## Form 990-EZ

Department of the Treasury Internal Revenue Service

## **Short Form** Return of Organization Exempt From Income Tax

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

(except private foundation)
▶ Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No. 1545-1150

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020 D Employer identification number **B** Check if applicable: International Association For Premenstrual Disorders Address change 47-2480088 Name change Number and street (or P. O. box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 6 Liberty Square 2077 (617) 702-2929 Final return/terminated Amended return Boston, MA02109City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Application pending Number. . G Accounting Method: ✓ Cash ☐ Accrual Other (specify) ► **H** Check ightharpoonup if the organization is **not** I Website: ▶https://iapmd.org required to attach Schedule B (Form 990, 990-EZ, or 990-PF). **J Tax-exempt status**(check only one) - 

501(c)(3) 

501(c) ( ) 

√(insert no.) 

4947(a)(1) or 

527 **K** Form of organization: ☐ Corporation ☐ Trust ✓ Association ☐ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . . . . ▶ \$ 193,480 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 80,717 1 Contributions, gifts, grants, and similar amounts received 2 18 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3,448 3 4 Investment income 4 10 5a Gross amount from sale of assets other than inventory . Less: cost or other basis and sales expenses . . . . 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Revenue Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) 6a Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b c Less: direct expenses from gaming and fundraising events. . . . . . 60 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d 6d 7a 2,041 b 1,169 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 872 7с 107,246 8 Other revenue (describe in Schedule O) . . . . . 8 192,311 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) . . 10 0 0 11 Benefits paid to or for members . . . . 11 12 Salaries, other compensation, and employee benefits 0 12 13 Professional fees and other payments to independent contractors 61,768 13 Expenses 14 Occupancy, rent, utilities, and maintenance 187 14 15 443 Printing, publications, postage, and shipping 15 16 118,145 Other expenses (describe in Schedule O) 16 17 Total expenses. Add lines 10 through 16 180,543 **17** Excess or (deficit) for the year (Subtract line 17 from line 9) 18 11,768 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 21,570 19 20 20 Other changes in net assets or fund balances (explain in Schedule O) 0

Net assets or fund balances at end of year. Combine lines 18 through 20

21

33,338

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Part II Balance Sheets (see the ins	structions for Part II)					
Check if the organization used S	Schedule O to respond to an	y question in this Part	II			🛂
		(	A) Beginning of y			(B) End of year
<b>22</b> Cash, savings, and investments			3	2,346		65,738
23 Land and buildings				0	23	0
$\bf 24$ Other assets (describe in Schedule O) .				0	24	0
25 Total assets			3	2,346	25	65,738
26 Total liabilities (describe in Schedule C	))		1	0,776	26	32,400
27 Net assets or fund balances (line 27 of	of column (B) <b>must</b> agree w	ith line 21)	2	1,570	27	33,338
Part III Statement of Program Se	ervice Accomplishment	ts (see the instructions for	or Part III)		Ex	rpenses
Check if the organization used s	Schedule O to respond to an	y question in this Part	III . 🗹			for section 501(c)(3)
What is the organization's primary exempt pu	urpose? To inspire hope and	end suffering for those				:)(4) organizations; or others.)
premenstrual disorders through peer support						,
Describe the organization's program service a measured by expenses. In a clear and concis						
benefited, and other relevant information for		ices provided, the han	iber of persons			
28 Care & Support - In 2020, over 24K indiv						_
another 3.8K utilized IAPMD's free and confice peer support, IAPMD seeks to fill in the gaps						
intervention.	before, between, and arter p	or or costorial care aria, c	01 011010			
(Grants \$ 0) If this amount includes foreign of	grants, check here	. ▶□		28a		73,841
29 Education and Awareness - Through socia						
patient education, and collaborative partners understanding of the core Premenstrual Mood						
Premenstrual Exacerbation (PME) of underlyi						
access IAPMD's website annually for free info						
28K times each year. As IAPMD continues to person and virtual training programs continue						
outcomes.	o to be developed to e		p. o ro patione			
(Grants \$ 0) If this amount includes foreign of	grants, check here	. ▶□		29a		68,694
<b>30</b> Research - IAPMD worked to advance res						_
IAPMD's 2018 Global Survey of Premenstrual publication of "Patient Experiences of Health						
Role of Provider Specialty" which will be publ						
organization worked with BBC Research during of 4.000 women who suffer/ed from PMDD in						
coverage and digital content sharing across t			ay social illeula			
(Grants \$ 0) If this amount includes foreign of	grants, check here	. ▶□		30a		362
Advocacy and Public Policy - IAPMD expanded		cacy and public policy	by launching a			
communications effort around the COVID-19						
organization issued a public policy statement community during COVID-19.	and provided guidance and	resources on common	concerns or our			
(Grants \$ 0) If this amount includes foreign of	rants, check here	. ▶□		31a		95
32 Total program service expenses (add			<b>.</b>	32		142,992
Part IV List of Officers, Directors, Tr Check if the organization used S			TV/	ee the i		
(a) Name and title	(b) Average	(c)Reportable	(d) Health			(e) Estimated amount
	hours per week	compensation	contributions		oloyee	of other compensation
	devoted to position	(Forms W-2/1099- MISC) (if not paid,				
		enter -0-)	compen			
See Additional Data Table						
See Additional Data Table						

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	instructions for Part V.) Check if the organization used Schedule O to respond to	any question in this Part V .		. $\square$		
				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					
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)					
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)?					
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," pro-	vide an explanation in Schedule O	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					
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposithe year? If "Yes," complete applicable parts of Schedule N $\dots \dots \dots$	sition of net assets during	36		No	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0			
b	Did the organization file <b>Form 1120-POL</b> for this year?		37b		No	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, o	r key employee <b>or</b> were				
	any such loans made in a prior year and still outstanding at the end of the tax year coverage.	ered 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	39a				
b	Gross receipts, included on line 9, for public use of club facilities	39b				
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during	g the year under:				
b	section $4911 \triangleright 0$ ; section $4912 \triangleright 0$ ; section $4955 \triangleright 0$ 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					
С	Section $501(c)(3)$ , $501(c)(4)$ , and $501(c)(29)$ organizations. Enter amount of tax impos managers or disqualified persons during the year under sections 4912, 4955, and 4958	ed on organization	0			
d	Section $501(c)(3)$ , $501(c)(4)$ , and $501(c)(29)$ organizations. Enter amount of tax on line by the organization	e 40c reimbursed	0			
е	All organizations. At any time during the tax year, was the organization a party to a protransaction? If "Yes," complete Form 8886-T	hibited tax shelter	40e		No	
41	List the states with which a copy of this return is filed. $\blacktriangleright$ $\frac{MA}{}$					
42a	The organization's books are in care of ▶ Amanda LaFleur Telephone no. ▶ (617) 702-29	29				
	Located at ► 83 Morse Street Suite 6Norwood, MA ZIP + 4 ► 02062		F			
b	At any time during the calendar year, did the organization have an interest in or a signal financial account in a foreign country (such as a bank account, securities account, or other countries account as a second countries account.		42b	Yes	<b>No</b> No	
	If "Yes," enter the name of the foreign country:					
	See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Rep</b> erimental <b>Accounts (FBAR)</b>	ort of Foreign Bank and				
С	At any time during the calendar year, did the organization maintain an office outside the	e U.S.?	42c		No	
	If "Yes," enter the name of the foreign country: $lacktriangle$					
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 104</b> and enter the amount of tax-exempt interest received or accrued during the tax year	L - Check here		▶ □	)	
				Yes	No	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be considered funds of the year? If "Yes," Form 990 must be considered funds of the year? If "Yes," Form 990 must be considered funds of the year? If "Yes," Form 990 must be considered funds of the year? If "Yes," Form 990 must be considered funds of the year? If "Yes," Form 990 must be considered funds of the year? If "Yes," Form 990 must be considered funds of the year? If "Yes," Form 990 must be considered funds of the year? If "Yes," Form 990 must be considered funds of the year? If "Yes," Form 990 must be considered funds of the year? If "Yes," Form 990 must be considered funds of the year? If "Yes," Form 990 must be considered funds of the year? If "Yes," Form 990 must be considered funds of the year? If "Yes," Form 990 must be considered funds of the year? If "Yes," Form 990 must be considered funds of the year? If "Yes," Form 990 must be considered funds of the year.		44a		No	
b	Did the organization operate one or more hospital facilities during the year? <i>If "Yes," Fo instead of Form 990-EZ</i>	•	44b		No	
С	Did the organization receive any payments for indoor tanning services during the year?					
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If explanation in Schedule O</i>	"No," provide an	44d			
45a	45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?					
45b	Did the organization receive any payment from or engage in any transaction with a confimeaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be comform 990-EZ (see instructions)	pleted instead of	45b		No	

**Other Information** (Note the Schedule A and personal benefit contract statement requirements in the

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Part V

Page 3

							Yes	No
46		e organization engage, directly o ates for public office? If "Yes," co		paign activities on behalf	of or in opposition to	46		No
Pa	rt VI	Section 501(c)(3) organ All section 501(c)(3) organ		estions 47-49b and 5	2, and complete the tab	les for	· lines 5	0 and
		51 Check if the organization used	Schedule O to respond to an	ny question in this Part V	ı			$\Box$
		<del>-</del>				· · ·	Yes	No
47		e organization engage in lobbyin ," complete Schedule C, Part II	g activities or have a section	501(h) election in effec	t during the tax year?	47		No
48	Is the	organization a school as describe	ed in section 170(b)(1)(A)(ii	)? If "Yes," complete Sch	nedule E	48		No
49a	Did the	e organization make any transfer	rs to an exempt non-charital	ble related organization?		49a		No
b	If "Yes	," was the related organization a	section 527 organization?			49b	No	
50	Comple employ	ete this table for the organization vees) who each received more th	n's five highest compensated nan \$100,000 of compensati	d employees (other than on from the organization	officers, directors, trustees. If there is none, enter "N	and ke	еу	<u> </u>
(	a) Nam	e 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			d amount pensation
NON	E							
f 51		otal number of other employees ete this table for the organization		d independent contractor	s who each received more	 than ¢1		. ▶ <u>0</u>
J1		nsation from the organization. If			5 Wild Cacil received more	ciidii \$2	100,000	OI .
		(a) Name and business addr	ess of each independent cor	ntractor	(b) Type of service	(c)	Compe	nsation
NON	E							
d 52		otal number of other independen e organization complete Schedul	3			<u>0</u> ule A		
				<u> </u>			Yes 🗆	
		es of perjury, I declare that I have s true, correct, and complete. Dec						
					2021-05-07			
Sign		Signature of officer Date						
Here	e	Sheila Buchert Board President						
		Type or print name and title Print/Type preparer's name	Preparer's signatu	ıre D	ate	PTIN		
Pai	d				Check if self-employed			
	parer	Firm's name ►NOPI INC	Firm's EIN ► 81-50	89505				
Use	Only	Times address = 05 Moise street suite 0						
M	the IDC	Norwood, MA		mustions.		Vaa [	7 No.	

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# Software ID: Software Version:

**EIN:** 47-2480088

Name: International Association For Premenstrual Disorders

### Form 990-EZ, Special Condition Description:

#### **Special Condition Description**

orm 990EZ, Part IV - List of O	nd 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
Sheila H Buchert	Board President	8	0	0	0
Tory Eisenlohr-Moul PhD	Chair, Clinical Advisory Board	4	0	0	0
Kate Duplessis MSW	Board Secretary	0	0	0	0
Catherine Attwood	Board Treasurer	1	0	0	0
Ambalika Batra PhD	Board Member	1	0	0	0
Liz Bautista	Board Member	0	0	0	0
Simon Forster MD	Board Member	0	0	0	0
Sandi MacDonald	Executive Director	0	0	0	0
Brett Buchert	Director of Impact	0	0	0	0
Laura Murphy	Director of Education & Awareness	0	0	0	0
Adrienne Pastula	Project Coordinator	0	0	0	0
Laura Teare-Jones	Education & Awareness Assistant	0	0	0	0
Krista Crane	Executive Administrator	0	0	0	0
Claire Knox	Board Member	1	0	0	0
Emma Banister	Board Member	1	0	0	0
Liisa Hantsoo PhD	Clinical Advisory Board Member	4	0	0	0
Jenni Kay Long LCSW	Clinical Advisory Board Member	2	0	0	0
Howard Li MD	Clinical Advisory Board Member	1	0	0	0
Katja Maria Schmalenberger PhD	Clinical Advisory Board Member	1	0	0	C
Courtney Sholar RN	Clinical Advisory Board Member	1	0	0	0
Kimberly Suddeath MD RD LD	Clinical Advisory Board Member	1	0	0	0
Jessica R Peters PhD	Clinical Advisory Board Member	1	0	0	0
Nicholas Panay MD	Clinical Advisory Board Member	1	0	0	0
Andrea Chisholm MD	Clinical Advisory Board Member	1	0	0	0
Rachel Forster	Chair, Youth Advisory Board	1	0	0	0
Destiny Whitaker	Jr. Chair, Youth Advisory Board	1	0	0	0
Iyoniodi Stella D Etire	Youth Advisory Board Member	1	0	0	0
Nichole Brown	Youth Advisory Board Member	1	0	0	0
Alice Kirby MS	Youth Advisory Board	1	0	0	0

	Member				
Anuhya Korrapati	Youth Advisory Board Member	1	0	0	0
Miriam Stewart	Youth Advisory Board Member	1	0	0	0
Gwynne Alden	Youth Advisory Board Member	1	0	0	0
Amber Walker	Youth Advisory Board Member	1	0	0	0
Kiera Chan	Youth Advisory Board Member	1	0	0	0
Emily Duffy	Youth Advisory Board Member	1	0	0	0
Nawira Baig	Youth Advisory Board Member	1	0	0	0
Sandi MacDonald	Executive Director	25	19,126	0	0
Laura Murphy	Director, Education & Awareness	20	14,837	0	0
Brett Buchert	Team Lead, Peer Support	18	13,781	0	0
Adrienne Pastula	Project Coordinator	8	4,473	0	0