	3	
Mar	v the	IRS	discuss this	return with th		own above? (see i	nstructions)		1	500-		yes [No

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		Χ
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions).?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_	3.5	
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		Λ
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	•		21
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Χ
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Χ
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			7.7
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	9	445		v
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete	11f		X
12a	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i>	120		21
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			7.7
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		37
20 -	If "Yes," complete Schedule G, Part III.	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	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		X
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	23		X
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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds? \dots	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	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	25b		
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			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	Χ	
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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			3.7
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3.7
• •	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			37
05-	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	2Eh		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
30		36		
37	related organization? If "Yes," complete Schedule R, Part V, line 2	30		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	0.		
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u> .	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

18) The International DOI Foundation, Inc. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	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: ▶ UK			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
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		
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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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:			
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 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			7
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
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			
	excess parachute payment(s) during the year	15		X
	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?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

, ,	,	,		0	*
response to line 8a, 8b, or 10	b below, describe the c	ircumstances, processes,	or changes in Sche	dule O. See	instructions.
Check if Schedule O contains	a response or note to a	ny line in this Part VI			

Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ
6	Did the organization have members or stockholders?	6	Χ	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Χ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Χ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Χ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Χ
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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?	16a		X
b	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?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website Upon 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			
20	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: Suzanne Rozario (186)555-9070. United House. North Road. London. United Kingdom N7	מתם		
	- BUAGINE AVAGLIO LIGOIDDEZVIV, UNILEO DOUSE, NOCLU KOMO, BONGON, UNICEO KINDOOM NI	フリピ		

orm=	990	(201	l۸

The International DOI Foundation, Inc.

-20		

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.

(A) Name and Title	Name and Title Average hours per week (list any hours for		oth an	(D) Reportable compensation from the organization (W-2/1099-MISC) (E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other compensation from the organization and related organizations		
(1) Paola Mazzucchi	1.00_		7.7					_
Board Chair	1 00	Х	X			(0	0
(2) Raymond Drewry Secretary	1.00	X	X			(0	0
(2) Ed Donte	1.00	Λ_	Λ				, ,	0
Treasurer	- 1.00	X	X			(0	0
(A) 333 T	1.00	21	21				, ,	
Director		X				(o	o
(5) Dr. Jieh Hsiang	1.00							
Director		X				(0	0
(6) Joyce Zhang	1.00							
Director		Х				(0	0
(7) Patricia Cruse	1.00							
Director		Х				(0	0
(8) Dr. Jin-Seop Chin	1.00							
Director		Х				(0	0
(9) Carol Riccalton	1.00							
Director		X				(0	0
(10)Qiao Xiaodong	1.00							
Director		Х				(0	0
(11)Hideaki Takeda	1.00							
Director		X				(0	0
(12)								
<u>(13)</u>								
<u>(14)</u>								

	90 (2018) The International I			_						52-20654	53 Page 8
Part	VII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hig	hes	t Com	pen	sated Employees	s (continued)	Г
	(A) Name and title	(B) Average hours per week (list any	box, u	unless er and	s pers	tion ore tha on is I	an one both an rustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		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)	compensation from the organization and related organizations
<u>(15)</u>											
<u>(16)</u>											
<u>(17)</u>											
<u>(18)</u>											
<u>(19)</u>											
-											
(25)											
1b c d	Sub-total	n A						•	C	0	0
2	Total number of individuals (including but not limited reportable compensation from the organization	I to those liste	ed abo	ve)	who	rece	eived r	nore	e than \$100,000 of	0	
3	Did the organization list any former officer, director	r, or trustee,	key er	nplo	yee,	or h	nighes	t cor	mpensated		Yes No
4	employee on line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is the sum of repo	ortable comp	ensati	on a	nd o	ther	compe	ensa	tion from the		3 X
	organization and related organizations greater than individual										4 X
5	Did any person listed on line 1a receive or accrue co for services rendered to the organization? <i>If "Yes,"</i>	•		-			-				5 X
Secti 1	on B. Independent Contractors Complete this table for your five highest compensated compensation from the organization. Report compenser.										
	(A)								(B)	oondoon	(C)
	Name and business address for Nat'l Research Init, 1895 Pre						0191		Description of Tech & so	ft lic	556,950
Jonat	han Clark, Rembrandtlaan 12, Loos	arecht,	1231	. A(. N	<u>ь</u>			Mgmt serv		110,945
2	Total number of independent contractors (including I	but not limite	d to th	ose	liste	d ab	ove) w	/ho			

received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or no	ote to any line in th	is Part VIII	<u> </u>	<u></u>	<u></u> 📙
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	1a			10701100		0.20.1
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
يَّ وَ	C	Fundraising events	1c					
ifts ar A	d	Related organizations	1d					
a,s ≡ii.G	e	Government grants (contributions)	1e					
is Si	f	All other contributions, gifts, grants,			-			
but	ļ .	and similar amounts not included above	1f					
i o	g	Noncash contributions included in lines 1			-			
S g	h	Total. Add lines 1a-1f						
	- "	Total. Add lines 1a-11		Business Code				
e	22	Membership Dues		541900	1,075,011	1,075,011		
yen	b	- ·		341500	1,075,011	1,075,011		
Program Service Revenue	C	3						
	d							
Š	e							
gra	_	All other program service revenue						
F.		Total. Add lines 2a-2f			1 075 011			
				· · · · · · •	1,075,011			
	3	Investment income (including dividends, in and other similar amounts)			212			212
	4	Income from investment of tax-exempt bo			212			212
	_	•	•					
	5	Royalties						
	C-	(i) Re	eal	(ii) Personal	-			
		Gross rents			-			
	1	Less: rental expenses			-			
	1	Rental income or (loss)						
		Net rental income or (loss)						
	7a	Gross amount from sales of (i) Secur	ities	(ii) Other	-			
		assets other than inventory			-			
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
a)		Net gain or (loss)		<u>•</u>				
enne	ва	Gross income from fundraising						
eve		events (not including \$						
Other Rev		of contributions reported on line 1c).						
the state	١.	See Part IV, line 18						
O		Less: direct expenses						
	l .	Net income or (loss) from fundraising eve	nts .	<u>•</u>				
	ya.	Gross income from gaming activities.						
		See Part IV, line 19						
		Less: direct expenses						
	С	Net income or (loss) from gaming activities	s					
	10a	Gross sales of inventory, less						
	١.	returns and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sales of invento	ry					
	4.	Miscellaneous Revenue		Business Code				
	11a							
	b							
	C							
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions		▶	1,075,223	1,075,011	(212

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 (A) Total expenses (B) (D) 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 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 11 Fees for services (non-employees): 110,945 110,945 b Legal...... 49,964 49,964 1,505 1,505 Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 62,760 62,760 12 13 14 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 3,825 3,825 21 22 Depreciation, depletion, and amortization 23 2,737 2,737 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) CNRI Fees 556,950 556,950 Member Meetings 17,133 17,133 26,421 C Travel & Entertainment 26,421 d Dues & Subscriptions 89,802 89,802 е All other expenses 55,791 55,791 Total functional expenses. Add lines 1 through 24e 25 977,833 734,480 243,353 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

if following SOP 98-2 (ASC 958-720)

52-2065453

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	582,624	1	643,560
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	347,964	4	304,905
	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			
		organizations (see instructions). Complete Part II of Schedule L		6	
(0	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	9,190	9	62,371
	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	
	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)	939,778	16	1,010,836
	17	Accounts payable and accrued expenses	56,071	17	79,376
	18	Grants payable		18	
	19	Deferred revenue	435,448	19	433,782
	20	Tax-exempt bond liabilities		20	
	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	84,994	22	37,023
-	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	576,513	26	550,181
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and			
Se		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	363,265	27	460,655
3ala	28	Temporarily restricted net assets		28	
nd E	29	Permanently restricted net assets		29	
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
ō		complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds		32	
~	33	Total net assets or fund balances	363,265	33	460,655
	34	Total liabilities and net assets/fund balances	939,778	34	1,010,836

Both consolidated and separate basis

2c

3a

3b

Form 990 (2018)

Χ

separate basis, consolidated basis, or both:

Consolidated basis

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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

If the organization changed either its oversight process or selection process during the tax year, explain in

Separate basis

Schedule O.

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

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

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

- 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.			
Nam	e of organization			Employer	identification number
Th	e International DOI Foundat			52-206	
Pa	rt I-A Complete if the organ	ization is exempt under section	on 501(c) or is	a section 527 orga	nization.
1	Provide a description of the organization's	s direct and indirect political campaign a	ctivities in Part IV.	(see instructions for	
	definition of "political campaign activities"	,			
2	Political campaign activity expenditures (s	see instructions)		▶ \$	
3_	Volunteer hours for political campaign act				
Pa		ization is exempt under secti			
1	Enter the amount of any excise tax incurre				
2	Enter the amount of any excise tax incurre				
3	If the organization incurred a section 4955				
4a	Was a correction made?				. Yes No
b	If "Yes," describe in Part IV.				
Pa		ization is exempt under secti		ept section 501(c)(3	3).
1	Enter the amount directly expended by the				
	activities			▶ \$	
2	Enter the amount of the filing organization				
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures. Add I				
	line 17b				
4	Did the filing organization file Form 1120	•			
5	Enter the names, addresses and employe		-		=
	organization made payments. For each or		0 0		
	the amount of political contributions receive			-	
	as a separate segregated fund or a politi	cal action committee (PAC). If additiona	space is needed,	provide information in Part	IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

oho	dule C (Form 990 or 990-EZ) 2018 The Internat .	ional DOT For	undation, Inc		52-2065	453 Page 2
	rt II-A Complete if the organization					
	section 501(h)).					
١	Check ► ☐ if the filing organization belongs to	• .	,	ach affiliated group m	ember's name,	
	address, EIN, expenses, and share	e of excess lobbyin	g expenditures).			
3	Check ► ☐ if the filing organization checked b	ox A and "limited c	ontrol" provisions ap	ply.	1	
	Limits on Lob	bying Expenditure	s		(a) Filing	(b) Affiliated
	(The term "expenditures" n	neans amounts pa	id 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 lo	bbying)			
С	Total lobbying expenditures (add lines 1a and 1b)				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 10	and 1d)				
f	Lobbying nontaxable amount. Enter the amount	from the following ta	able in both			
	columns.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amour	nt is:		
	Not over \$500,000	20% of the an	nount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	s 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	s 5% of the excess of	over \$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				
i	Subtract line 1f from line 1c. If zero or less, enter	r-0				
j	If there is an amount other than zero on either lin	e 1h or line 1i, did t	he organization file F	orm 4720		
	reporting section 4911 tax for this year?					Yes No
		4-Year Averag	ing Period Under	section 501(h)		
	(Some organizations that made a se	ection 501(h) ele	ection do not hav	e to complete all	of the five column	s below.
	Sec	e the separate ir	nstructions for lir	nes 2a through 2f.)	
	Lobby	ying Expenditures	During 4-Year Ave	raging Period		
	Calendar year (or fiscal year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
	beginning in)					
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
c	Total lobbying expenditures					

EEA Schedule C (Form 990 or 990-EZ) 2018

d Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h))

	(election under section 301(ii)).				
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(6	a)	(b)	
desd	cription of the lobbying activity.	Yes	No	Amoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local				
	legislation, including any attempt to influence public opinion on a legislative matter or				
	referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c))(5), c	r se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 X	-
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			3	X
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O	R (b)	Part	III-A, line	3, IS
	answered "Yes."		. 1		
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of				
	political expenses for which the section 527(f) tax was paid).		_		
a	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	• •	3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		4		
5	and political expenditure next year?	• •	5		
5 P 2	Taxable amount of lobbying and political expenditures (see instructions)	• •	5		
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, I e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	ines 1 a	and		

SCHEDULE F (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.

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number Name of the organization The International DOI Foundation, Inc. 52-2065453 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (a) Region (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total region (by type) (such as. of offices in expenditures for employees. a program service, the region agents, and fundraising, program services, describe specific type of and investments investments, grants to recipients independent service(s) in the region in the region located in the region) contractors in the region Europe (including (1) Iceland and Greenland) 1 Program services See supplemental inf 734,480 Europe (including Conducting (2) Iceland and Greenland) 1 Board Meetings See supplemental inf 17,133 (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)Sub-total 751,613 Total from continuation sheets to Part I Totals (add lines 3a and 3b) 751,613

Part		, for any recipient who re							
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(4)									
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2		ipient organizations listed above	=					1	
3	-	he grantee or counsel has provi er organizations or entities .		·			<u> </u>		
	LINE TOTAL HUMBEL OF OTHE	or organizations of entitles .					-		

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (h) Method of (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of (c) Number of (f) Amount of (g) Description valuation recipients cash grant cash noncash of noncash assistance (book, FMV, disbursement assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)(13) (14)(15)(16)(17)(18)

ult	1 ordigir i orinis			
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	X	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	X	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	X	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)	Yes	X	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)	Yes	X	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)	Yes	X	No

EEA Schedule F (Form 990) 2018

	,	
Part V	Supplemental	Information
	Provide the infor	mation require

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.

01. Supplemental Information (Part V, Other)
Part I, line 3, column (e):
Specific Types of Services in Region: Members govern the Digital Object Identifier
System, setting policy, choosing service providers and overseeing operation of the System.
<u> </u>

EEA Schedule F (Form 990) 2018

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service Name of the organization

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

Open To Public Inspection

Employer identification number

The Internation	onal DOI	Foundation	n, Inc.					52-2	0654	53				
				c)(3), se	ection 50	01(c)(4),	and 501	(c)(29) organiza	ations	only)				
Comp	lete if the o	organization a	nswered "Yes"	on For	m 990, l	Part IV, li	ne 25a	or 25b, or Form	990-E	EZ, Pa	art V,	line 4	0b.	
1 (a) Name of d	isqualified perso	on .	(b) Relationship betw			on and		(c) Description of	of transa	ction			(d) Corr	
			or	ganization	1			(,,, ,					Yes	No
(1)														
(2)														
(2)														
(3) 2 Enter the amou	unt of tax inc	urred by the org	anization manage	ers or di	squalified	persons d	Luring the	vear						
					•	•	•	•		▶ \$	<u> </u>			
3 Enter the amou	unt of tax, if a	any, on line 2, ab	ove, reimbursed b	by the o	rganizatio	on				▶ \$	5			
Dort II Loon	. to ond/o	r Fram Intere	oted Dereens											
			sted Persons. nswered "Yes"	on For	m 990-E	Z. Part \	/. line 38	Ba or Form 990,	Part	IV. lin	e 26:	or if t	he	
•		•	unt on Form 990					,		,	,			
(a) Name of intereste	d person	(b) Relationship	(c) Purpose of	(d) Lo	an to or	(e) Ori	ginal	(f) Balance due	(g) In c	lefault?	(h) Ap	proved	(i) Wr	itten
		with organization	loan		m the ization?	principal a	amount				by box		agreer	ment?
									Yes	No	Yes	No	Yes	No
		Charter	Start-up &	То	From				162	NO	162	NO	162	NO
(1) Springer V		Found	oper.	Х		30	00,000	37,023		Х	Х		Х	
(2)														
(3)														
(0)														
(4)														
(5)														
(5) Total							. ▶ \$	37,023						
			iting Intereste			<u></u>	. γ ψ	37,023						
Com	plete if the	organization a	answered "Yes'	on Fo	rm 990,	Part IV,	line 27.							
(a) Name of interes	ted person		hip between interested nd the organization	(c)) Amount of	assistance	(d)	Type of assistance		(е) Purpos	se of ass	sistance	
(1)														
. ,														
(2)														
(3)														
(4)														
. ,														

(5)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues?	
				Yes	No
	See supplemental				
(1) Jonathan Clark	info	110,945	See supplemental info		Х
(2)					
(3)					
(4)					
(5)					
Part V Supplemental Information Provide additional information	i. on for responses to questions	on Schedule L (see	instructions).		
	· · · · · · · · · · · · · · · · · · ·				
)1. Supplemental Infor	mation for sched	ите г			
Sch L, Part IV, Business Trans	sactions involving Int	erested Person	s:		
1)(b) Relationship between In	nterested Derson and C	rganization.			
Ir. Clark provides management	serices to the Organi	zation and ser	ves as Secretary of the	•	
organization.					
1)(d) Description of Transac	tion.				
(1)(d) Description of Transac	CIOII:				
The Organization pays management	ent fees to Mr. Clark	for services r	endered.		

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.

OMB No. 1545-0047
2018

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

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

The International DOI Foundation, Inc. 52-2065453

O1. Members or stockholder classes and rights (Part VI, line 6) The Organization is an international membership corporation. All corporations, other business entities, governmental agencies, not-for-profit organizations, academic institutions and other interested parties or individuals who, as determined by the Corporation's Board of Directors, support the goals and subscribe to the purposes of the Corporation and commit to pay the applicable level of annual dues of the Corporation, are eligible to apply for membership. Members are selected and admitted by majority vote of the Corporation's Board of Directors.

Membership in the Corporation is divided into 4 classes, designated Charter Members, General Members, Registration Agency Members, and Affiliate Members. Charter Members, General Members, and Registration Agency Members, (each voting separately as a class), are entitled to elect the number of Directors to the Board of Directors as set forth in, and in accordance with the procedures specified in, the By-laws of the Corporation. In no event shall any class of Member, other than Affiliate Members, have fewer than 1 seat on the Corporation's Board of Directors. Affiliate Members shall not have any voting rights or privileges on any matter (including, without limitation, the election of Directors), unless otherwise provided by the By-laws or by vote of the Board of Directors.

O3. Form 990 governing body review (Part VI, line 11) The Board of Directors may request a copy of the Form 990 for review prior to filing, but it is not automatically provided to the Board.

04. CEO, executive director, top management comp (Part VI, line 15a)

02. Member election for additional members (Part VI, line 7a)

Statement of Specified Foreign Financial Assets

► Go to www.irs.gov/Form8938 for instructions and the latest information.

► Attach to your tax return.

Department of the Treasury Internal Revenue Service

For calendar year 20 18 or tax year beginning

, 20

and ending , 20 Attachment Sequence No. 175

OMB No. 1545-2195

If you have attached	continuation stateme	nts, check here 🏻	Number of cor	ntinuation stateme	nts	2
1 Name(s) shown on re	etum		2	Taxpayer Identifica	ition Numb	er (TIN)
The International I		n.c.		52-2065453		· (· · · ·)
3 Type of filer	or roundacton, r			32 2003133		
a ☐ Specified individ	dual b	Partnership	c ∑ Corpor	ation c	∃ Trust	
-		ecked box 3b or 3c, enter th				sely holds
		ox 3d, enter the name and 1				
		o do if you have more than o				•
a Name		,	b		,	
Part I Foreign De	posit and Custodia	I Accounts Summary	<u> </u>			
· · · · · · · · · · · · · · · · · · ·	counts (reported in Part V)					3
2 Maximum Value of All [` '				\$	644,545
3 Number of Custodial A	ccounts (reported in Part V					-
4 Maximum Value of All (· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			\$	
	sit or custodial accounts clo				Yes	X No
	ign Assets Summar			•		_
	Assets (reported in Part VI				\$	
	s acquired or sold during t	,			Yes	No
		table to Specified F			nstruction	 ns)
		(c) Amount reported on		Where repo		,
(a) Asset Category	(b) Tax item	form or schedule		orm and line		nedule and line
1 Foreign Deposit and	1a Interest	\$				
Custodial Accounts	1b Dividends	\$				
	1c Royalties	\$				
	1d Other income	\$				
	1e Gains (losses)	\$				
	1f Deductions	\$				
	1g Credits	\$				
2 Other Foreign Assets	2a Interest	\$				
3 · · · · · · · · · · · · · · · · · · ·	2b Dividends	\$				
	2c Royalties	\$				
	2d Other income	\$				
	2e Gains (losses)	\$				
	2f Deductions	\$				
	2g Credits	\$				
Part IV Excepted		inancial Assets (see	instructions)			
		or more of the following for		per of such forms filed	. You do	
ot need to include these ass	•		,			
I. Number of Forms 3520	2.	Number of Forms 3520-A		3. Number of Forr	ns 5471	
I. Number of Forms 8621	 -	Number of Forms 8865			=	
-		-				
Part V Detailed In	formation for Each	Foreign Deposit and	Custodial Ac	count Included	in the Pa	rt I Summary
(see instruc		J .				•
you have more than one ac		ttach a continuation stateme	nt for each addition	nal account (see instru	ctions).	
1 Type of account	∑ Deposit	Custodial		ınt number or other de		
,,	_ ,	_		541390287	Ü	
3 Check all that apply	a Account opened of	during tax year b	Account closed			
	c Account jointly ov		_	orted in Part III with re	espect to thi	s asset
4 Maximum value of ac					\$	148,929
		o convert the value of the ac			X Yes	□ No
	s," to line 5, complete all that					
(a) Foreign currency		(b) Foreign currency exc	change rate used t	to (c) Source of exch	ange rate use	ed if not from U.S.
account is maintained		convert to U.S. dollars		Treasury Department	-	
United Kingdom		1 28040973		Troubary Dopartine	5 Dai caa 0	1 10001 001 1100

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions) (continued) 7a Name of financial institution in which account is maintained	_	2222 (2212)			
(see instructions) (continued) 7a Name of financial institution in which account is maintained			an Donosit and Custodi	al Account Incl	Page 2
Table Tabl	ı aı		gii Deposit and Gustoui	ai Account men	dued in the Fart i Summary
Mailling address of financial institution in which account is maintained. Number, street, and room or suite no. Prama House, Banbury Road 9 City or town, state or province, and country (including postal code) Summertown, Oxford United Kingdom OX2 7HY Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions) If you have more than one asset to report in Part VI, attach a continuation statement for each additional asset (see instructions). 1 Description of asset 2 Identifying number or other designation 3 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates. a Date asset acquired during tax year, if applicable b Date asset disposed of during tax year, if applicable c Check if asset jointly owned with spouse d Check if no tax item reported in Part III with respect to this asset 4 Maximum value of asset during tax year (check box that applies) a So - \$50,000 b \$ \$50,000 c \$ \$100,001 - \$150,000 d \$ \$150,001 - \$200,000 e If more than \$200,000, list value \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	7a	, , , , , , , , , , , , , , , , , , , ,	aintained	b Global Interme	ediary Identification Number (GIIN) (Optional)
9 City or town, state or province, and country (including postal code) Summertown, Oxford United Kingdom OX2 7HY Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions) If you have more than one asset to report in Part VI, attach a continuation statement for each additional asset (see instructions). 1 Description of asset 2 Identifying number or other designation 3 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates. a Date asset acquired during tax year, if applicable b Date asset disposed of during tax year, if applicable c Check if asset jointly owned with spouse d Check if no tax item reported in Part III with respect to this asset 4 Maximum value of asset during tax year (check box that applies) a \$0.\$50,000 b \$50,001 \$100,000 c \$100,001 \$150,000 d \$150,001 \$200,000 e If more than \$200,000, list value \$ 5 5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? (a) Foreign currency in which asset (b) Foreign currency exchange rate used to convert to U.S. dollars 7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. a Name of foreign entity (1) Partnership (2) Corporation (3) Trust (4) Estate 6 Kity or town, state or province, and country (including postal code)		HSBC Bank PLC			, , , , , ,
9 City or town, state or province, and country (including postal code) Summertown, Oxford United Kingdom 0X2 7HY Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions) If you have more than one asset to report in Part VI, attach a continuation statement for each additional asset (see instructions). 1 Description of asset 2 Identifying number or other designation 3 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates. a Date asset acquired during tax year, if applicable b Date asset disposed of during tax year, if applicable c Check if asset jointly owned with spouse d Check if no tax item reported in Part III with respect to this asset 4 Maximum value of asset during tax year (check box that applies) a S0 -\$50,000 b S50,001 -\$100,000 c \$100,001 -\$150,000 d \$150,001 -\$200,000 e If more than \$200,000, list value \$ 5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? (a) Foreign currency in which asset is denominated (b) Foreign currency exchange rate used to (c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service 7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. a Name of foreign entity (1) Partnership (2) Corporation (3) Trust (4) Estate d Mailing address of foreign entity. Number, street, and room or suite no. 8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the	8	Mailing address of financial institution in which ac	count is maintained. Number,	street, and room o	r suite no.
Summertown, Oxford United Kingdom OX2 7HY		Prama House, Banbury Road			
Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)	9	City or town, state or province, and country (include	ding postal code)		
If you have more than one asset to report in Part VI, attach a continuation statement for each additional asset (see instructions). 1 Description of asset 2 Identifying number or other designation 3 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates. a Date asset acquired during tax year, If applicable b Date asset disposed of during tax year, if applicable c Check if asset jointly owned with spouse d Check if no tax item reported in Part III with respect to this asset 4 Maximum value of asset during tax year (check box that applies) a \$0.\$50,000 b \$50,001 - \$100,000 c \$100,001 - \$150,000 d \$150,001 - \$200,000 e If more than \$200,000, list value 5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? 6 If you answered "Yes" to line 5, complete all that apply. (a) Foreign currency in which asset is denominated (b) Foreign currency exchange rate used to convert to U.S. dollars 7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. a Name of foreign entity c Type of foreign entity (1) Partnership (2) Corporation (3) Trust (4) Estate 4 Mailing address of foreign entity, Number, street, and room or suite no. 6 City or town, state or province, and country (including postal code)					
2 Identifying number or other designation 3 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates. a Date asset acquired during tax year, If applicable b Date asset disposed of during tax year, if applicable c Check if asset jointly owned with spouse d Check if no tax item reported in Part III with respect to this asset 4 Maximum value of asset during tax year (check box that applies) a So - \$50,000 b \$50,001 - \$100,000 c \$100,001 - \$150,000 d \$150,001 - \$200,000 e If more than \$200,000, list value \$ 5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? (a) Foreign currency in which asset is denominated (b) Foreign currency exchange rate used to convert to U.S. dollars (b) Foreign currency exchange rate used to convert to U.S. dollars (c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service 7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. a Name of foreign entity c Type of foreign entity (1) Partnership (2) Corporation (3) Trust (4) Estate 6 City or town, state or province, and country (including postal code)	Pai	t VI Detailed Information for Each "C	Other Foreign Asset"	Included in the	e Part II Summary (see instructions)
3 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates. a Date asset acquired during tax year, if applicable b Date asset disposed of during tax year, if applicable c Check if asset jointly owned with spouse d Check if no tax item reported in Part III with respect to this asset 4 Maximum value of asset during tax year (check box that applies) a \$0.\$50,000 b \$50,001.\$100,000 c \$100,001.\$150,000 d \$150,001.\$200,000 e If more than \$200,000, list value \$ 5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? (a) Foreign currency in which asset is denominated (b) Foreign currency exchange rate used to convert to U.S. dollars Treasury Department's Bureau of the Fiscal Service 7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. a Name of foreign entity c Type of foreign entity (1) Partnership (2) Corporation (3) Trust (4) Estate 8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the	If you	have more than one asset to report in Part VI, atta	ach a continuation statement for	or each additional a	asset (see instructions).
a Date asset acquired during tax year, if applicable b Date asset disposed of during tax year, if applicable c Check if asset jointly owned with spouse d Check if no tax item reported in Part III with respect to this asset 4 Maximum value of asset during tax year (check box that applies) a \$0.\$50,000 b\$ \$50,001.\$100,000 c\$100,001.\$150,000 d\$150,001.\$200,000 e If more than \$200,000, list value \$ \$ 5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? (a) Foreign currency in which asset is denominated (b) Foreign currency exchange rate used to convert to U.S. dollars (b) Foreign currency exchange rate used to convert to U.S. dollars (b) Foreign currency exchange rate used to convert to U.S. dollars (c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service 7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. A Name of foreign entity C Type of foreign entity (1) Partnership (2) Corporation (3) Trust (4) Estate 4 Maximum value of asset during tax year (check box that applies) a Double of the interported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.	1	Description of asset		2 Identifying n	umber or other designation
b Date asset disposed of during tax year, if applicable c	3	Complete all that apply. See instructions for reporti	ing of multiple acquisition or d	lisposition dates.	
Check if asset jointly owned with spouse d Check if no tax item reported in Part III with respect to this asset Maximum value of asset during tax year (check box that applies) a \$\begin{array}{c c c c c c c c c c c c c c c c c c c	а	Date asset acquired during tax year, If applicable			<u> </u>
4 Maximum value of asset during tax year (check box that applies) a □ \$0 - \$50,000	b	Date asset disposed of during tax year, if applicab	ole		· · · · · · · · · · <u> </u>
a	C	Check if asset jointly owned with spouse	d Check if	no tax item reporte	ed in Part III with respect to this asset
bid you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars?	4		,	_	
5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars?	-				
(a) Foreign currency in which asset is denominated (b) Foreign currency exchange rate used to convert to U.S. dollars (c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service 7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. a Name of foreign entity b GIIN (Optional) c Type of foreign entity (1) Partnership (2) Corporation (3) Trust (4) Estate d Mailing address of foreign entity. Number, street, and room or suite no. e City or town, state or province, and country (including postal code)	е				
(a) Foreign currency in which asset is denominated (b) Foreign currency exchange rate used to convert to U.S. dollars (c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service 7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. a Name of foreign entity c Type of foreign entity (1) Partnership (2) Corporation (3) Trust (4) Estate d Mailing address of foreign entity. Number, street, and room or suite no. e City or town, state or province, and country (including postal code)	5			into U.S. dollars?	Yes No
Treasury Department's Bureau of the Fiscal Service 7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. a Name of foreign entity b GIIN (Optional) c Type of foreign entity (1) Partnership (2) Corporation (3) Trust (4) Estate d Mailing address of foreign entity. Number, street, and room or suite no. e City or town, state or province, and country (including postal code) 8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the	6				
7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. a Name of foreign entity		,, ,	, , ,	ange rate used to	1,,
a Name of foreign entity c Type of foreign entity (1) Partnership (2) Corporation (3) Trust (4) Estate d Mailing address of foreign entity. Number, street, and room or suite no. e City or town, state or province, and country (including postal code)		is denominated	convert to U.S. dollars		Treasury Department's Bureau of the Fiscal Service
a Name of foreign entity c Type of foreign entity (1) Partnership (2) Corporation (3) Trust (4) Estate d Mailing address of foreign entity. Number, street, and room or suite no. e City or town, state or province, and country (including postal code)					
a Name of foreign entity c Type of foreign entity (1) Partnership (2) Corporation (3) Trust (4) Estate d Mailing address of foreign entity. Number, street, and room or suite no. e City or town, state or province, and country (including postal code)		If accept reported on line 1 is stock of a foreign onti-	ty or an interest in a fereign o	untity antar the follo	wing information for the accet
c Type of foreign entity (1) Partnership (2) Corporation (3) Trust (4) Estate d Mailing address of foreign entity. Number, street, and room or suite no. e City or town, state or province, and country (including postal code) 8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the			ity of all interest in a foreign e	•	•
 d Mailing address of foreign entity. Number, street, and room or suite no. e City or town, state or province, and country (including postal code) 8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the 	c		nin (2) Corporation		<u> </u>
8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the	d			. (0) 🗆 110	(4) <u>[</u> 25ale
8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the	_	City or town state or province and country (include	ding postal ands)		
	е	City of town, state of province, and country (include	ding postal code)		
asset.	8	-	entity or an interest in a foreign	gn entity, enter the	following information for the
Note: If this asset has more than one issuer or counterparty, attach a continuation statement with the same information for			nunternarty attach a continue	ation statement wit	th the same information for

EEA Form **8938** (2018)

Counterparty

Foreign person

(4) Trust

(5) Estate

(3) Corporation

each additional issuer or counterparty (see instructions).

Issuer

(2) Partnership

d Mailing address of issuer or counterparty. Number, street, and room or suite no.

e City or town, state or province, and country (including postal code)

U.S. person

Name of issuer or counterparty
 Check if information is for

b Type of issuer or counterparty

c Check if issuer or counterparty is a

(1) Individual

(3) Corporation

Foreign person

(4) Trust

(5) Estate

(2) Partnership

d Mailing address of issuer or counterparty. Number, street, and room or suite no.

e City or town, state or province, and country (including postal code)

U.S. person

b Type of issuer or counterparty

c Check if issuer or counterparty is a

(1) Individual

c Check if issuer or counterparty is a U.S. person Foreign person
d Mailing address of issuer or counterparty. Number, street, and room or suite no.

e City or town, state or province, and country (including postal code)

EEA Form 8938 (2018)

(3) Corporation

(4) Trust

(5) Estate

(2) Partnership

b Type of issuer or counterparty

(1) Individual