		Short Form			OMB No. 1545-1150
Form 9 Department nternal Reve	2019 Open to Public Inspection				
		ar year, or tax year beginning 01-01-2019, and ending 12-31-201	19		
B Check	if applicable:	C Name of organization International Association For Premenstrual Disorders		D Employe	r identification number
	ss change			47-2480088	3
□ Name □ Initial	change	Number and street (or P. O. box, if mail is not delivered to street address) Room,	/suite	E Telephone	e number
\frown	return eturn/terminated	6 Liberty Square 2077		(800) 609-7	633
	ded return	Boston, MA02109City or town, state or province, country, and ZIP or foreign post	al code	F Group Exe	mation
	ation pending	,		Number.	
I Websi J Tax-ex	ite: https://iapmd.o	Cash □ Accrual Other (specify) ► rg only one) - ✓ 501(c)(3) □ 501(c) () ◄(insert no.) □ 4947(a)(1) or □ 52 Corporation □ Trust ✓ Association □ Other	re	quired to att	he organization is not ach Schedule B 0-EZ, or 990-PF).
L Add lin are \$500	ies 5b, 6c, and 7b),000 or more, file	to line 9 to determine gross receipts. If gross receipts are \$200,000 or 5 Form 990 instead of Form 990-EZ	more, or if total	assets (Part	II, column (B) below)
Part 1	I Revenue, Check if the	Expenses, and Changes in Net Assets or Fund Balances (organization used Schedule O to respond to any question in this Part I	see the instructi	ons for Part	I)
1	Contributions	, gifts, grants, and similar amounts received		1	61,646
2		ice revenue including government fees and contracts		2	163
3	Membership o	lues and assessments		3	3,701
4	Investment ir	ncome		4	183
5a	Gross amount	t from sale of assets other than inventory 5a	n	0	
b	Less: cost or	other basis and sales expenses 5b)	0	
e c	c Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line $\overline{5a}$)		5c	0
G 6	Gaming and f	undraising events			
enuevenue a		from gaming (attach Schedule G if greater than \$15,000) . 6a	1	0	
- 6		from fundraising events (not including \$ <u>0</u> of contributions ing events reported on line 1) (attach Schedule G if the			
		pross income and contributions exceeds \$15,000)		0	
	-	xpenses from gaming and fundraising events		0	
d		r (loss) from gaming and fundraising events (add lines 6a and 6b and su	ubtract line 6c)	6d	0
7a	Gross sales of	f inventory, less returns and allowances 7a	1	643	
b	Less: cost of	goods sold)	160	
6	c Gross profit o	r (loss) from sales of inventory (Subtract line 7b from line 7a)		· · 7c	483
8		e (describe in Schedule O)		8	56,553
9	Total revenu	ie. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9 🕨	122,729
10	Grants and si	milar amounts paid (list in Schedule O)		10	0
11	Benefits paid	to or for members		11	0
12		r compensation, and employee benefits		12	0
13		ees and other payments to independent contractors		13	
50 14 15 16	1 ,,	ent, utilities, and maintenance		• • 14	266
a 15	571	ications, postage, and shipping		15	
	-	es (describe in Schedule O)		16	82,578
17	i otal expens	ses. Add lines 10 through 16		P 17	135,219
ya 18		ficit) for the year (Subtract line 17 from line 9)		18	-12,490
0 10				10	
19	Net assets or	fund balances at beginning of year (from line 27, column (A)) (must ag	ree with		
19 19 20	Net assets or end-of-year fi	fund balances at beginning of year (from line 27, column (A)) (must ag gure reported on prior year's return)	ree with	19	34,004
18 19 20 21	Net assets or end-of-year fi Other change	fund balances at beginning of year (from line 27, column (A)) (must ag gure reported on prior year's return) s in net assets or fund balances (explain in Schedule O)	ree with		

Form 990-EZ (2019)						Page 2
Part II Balance Sheets (see the ins	,					
Check if the organization used S	Schedule O to respond to any	y question in this Pa			• •	🗹
			(A) Beginning of			(B) End of year
22 Cash, savings, and investments			4	9,571		32,346
23 Land and buildings				0	23	0
24 Other assets (describe in Schedule O) .				0	24	0
25 Total assets			4	9,571	25	32,346
26 Total liabilities (describe in Schedule O)	[1	5,567	26	10,776
27 Net assets or fund balances (line 27 of	of column (B) must agree w	ith line 21) . .	3	4,004	27	21,570
Part III Statement of Program Se	· · · · · · · · · · ·	((5		(penses
Check if the organization used S	Schedule O to respond to an	y question in this Pa	rt III . 🗹			for section 501(c)(3) (4) organizations;
What is the organization's primary exempt pup premenstrual disorders through peer support			ose affected by			or others.)
Describe the organization's program service a	· · · ·		ogram services, as			
measured by expenses. In a clear and concis- benefited, and other relevant information for		ices provided, the n	umber of persons			
28 Care & Support - 20K+ individuals used I		groups, while anoth	er 17k+ utilize	t T		
IAPMD's free and confidential one-on-one pee						
	f this amount includes foreign grants, check here $\ . \ . \ ho$ D					34,503
29 Education & Awareness - 259k individuals Individuals downloaded more than 15k free to		nformation, resource	es, and support.			
(Grants \$ 0) If this amount includes foreign g				29a		66,708
30 Research - IAPMD helped advanced resea 2018 Global Survey of Premenstrual Disorder of "Lifetime Prevalence of Self-Injurious Thou Prospective Clinical Diagnosis of Premenstrua	s and working with research ghts and Behaviors in a San I Dysphoric Disorder." (https	ers at UIC on the pr nple of 591 Patients s://osf.io/zfmbg/)	eprint publication			
(Grants \$ 0) If this amount includes foreign g			hu laurahina a	30a		1,131
Advocacy & Public Policy - IAPMD expanded in communications campaign on the World Heal and issuing public policy statements to help of world.	th Organizations inclusion of	PMDD in the ICD-1	1 in June 2019,			
(Grants \$ 0) If this amount includes foreign g	rants, check here	. ▶□		31a		297
32 Total program service expenses (add				32		102,639
Part IV List of Officers, Directors, Tr Check if the organization used S				ee the i	nstruct •	ions for Part IV)
(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/109 MISC) (if not pa enter -0-)		to em plans, ferred	oloyee	(e) Estimated amount of other compensation
See Additional Data Table						

Form **990-EZ** (2019)

Form	990-EZ	(2019)	

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement require	ement	s in t	he	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V				
				Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	. [33		No
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		No
35a	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		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule	0	35b		
с	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	F	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	. [36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a	0			-
b	Did the organization file Form 1120-POL for this year?		37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	-			+
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	-			
39	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on line 9				
b	Gross receipts, included on line 9, for public use of club facilities				
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:				
	section 4911 \triangleright_0 ; section 4912 \triangleright_0 ; section 4955 \triangleright_0				
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		No
с	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958	▶ <u>0</u>			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	▶0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	. [40e		No
41 42a	List the states with which a copy of this return is filed. ► The organization's books are in care of ► <u>Sheila Buchert</u> Telephone no. ► <u>(800) 609-7633</u> Located at ► 6 Liberty Square 2077Boston, 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	a	Г	Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		2b		No
	If "Yes," enter the name of the foreign country: >	_			
с	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U.S.?	4	2c		No
	If "Yes," enter the name of the foreign country: >				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here				
	and enter the amount of tax-exempt interest received or accrued during the tax year	· ·		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	4	4a	105	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	4	4b		No
С	Did the organization receive any payments for indoor tanning services during the year?	4	4c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	4	4d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	4	5a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	4	5b		No

Form **990-EZ** (2019)

P

			Yes	No	
16	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46		No	

art VI	Sect	ion	501(c)(3)	organizations	only	

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

	Check if the organization used Schedule O to respond to any question in this Part VI			🗆
			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		No
48	Is the organization a school as described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	48		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		No
С	If "Yes," was the related organization a section 527 organization?	49b		No

Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." 50

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

►<u>0</u> . .

Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." 51

	(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE			

d Total number of other independent contractors each receiving over 100,000. 0

52	Did the organization	complete Schedule A? NOTE.	All Section 501(c)(3) organizations	must attach acompleted Schedule A

					statements, and to the best of my knowledge ation of which preparer has any knowledge.
					2020-11-15
Sign	1	Signature of officer			Date
Here		Sheila Buchert Board President			
	1	Type or print name and title			
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if self-employed
Prepare		Firm's name NOPI - Nonprofit Incu	ibator		Firm's EIN 🕨 81-5089505
Use Onl	y	Firm's address Þ 8 Yonker Pl			Phone no.
		Walpole, MA02081			
May the IRS	5 di	scuss this return with the preparer	shown above? See instructions .		🕨 🗹 Yes 🗌 No

Form 990-EZ (2019)

Software ID:

Software Version:

EIN: 47-2480088

Name: International Association For Premenstrual Disorders

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name	e and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W- 2/1099- MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e)Estimated amount of other compensation
Sandi MacDonald	Co-Founder, Board President, Executive Director	20	14,263	0	0
Amanda LaFleur	Co-Founder & Director of Impact	15	10,930	0	0
Laura Murphy	Program Director	15	11,390	0	0
Brett Buchert	Program Coordinator	10	7,194	0	0
Adrienne Pastula	Admin Assistant	5	3,828	0	0
Jessica Whetsel	Social Media Assistant	2	630	0	0
Sheila Buchert	Board Vice President	20	0	0	0
Kristin Drouin	Non-Executive Director	1	0	0	0
Debbie Biggar	Non-Executive Director	1	0	0	0
Katherine Sharpe	Non-Executive Director	1	0	0	0
Tory Elsenlohr-Moul PhD	Clinical Advisory Board Chair	4	1,000	0	0
Clare Louise-Knox	Non-Executive Director	1	0	0	0
Catherine Attwood	Non-Executive Director	1	0	0	0
Emma Bannister	Non-Executive Director	1	0	0	0
Kate Duplessis MSW	Non-Executive Director	1	0	0	0