Form 990-EZ	
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Short Form

OMB No. 1545-0047

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

Open to Public

2022

Depa Interi	artment o nal Reve	of the Treasury Go to www.irs.	Go to www.irs.gov/Form990EZ for instructions and the latest information.					
A F	or the	2022 calendar year, or tax year beginnir	ng, 2022	, and ending		, 20		
BC	heck if ap	plicable C Name of organization			D Employer	identification number		
∏ A	Address	change INTERNATIONAL ASSO	CIATION FOR IAPMD		47-2480	088		
	Name ch		ail is not delivered to street address)	Room/suite	E Telephone	number		
	nitial retu	6 LIBERTY SQUARE Z	077		(902)44	18-9174		
	Amended	rn/terminated City or town, state or province, count	try, and ZIP or foreign postal code		F Group Exe	emption		
		on pending BOSTON, MA 02109			Number			
G A	Account	ing Method: 🕱 Cash 🗌 Accrual	Other (specify)	н	Check x if th	ne organization is not		
ιv	Vebsite	IAMPD.ORG				ach Schedule B		
JТа	ax-exer	mpt status (check only one) 🔀 501(c)(3)	501(c) () (insert no.) 4947(a)(1)	or 527	(Form 990).			
			rust X Association Other					
		5b, 6c, and 7b to line 9 to determine gros	s receipts. If gross receipts are \$200,000 or mo	ore, or if total a	ssets			
(Pai	rt II, col	umn (B)) are \$500,000 or more, file Form §	990 instead of Form 990-EZ		\$	83,430		
Pa	art I	Revenue, Expenses, and Cha	anges in Net Assets or Fund Balan	ces (see the	instructions f	or Part I)		
		Check if the organization used Scl	nedule O to respond to any question in th	is Part I		X		
	1	Contributions, gifts, grants, and similar an	nounts received		1	64,664		
	2	Program service revenue including gover	nment fees and contracts		2	2,806		
	3	Membership dues and assessments			3	14,113		
	4	Investment income			4			
	5a	Gross amount from sale of assets other the	han inventory					
	b	Less: cost or other basis and sales exper	nses 5b					
	с	Gain or (loss) from sale of assets other th	nan inventory (subtract line 5b from line 5a)		5c			
	6	Gaming and fundraising events:						
	а	Gross income from gaming (attach Sched	lule G if greater than					
e		\$15,000)	-					
Revenue	b	Gross income from fundraising events (no		butions				
Rev		from fundraising events reported on line 1						
_		sum of such gross income and contribution						
	с	Less: direct expenses from gaming and fu						
	d		ndraising events (add lines 6a and 6b and subtr	act				
		line 6c)	• • • • • • • • • • • • • • • • • • • •		6d			
	7a	Gross sales of inventory, less returns and			1,734			
	b	Less: cost of goods sold		:	2,306			
	с	-	ory (subtract line 7b from line 7a)		7c	(572)		
	8	Other revenue (describe in Schedule O)			8	113		
	9		6d, 7c, and &			81,124		
	10		chedule O)					
	11							
	12	Salaries, other compensation, and employ	vee benefits		12			
ses	13	Professional fees and other payments to i	ndependent contractors		13	78,478		
Expenses	14	Occupancy, rent, utilities, and maintenance	e		14	1,912		
EXE	15		ng			535		
_	16		- 			10,259		
	17		6			91,184		
	18		ne 17 from line 9)			(10,060)		
its	19		of year (from line 27, column (A)) (must agree			· · · · · · · · · · · · · · · · · · ·		
SSC			s return)		19	20,758		
Net Assets	20		nces (explain in Schedule O)					
Ž	21	-	ar. Combine lines 18 through 20			10,698		
For Pa	aperwo	rk Reduction Act Notice, see the separa				Form 990-EZ (2022)		

Form 990-EZ (2022) INTERNATIONAL ASSOC		D	47-2	4800	88 Page 2
Part II Balance Sheets (see the instructions for Pa					
Check if the organization used Schedule O t	to respond to any qu	estion in this Part II			X
			(A) Beginning of year		(B) End of year
22 Cash, savings, and investments			52,802	22	41,928
23 Land and buildings		-	0	23	0
24 Other assets (describe in Schedule O)		-	0	24	0
25 Total assets		-	52,802	25	41,928
26 Total liabilities (describe in Schedule O)		-	32,044		31,230
27 Net assets or fund balances (line 27 of column (B) mus			20,758	27	10,698
Part III Statement of Program Service Accompli	•		· ·		Expenses
Check if the organization used Schedule O				(Reau	uired for section
What is the organization's primary exempt purpose? SUPPOR	I WOMEN WITH PR	EMENSTRUAL DIS	ORDER	· ·	c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for	or each of its three large	est program services,			nizations; optional for
as measured by expenses. In a clear and concise manner, desc	ribe the services provid		•	others	•
persons benefited, and other relevant information for each progra	am title.				1
28SEE SCHEDULE O					
	nt includes foreign grant	ts, check here	•••••	28a	6,814
29SEE SCHEDULE O					
	nt includes foreign grant	s, check here	•••••	29a	38,973
30SEE SCHEDULE O					
	nt includes foreign grant		•••••	30a	2,215
31 Other program services (describe in Schedule O)			•••••		See SERVICES
	nt includes foreign grant	· · · · · · · · · · · · · · · · · · ·	•••••	31a	683
32 Total program service expenses (add lines 28a through 2 Part IV List of Officers, Directors, Trustees, and Key				32	48,685
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res					· _
			· · · · · · · · · · · · · · · · · · ·	•••	<u>••••</u>
(a) Marrie and Ola	(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employe	e (e	e) Estimated amount of
(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC/	benefit plans, and		other compensation
		1099-NEC) (if not paid, enter -0-)	deferred compensation		
		(······ p===, ····· · ·)		_	
SHEILA BUCHERT BOARD PRESIDENT	0.00	0	C		0
TORY EISENLOHR-MOHL PHD	0.00	0		<u> </u>	0
CLINICAL ADVISORY BOARD CHAIR	0.00	0	C		0
IVONNE SANTIAGO	0.00	0		<u> </u>	0
BOARD VICE PRESIDENT	0.00	0	C		0
DONNA PEGORARO	0.00	• •	v		
BOARD SECRETARY					
DOARD DECRETARI	0.00	0			
AADON KINCHODN	0.00	0	C		0
AARON KINGHORN					0
BOARD MEMBER	0.00	0	c		
BOARD MEMBER JENNIFER GORDON PHD	0.00	0	0		00
BOARD MEMBER					0
BOARD MEMBER JENNIFER GORDON PHD	0.00	0	0		00
BOARD MEMBER JENNIFER GORDON PHD	0.00	0	0		00
BOARD MEMBER JENNIFER GORDON PHD	0.00	0	0		00
BOARD MEMBER JENNIFER GORDON PHD	0.00	0	0		00
BOARD MEMBER JENNIFER GORDON PHD	0.00	0	0		00
BOARD MEMBER JENNIFER GORDON PHD	0.00	0	0		00
BOARD MEMBER JENNIFER GORDON PHD	0.00	0	0		00
BOARD MEMBER JENNIFER GORDON PHD	0.00	0	0		00

	-EZ (2022) INTERNATIONAL ASSOCIATION FOR IAPMD 47-24800	88	F	Pag
Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	••		•
			Yes	I
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q.	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
•	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	35c		
6	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N.	36		
	Enter amount of political expenditures, direct or indirect, as described in the instructions	- 30		
		076		
	Did the organization file Form 1120-POL for this year?	37b		
88 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this retum?	38a		
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	_		
9	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
0 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911: ; section 4912 : ; section 4955:			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
•	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		
С				
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		
1	List the states with which a copy of this return is filed:			
2 a	The organization's books are in care of: SHEILA H BUCHERT Telephone no. 902-4		174	
	Located at: 6 LIBERTY SQUARE, BOSTON, MA ZIP + 4 02109			-
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
с	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		
•	If "Yes," enter the name of the foreign country:			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here.			
13		•••	•••	
3	and enter the amount of tay-exempt interest received or accrued during the tay year		Yes	
3	and enter the amount of tax-exempt interest received or accrued during the tax year		163	
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
4 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a		
4 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			
4 a b	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a 44b		
l4 a b	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			
l4a b c	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
14a b c	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	44b		
44a b c d	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44b 44c		
44 a b c d	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44b 44c 44d		
b c d 45 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b 44c 44d		
44 a b c d	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44b 44c 44d		

Form	990-EZ	(2022)	INTERNATIONAL A	SSOCIATION FOR 12	APMD			47-2	480088	F	Page 4
										Yes	No
46				tly, in political campaign a							
				ete Schedule C, Part I .					46		х
Part			c)(3) Organization								
			1(c)(3) organizatior	ns must answer ques	stions 47 -	49b and	52, and	complete the	e tables fo	or line	es
		50 and 51.									
		Check if the c	organization used S	chedule O to respon	d to any c	question ir	this P	art VI			$\cdot \Box$
										Yes	No
47	Did th	ne organization e	ngage in lobbying activit	ies or have a section 501(h) election in	n effect durin	g the tax	:			
	year?	If "Yes," complete	te Schedule C, Part II .						47		х
48	Is the	organization a s	chool as described in se	ction 170(b)(1)(A)(ii)? If ")	Yes," comple	te Schedule	Ε		48		х
49a	Did th	ne organization m	ake any transfers to an	exempt non-charitable rela	ated organiza	ation?			49a		x
b	lf "Ye	s," was the relate	ed organization a sectior	527 organization?					49b		
50	Comp	lete this table for	the organization's five h	ighest compensated emplo	yees (other	than officers,	director	s, trustees and ke	әу		
	emplo	yees) who each	received more than \$10	0,000 of compensation from	m the organi	zation. If the	ere is nor	e, enter "None."			
				(b) Average	(c) Re	eportable	(d) H	ealth benefits,			
	(a) Name and title of ea	ach employee	hours per week		ensation 2/1099-MISC/		tions to employee lans, and deferred	(e) Estimate other co		
				devoted to position		9-NEC)		ompensation		mponou	
NONE											
f	Total	number of other	employees paid over \$1	00,000							
51				ighest compensated indep		actore who c	ach rocc	wind more than			
51	•		0	on. If there is none, enter "			achiece	eiveu more man			
	φ100,	ooo or compense	alon nom the organizatio								
	(a) Na	ame and business add	lress of each independent contr	actor	(b) Type of service	e	(0	c) Compensatio	n	
NONE											
NONE											
			•	each receiving over \$100	-	-					
52	Did th	ne organization c	omplete Schedule A? N	ote: All section 501(c)(3)	organizatior	ns must attac	ch a		_		
											No
Under pen	nalties of	f perjury, I declare t	hat I have examined this re	turn, including accompanying	schedules an	d statements,	and to the	best of my knowle	dge and belie	f, it is	
true, corre	ect, and o	complete. Declarat	ion of preparer (other than	officer) is based on all informa	ation of which	preparer has a	any knowle	edge.			
		SHEILA BU	CHERT								
Sign	1	Signature of officer					D	late			
Here		SHEILA BU	CHERT, BOARD PR	ESIDENT							
	-	Type or print name and	d title								
	I	Print/Type preparer's r	name	Preparer's signature		Date		Check if	PTIN		
Paid	1	NANCY FITZG	ERALD HARRISON			06-11-20	23	self-employed	P007448	398	
Prepar	er	Firm's name	HARRISON CPAS L	LC			Fir	m's EIN			
Use Or			1322 ALSHIRE CT								
			Tallahassee FL				Ph	one no. 850-	212-6799)	
May the I	IRS dis			above? See instructions			• • • •		. X Yes		No
EEA			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						Form 9 9		-
· ·											()

SCHE	DULE	Α
(Form	990)	

Public Charity Status and Public Support

OMB No. 1545-0047

(Form	990)		organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.					2022
Dopartm	ent of the Treasury		Attach to Form 990 or Form 990-EZ.					Open to Public
	Revenue Service	Go to		m990 for instructions		test inforr	mation	Inspection
Name of	the organization	0010					Employer identificatio	
INTER	NATIONAL AS	SOCIATION FOR	IAPMD				47-248008	8
Part I				II organizations mus	st comple	ete this p		
The org				nes 1 through 12, check of				
1	A church, con	vention of churches,	or association of c	churches described in se	ction 170	(b)(1)(A)(i)).	
2	A school desc	ribed in section 170	(b)(1)(A)(ii). (Attac	ch Schedule E (Form 990	0).)			
3	A hospital or a	cooperative hospita	al service organizat	tion described in sectior	n 170(b)(1)	(A)(iii).		
4	A medical rese	earch organization o	perated in conjunc	tion with a hospital desc	ribed in se	ction 170	(b)(1)(A)(iii). Enter the)
		e, city, and state:						
5			-	or university owned or op	erated by a	a governm	ental unit described in	
-)(1)(A)(iv). (Comple	,					
6		-	-	I unit described in section				
7				art of its support from a g	governmen	tal unit or f	rom the general public	
		ection 170(b)(1)(A)						
8				(vi). (Complete Part II.)				
9				ction 170(b)(1)(A)(ix) o				llege
		r a non-land-grant co	llege of agriculture	e (see instructions). Enter	the name,	city, and s	tate of the college or	
	university:		(1)					
10	receipts from a support from g	activities related to its ross investment inco	s exempt functions me and unrelated	33 1/3% of its support fm, subject to certain excep business taxable income e section 509(a)(2). (Co	tions; and (less secti	(2) no mor ion 511 tax	e than 33 1/3% of its	SS
11	= -	•		to test for public safety.				
12		•	•	or the benefit of, to perfor			• • •	
				bed in section 509(a)(1)				3). Check
		•	-	pe of supporting organiza		•	•	
а				ervised, or controlled by i		-	.,	iving
		• • • • •		rly appoint or elect a ma	• •	e directors	or trustees of the	
	•	-	-	art IV, Sections A and E				
b			•	controlled in connection		• •	• • • •	•
		•		ation vested in the same	persons that	at control o	r manage the supporte	ed
		on(s). You must co	•					
С				rganization operated in c				l with,
				ou must complete Par				
d				ing organization operate				
			-	n generally must satisfy a		•	ient and an attentivene	SS
			-	lete Part IV, Sections A				
е		-		en determination from the			п, туре п, туре п	
4				/ integrated supporting o				
t		r of supported organ			• • • • •	• • • • •		•••
		wing information abo		Ĩ Ì	<i>a</i> > <i>a</i>			()) () ()
(1)	Name of supported or	ganization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))		rganization Ir governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						1		
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								

	e A (Form 990) 2022 INTERNATION					47-2480088	
Part							
	(Complete only if you checked th				•		lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, pl	ease complet	e Part III.)	
	on A. Public Support	n	1	1	1		
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support			I	1		
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.) (Q)
13	First 5 years. If the Form 990 is for the or	•			•	•	, , ,
0	organization, check this box and stop he	<u>ne</u>	<u></u>				[]
	on C. Computation of Public Suppor			1		44	0/
14 15	Public support percentage for 2022 (line 6 Public support percentage from 2021 Sch		-			14 15	<u>%</u>
16a	33 1/3% support test - 2022. If the organ					-	
IVa	box and stop here. The organization qua						
b	33 1/3% support test - 2021. If the organ						
~	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 20			-			
	10% or more, and if the organization mee	•					
	Part VI how the organization meets the fa						
	organization			-	-		
b	10%-facts-and-circumstances test - 202						
	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets the					-	-
	organization						_
18	Private foundation. If the organization di	d not check a	box on line 13,	16a, 16b, 17a	, or 17b, check	this box and s	ee
	instructions						🗌

Schedule A (Form 990) 2022

Part	III Support Schedule for Organiza	ations Descr	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked th	e box on line	10 of Part I of	or if the organ	ization failed	to qualify unc	ler Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part II	.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	134,171	61,646	80,717	129,164	69,317	475,015
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	15,559	4,690	4,338	4,616	14,113	43,316
3	Gross receipts from activities that are not an	•	-	-	-	-	
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	149,730	66,336	85,055	133,780	83,430	518,331
-	Amounts included on lines 1, 2, and 3	1157750		057055	1357700	037130	5107551
74	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
0							E10 331
Socti	on B. Total Support						518,331
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
					(u) 2021		
					133 780		
9	Amounts from line 6	149,730	66,336	85,055	133,780	83,430	518,331
	Amounts from line 6				133,780		
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents,	149,730	66,336	85,055	133,780		518,331
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .				133,780		
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . Unrelated business taxable income (less	149,730	66,336	85,055	133,780		518,331
9 10a	Amounts from line 6 Gross income from interest, dividends, . payments received on securities loans, rents, royalties, and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses	149,730	66,336	85,055	133,780		518,331
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	149,730	66,336	85,055	133,780		518,331
9 10a b c	Amounts from line 6 Gross income from interest, dividends,	149,730	66,336	85,055	133,780		518,331
9 10a b	Amounts from line 6 Gross income from interest, dividends,	149,730	66,336	85,055	133,780		518,331
9 10a b c	Amounts from line 6 Gross income from interest, dividends,	149,730	66,336	85,055	133,780		518,331
9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	149,730	66,336	85,055	133,780		518,331
9 10a b c	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or	149,730	66,336	85,055	133,780		518,331
9 10a b c 11	Amounts from line 6	149,730	66,336	85,055	133,780		518,331
9 10a b c 11 12	Amounts from line 6	149,730	66,336	85,055	133,780		518,331
9 10a b c 11	Amounts from line 6 Gross income from interest, dividends,	149,730	66,336 183 183	85,055		83,430	518,331 371 371
9 10a b c 11 12 13	Amounts from line 6 Gross income from interest, dividends,	149,730 178 178 178	66,336 183 183 66,519	85,055	133,780	83,430	518,331 371 371 371 518,702
9 10a b c 11 12	Amounts from line 6	149,730 178 178 178 178 178 178 178	66,336 183 183 66,519 rst, second, thi	85,055 10 10 85,065 rd, fourth, or fif	133,780 th tax year as a	83,430 83,430 83,430 a section 501(c	518,331 371 371 371 518,702)(3)
9 10a b c 11 12 13 14	Amounts from line 6	149,730 178 178 178 178 178 178 178 178 908 ganization's fir e	66,336 183 183 66,519 st, second, thi	85,055 10 10 85,065 rd, fourth, or fif	133,780 th tax year as a	83,430	<u>518,331</u> <u>371</u> <u>371</u> <u>371</u> <u>518,702</u>)(3)
9 10a b c 11 12 13 14 <u>Secti</u>	Amounts from line 6	149,730 178 178 178 178 149,908 ganization's fir <u>e</u> t Percentag	66,336 183 183 66,519 rst, second, thi 	85,055 10 10 85,065 rd, fourth, or fif	133,780 th tax year as a	83,430 83,430 83,430 a section 501(c	518,331 371 371 371 518,702)(3)
9 10a b c 11 12 13 14 <u>Secti</u> 15	Amounts from line 6	149,730 178 178 178 178 178 178 178 178	66,336 183 183 66,519 st, second, thi e ivided by line 1	85,055 10 10 85,065 rd, fourth, or fif 3, column (f))	133,780 th tax year as a	83,430 83,430 83,430 a section 501(c 	518,331 371 371 371 518,702)(3) 99.93 %
9 10a b c 11 12 13 14 <u>Secti</u> 15 16	Amounts from line 6 Gross income from interest, dividends,	149,730 178 178 178 178 178 178 178 178	66,336 183 183 183 66,519 rst, second, thi e ivided by line 1 II, line 15	85,055 10 10 85,065 rd, fourth, or fif 3, column (f))	133,780 th tax year as a	83,430 83,430 83,430 a section 501(c	518,331 371 371 371 518,702)(3)
9 10a b c 11 12 13 14 <u>Secti</u> 5 <u>16</u> <u>Secti</u>	Amounts from line 6	149,730 178 178 178 178 178 178 178 ganization's fir <u>e</u>	66,336 183 183 66,519 st, second, thi e ivided by line 1 II, line 15 183	85,055 10 10 85,065 rd, fourth, or fif 	133,780 th tax year as a	83,430 83,430 83,430 a section 501(c 15 16	518,331 371 371 371 518,702)(3) 99.93 % 99.93 %
9 10a b c 11 12 13 14 <u>Secti</u> 15 16 <u>Secti</u> 17	Amounts from line 6	149,730 178 178 178 178 178 178 178 178	66,336 183 183 66,519 st, second, thi e ivided by line 1 Il, line 15 ntage n (f), divided b	85,055 10 10 10 85,065 rd, fourth, or fif 3, column (f)) 	133,780 th tax year as a 	83,430 83,430 83,430 a section 501(c 15 16 17	518,331 371 371 371 518,702)(3) 99.93 % 99.93 % 99.93 %
9 10a b c 11 12 13 14 <u>Secti</u> 15 16 <u>Secti</u> 17 18	Amounts from line 6	149,730 178 178 178 178 178 178 178 178	66,336 183 183 66,519 st, second, thi e ivided by line 1 Il, line 15 htage in (f), divided b Part III, line 17	85,055 10 10 10 85,065 rd, fourth, or fif 3, column (f)) 	133,780 th tax year as a 	83,430 83,430 83,430 a section 501(c 15 16 17 18	518,331 371 371 371 518,702)(3) 99.93 % 99.93 % 99.93 % 0.00 %
9 10a b c 11 12 13 14 <u>Secti</u> 15 16 <u>Secti</u> 17	Amounts from line 6	149,730 178 178 178 178 178 178 178 178	66,336 183 183 66,519 183 66,519 rst, second, thi 	85,055 10 10 10 85,065 rd, fourth, or fif 3, column (f)) y line 13, colur x on line 14, ar	133,780 th tax year as a mn (f)) nd line 15 is mo	83,430 83,430 83,430 a section 501(c 15 16 17 18 Dre than 33 1/3	518,331 371 371 371 518,702)(3) 99.93 % 99.93 % 99.93 % 0.00 % %, and line
9 10a b c 11 12 13 14 <u>Secti</u> 15 16 <u>Secti</u> 17 18	Amounts from line 6	149,730 178 178 178 178 178 178 178 178	66,336 183 183 66,519 183 66,519 rst, second, thi 	85,055 10 10 10 85,065 rd, fourth, or fif 3, column (f)) y line 13, colur x on line 14, ar ization qualifie	133,780 th tax year as a mn (f)) nd line 15 is mo s as a publicly	83,430 83,430 83,430 83,430 a section 501(c 15 16 17 18 Dre than 33 1/3 supported orga	518,331 371 371 518,702)(3) 99.93 % 99.93 % 99.93 % 0.00 % %, and line anization X

line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . .

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

INTERNATIONAL ASSOCIATION FOR IAPMD

Employer identification number 47-2480088

01. General explanation attachment

PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISMENTS

28. CARE & SUPPORT-IN 2022 OVER 310K INDIVIDUALS VISITED IAPMD.ORG FOR INFORMATION,

RESOURCES & SUPPORT, 5,300 FREE INDIVIDUAL AND GROUP PEER SUPPORT SESSIONS WERE

PROVIDED, AND 14K UTILIZED IAPMD'S FREE SELF-SCREENER FOR

PREMENSTRUAL DISORDERS.

29. EDUCATION & AWARENESS-THROUGH SOCIAL MEDIA, MEDICAL EDUCATION, PROFESSIONAL

DEVELOPMENT, PATIENT EDUCATION, AND COLLABRATIVE PARTNERSHIPS IN 2022 OVER 310K UNIQUE

VISITORS ACCESSED IAPMD'S WEBSITE FOR FREE RESOURCES AND EDUCATION.

30. RESEARCH-IAPMD WORKED TO ADVANCE RESEARCH ON PMDD BY CREATING A GLOBAL PMDD COMMUNITY

COALITION AND ROUNDTABLE AND PUBLISHING A STRATEGIC PLAN TO ADVANCE PATIENT-CENTER PMDD

RESEARCH.

02. Description of other revenue (Part I, line 8)
Description Amount
DISCOUNTS 113
03. Description of other expenses (Part I, line 16)
Description Amount
INTEREST EXPENSE 854
WEBSITE 238

Schedule O (Form 990) 2022		Page 2
Name of the organization		Employer identification number
INTERNATIONAL ASSOCIATION FOR IAPMD		47-2480088
AWARDS AND HONORS	194	
BANK CHARGES AND FEES	1,260	
PROFESSIONAL DEVELOPMENT	320	
SUBSCRIPTIONS AND DUES	178	
	50	
TAXES AND LICENSES	59	
TRAVEL	134	
	131	
IT EXPENSE	6,692	
ADVERTISINS	47	
MEALS AND ENTERTAINMENT	65	
OFFICE SUPPLIES AND SOFTWARE	159	
TAXES AND LICENSES	59	

04. Description of total liabilities (Part II, line 26)

Category	Beginning of Year	End of Year	
COVID LOAN PAYABLE	32,044	31,230	

05. Other program services (Part III, line 31)

31. ADVOCACY & PUBLIC POLICY-IAPMD ISSUED PUBLIC POLICY STATEMENTS AND PROVIDED GUIDANCE

AND RESOURCES ON COMMON CONCERNS OF OUR COMMUNITY.

990	T Diagn	2022				
Name				Employer Identification #		
INTERNATIONAL ASSOCIA	47-2480088					
Demographics						
Mailing Address:		Phone:	Phone: (902)448-9174			
6 LIBERTY SQUARE 2077						
BOSTON, MA 02109						
Resident State: MA						
Diagnostics						
Preparer: NANCY FITZGE	RALD Invoice:		Date: 06-12	1-2023		
Return Information						
Item on Return		2022		2021 Federal		

Item on Return	Federal	(If available)		
Total Revenue	81,124			
Total Expenses	91,184			
Net Excess (Deficit)	(10,060)			
Net Assets or Fund				
Balances	10,698	20,758		

State/City Information

State/City	Taxable	Total	Change Fund	UBIT	Total	Refund/
	Revenue	Expenses	Balance		Tax	(Balance Due)
MA						35

MA