Depai Intern	al Revenue	► Do not enter Social Security numbers on this form Service ► Information about Form 990 and its instructions i	ue Code (excep n as it may be ma is at <i>www.irs.go</i> v	t private foundati ade public.	ions) OMB No. 1545-0047 2019 Open to Public Inspection 09/30, 20 20
AF	or the 2	2019 calendar year, or tax year beginning 10/01, 2019, a	and ending	D Employer ide	entification number
B cr	neck if applica	C Name of organization		D Employer lde	
	-	IMA INNOVATIONS		82-4219	620
	Address change	Doing Business As	Deem (quite	E Telephone nu	
	Name cha	ange Humbol and Chool (of the second	Room/suite	(202) 888	
	Initial retu			(202) 000	5-0200
	Terminate			0	s\$ 8,861,610.
	Amended return	WASHINGTON, DC 20000		G Gross receipt H(a) Is this a grou	
	Applicatio pending			subordinates?	
		SAME AS "C" ABOVE		H(b) Are all subordi	h a list. (see instructions)
	Tax-exem		527	-	
		▶ N/A		H(c) Group exemp	
-		organization: X Corporation Trust Association Other	L Year of form	ation: 2010 MI	State of legal domicile: DC
Pa	art I	Summary			
	1 Br	riefly describe the organization's mission or most significant activities: SEE SCI	REDULE O		
JCe					
Governance					
ovel	12-22 - 222.03	heck this box F if the organization discontinued its operations or disposed			
Ğ	2423 122422	umber of voting members of the governing body (Part VI, line 1a)		그 가장 가장 것이 많아서 많은 것이 있었다. 것이 같이 많이	5
se	22 2223	umber of independent voting members of the governing body (Part VI, line 1b)			4 <u>14</u> . 5 0.
vitio		otal number of individuals employed in calendar year 2019 (Part V, line 2a)		그 것입니 안 들었다. 그는 것이 가지 않는 것이 같이 많이	6 14.
Activities &		otal number of volunteers (estimate if necessary)			0
٩		otal unrelated business revenue from Part VIII, column (C), line 12			1a -
	b Ne	et unrelated business taxable income from Form 990-T, line 34	<u></u>	Prior Year	Current Year
				4,967,97	
an		ontributions and grants (Part VIII, line 1h) COPY	FOR	4,907,97	0. 0.
Revenue	12/20/02 197	rogram service revenue (Part VIII, line 2g) PUBLIC INS	SPECTION		0. 0.
Rev	15 22 10.025	ivestment income (Part VIII, column (A), lines 3, 4, and 7d)			0. 1,929.
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,967,97	
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		5,00	
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		5,00	
		enefits paid to or for members (Part IX, column (A), line 4)			
ses	15 Sa			1 271 82	0. 0.
		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,271,82	0. 0. 22. 1,609,365.
Den	16a P	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . rofessional fundraising fees (Part IX, column (A), line 11e)		1,271,82	0. 0.
Expen	16a Pr b To	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25)	· · · · · · · · · · · · · · · · · · ·		0. 0. 22. 1,609,365. 0. 0
Expen	16a Pr b To 17 O	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ▶0 ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	· · · · · · · · ·	3,582,21	0. 0. 22. 1,609,365. 0. 0.
Expen	16a Pr b To 17 O 18 To	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	· · · · · · · · ·	3,582,21 4,859,03	0. 0. 22. 1,609,365. 0. 0. 2. 6,446,888. 34. 8,547,325.
Exper	16a Pr b To 17 O 18 To 19 R	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ▶0 ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,582,21 4,859,03 108,94	0. 0. 22. 1,609,365. 0. 0. 2. 6,446,888. 34. 8,547,325. 13. 314,285.
Exper	16a Pr b To 17 O 18 To 19 R	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ▶ 0 otther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) evenue less expenses. Subtract line 18 from line 12		3, 582, 21 4, 859, 03 108, 94 inning of Current N	0. 0. 22. 1,609,365. 0. 0. 2. 6,446,888. 34. 8,547,325. 13. 314,285. Year End of Year
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Assets or Balances Exper	16a Pr b To 17 O 18 To 19 R 20 To 21 To	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ▶ 0 otther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) evenue less expenses. Subtract line 18 from line 12 otal assets (Part X, line 16) otal liabilities (Part X, line 26)		3,582,21 4,859,03 108,94 inning of Current Y 4,766,90 4,657,25	0. 0. 22. 1,609,365. 0. 0. 2. 6,446,888. 34. 8,547,325. 13. 314,285. Year End of Year 03. 2,687,450. 54. 2,263,516.
Net Assets or Fund Balances	 16a Pr b To 17 O 18 To 19 Ro 20 To 21 To 22 N 	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ▶		3, 582, 21 4, 859, 03 108, 94 inning of Current Y 4, 766, 90	0. 0. 22. 1,609,365. 0. 0. 2. 6,446,888. 34. 8,547,325. 33. 314,285. Year End of Year 03. 2,687,450. 54. 2,263,516.
Net Assets or Exper	16a Pr b To 17 O 18 To 19 R 20 To 21 To 22 N rt II	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ▶ 0 ottle expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) evenue less expenses. Subtract line 18 from line 12 otal liabilities (Part X, line 16) otal liabilities (Part X, line 26) Itel assets or fund balances. Subtract line 21 from line 20. Signature Block	Beg	3,582,21 4,859,03 108,94 inning of Current Y 4,766,90 4,657,25 109,64	0. 0. 22. 1,609,365. 0. 0. 2. 6,446,888. 34. 8,547,325. 33. 314,285. Year End of Year 03. 2,687,450. 54. 2,263,516. 49. 423,934.
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Constant Sector Sector Experies	16a Pri b To 17 O 18 To 19 R 20 To 21 To 22 N ort II der penal e, correct,	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ▶ other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) evenue less expenses. Subtract line 18 from line 12 otal liabilities (Part X, line 16) otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20. Signature Block Ities of perjury, I declare that I have examined this return, including accompanying schedul, and complete. Declaration of preparer (other than officer) is based on all information of whic Signature of officer	Beg	3, 582, 21 4, 859, 03 108, 94 inning of Current V 4, 766, 90 4, 657, 25 109, 64 , and to the best of knowledge. 02/2 Date	0. 0. 22. 1,609,365. 0. 0. 2. 6,446,888. 34. 8,547,325. 33. 314,285. Year End of Year 03. 2,687,450. 54. 2,263,516. 49. 423,934.
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 May the IRS discuss this return with the preparer shown above? (see instructions)
 X
 Yes
 No

 For Paperwork Reduction Act Notice, see the separate instructions.
 Form 990 (2019)

	IMA INNOVATIONS	82-4219629
For	orm 990 (2019)	Page 2
Pa	Part III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	ATTACHMENT 1	
_		
2		
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it cond	
	services? If "Yes," describe these changes on Schedule O.	Yes X No
4		nest program services as measured by
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount	
	the total expenses, and revenue, if any, for each program service reported.	
12	a (Code:) (Expenses \$8,232,169. including grants of \$91,072.) (I	Revenue \$ 0.)
4a	ATTACHMENT 2	
	ATTACHMENT Z	
<u>4</u> h	b (Code:) (Expenses \$ 314,742. including grants of \$ 0.) (I	Revenue \$0)
40	HEADQUARTERS' OPERATIONAL EXPENSES FOR IMA INNOVATIONS: SALARIE	
	AND BENEFITS, AND OCCUPANCY COST. IMA INNOVATIONS AIMS TO FIND	
	CURRENT-EDGE SOLUTIONS TO CHRONIC HEALTH AND DEVELOPMENT PROBLE	EMS
	IN FY20, THIS INVOLVED WORKING ON SOLUTIONS TO COMBAT MALARIA A	
	HIV INFECTION IN THE DEMOCRATIC REPUBLIC OF CONGO, AS WELL AS	
	PROMOTING THE FABRICATION AND USE OF CLEAN COOKSTOVE TECHNOLOGI	TES
	TO KEEP FAMILIES SAFE.	
40	c (Code:) (Expenses \$ including grants of \$) (I	
40		(Kevende \$)
	d Other program convices (Decerite an Ochodula O.)	
4d	d Other program services (Describe on Schedule O.))
4 -	(Expenses \$ including grants of \$) (Revenue \$)
4e	e Total program service expenses ► 8,546,911.	- 000
9F1	1020 2.000	Form 990 (2019)

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		Х
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		x
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
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	5		
0	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
				х
-	"Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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		Х
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		Х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		120		x
L	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.04	х	
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	A	
Ø	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			v
<i></i>	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	X	
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			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Part	V 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	00		x
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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	
21 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
24 a	\$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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	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		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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			
	conservation contributions? If "Yes," complete Schedule M	30		Х
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			
	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	
	or IV, and Part V, line 1.	34	X	37
	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			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
~ 7	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 192 Note: All Form 990 filers are required to complete Schedule O	20	x	
Part	 19? Note: All Form 990 filers are required to complete Schedule O. V Statements Regarding Other IRS Filings and Tax Compliance 	38	A	
Part	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0.			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
U	reportable gaming (gambling) winnings to prize winners?	1c		
			1	1

Page 5

Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
22	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 <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		Х
b	If "Yes," enter the name of the foreign country ►			
	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		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Х
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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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				
	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.)			
	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 12b			
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			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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			v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	10		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes." complete Form 4720. Schedule O.	16		

Form **990** (2019)

Form 9	990 (2019) IMA INNOVATIONS 8	32-4219	629	F	Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7	7b below.	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Sche				
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	14			
	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 on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent [1b]	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip 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				
	supervision of officers, directors, trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	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) me	embers,			
	stockholders, or persons other than the governing body?		7b	X	
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 read				х
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. ion B. Policies (This Section B requests information about policies not required by the Internal Re		9 2010)	Λ
Secu	In B. Policies (This Section B requests information about policies not required by the internal Re	evenue C	JUUE	.) Yes	No
40-	Did the energianting have been been breached as a filiate 2	Г	10a		x
	Did the organization have local chapters, branches, or affiliates?	•••• +	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters,			X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	napters, ;?	10b	X	X
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such ch affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f	napters, ;?		X	X
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such ch affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f Describe in Schedule O the process, if any, used by the organization to review this Form 990.	napters, ? form?	10b	X	X
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such ch affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	napters, ?	10b 11a		X
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such ch affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that cou	napters, ? form? uld give	10b 11a		X
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such che affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	napters, ? form? uld give	10b 11a 12a	X	X
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b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such ch affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that cour rise to conflicts?	napters, ?	10b 11a 12a 12b 12c	x x x	X
b 11a b 12a b c 13	If "Yes," did the organization have written policies and procedures governing the activities of such ch affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that cour rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>In</i> <i>describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy?	napters, ? form? uld give If "Yes,"	10b 11a 12a 12b 12c 13	x x x x x	X
b 11a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such ch affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	napters, ?	10b 11a 12a 12b 12c 13	x x x x x	X
b 11a b 12a b c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such ch affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	napters, ? form? uld give 	10b 11a 12a 12b 12c 13	x x x x x	X
b 11a b 12a c c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of such ch affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that cour rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>It describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and appro- independent persons, comparability data, and contemporaneous substantiation of the deliberation and destruction and destruction policy?	form? . form? . uld give	10b 11a 12a 12b 12c 13 14	X X X X X X	X
b 11a b 12a c c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of such che affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that courrise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>It describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approxindependent persons, comparability data, and contemporaneous substantiation of the deliberation and destruction of the deliberation and destruction for the deliberation and de	form? . form? . uld give	10b 11a 12a 12b 12c 13 14 15a	X X X X X X X	X
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b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such ch affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	napters, ? form? uld give ff "Yes," roval by ecision? gement uate its uate its	10b 11a 12a 12b 12c 13 14 15a	X X X X X X X	
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b 11a b 12a c 13 14 15 a b 16a b 16a b <u>Secti</u> 17	If "Yes," did the organization have written policies and procedures governing the activities of such ch affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	napters, form?	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b	X X X X X X	X
b 11a b 12a c 13 14 15 a b 16a b Secti	If "Yes," did the organization have written policies and procedures governing the activities of such ch affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	napters, form?	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b	X X X X X X	x
b 11a b 12a c 13 14 15 a b 16a b 16a b <u>Secti</u> 17	If "Yes," did the organization have written policies and procedures governing the activities of such ch affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	napters, form?	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b	X X X X X X	x
b 11a b 12a c 13 14 15 a b 16a b 16a b <u>Secti</u> 17 18	If "Yes," did the organization have written policies and procedures governing the activities of such ch affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes' Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	napters, form?	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b (Sec	x x x x x x x tion 5	x 01(c)
b 11a b 12a c 13 14 15 a b 16a b 16a b <u>Secti</u> 17	If "Yes," did the organization have written policies and procedures governing the activities of such ch affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	napters, form?	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b (Sec	x x x x x x x tion 5	x 01(c)

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► ERIC SCHAEFFER 1730 M STREET, NW, NO. 1100 WASHINGTON, DC 20036 410-230-2800

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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. See instructions for the order in which to list the persons above.

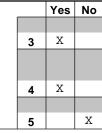
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week	box,	unles	Pos heck ss pe	erson	e than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)AMB. DANIEL V. SPECKHARD, RT.	0.									
PRESIDENT & CEO	57.60			Х				0.	334,708.	68,827.
(2) RICHARD SANTOS	0.									
SENIOR ADVISOR (FORMER)	41.10						Х	0.	222,578.	23,488.
(3) TIMOTHY MCCULLY	0.									
EXEC. VP INTERNAL RELATIONS	45.60			Х				0.	194,949.	48,594.
(4) JOANN THEYS	0.									
SR VP, FIN & ADMIN, CFO/TREAS	51.90			Х				0.	196,617.	22,470.
(5) JAMES COX	0.									
CHIEF OPS OFFICER	43.20				Х			0.	185,268.	30,475.
(6) MARY LINEHAN	0.									
SR TECH, INFECTIOUS DISEASES	43.80					Х		0.	167,637.	32,966.
(7) ^{MICHAEL WATT}	0.									
VP INTERNAL OPERATIONS	40.00				Х			0.	162,479.	25,715.
(8) EDWARD BYRD	0.									
VP EXTERNAL RELATIONS & ENGAGE	40.00				Х			0.	142,539.	45,294.
(9) ROBERTO FLORES	0.									
CHIEF FIN. OFFICER	40.00					Х		0.	170,354.	10,540.
(10) ALLYSON P. BEAR	0.									
VP INTERNATIONAL PROGRAMS	40.00				Х			0.	160,563.	19,648.
(11) FREDERICK KELLETT	0.									
MANAGING DIR, IMPACT INVESTING	57.10					Х		0.	164,166.	15,495.
(12) DAWN BUTCHER	0.									
ASSOCIATE VP HUMAN RESOURCES	40.00				Х			0.	134,523.	34,332.
(13) SHELLY TALCOTT	0.									
SR DIR TRANS & SPEC INITIATIVE	40.00					X		0.	114,964.	31,615.
(14) EMILY SOLLIE	0.									
SR DIR EXEC COMMUNICATIONS	41.80			Х				0.	101,151.	42,037.

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(A) Name and title	(B) Average hours per week (list any	box,	unles	s pe	ition more rson	e than c is both	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	offic Individual trustee or director	and Institutional trustee		ire Key employee	or/true Highest compensated employee	ee) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
15) CHERI KASE	0.									
CHIEF INFORMATION OFFICER	40.00					Х		0	. 119,615.	11,003
16) DR. WILLIAM J. CRAFT	1.50									
DIRECTOR	0.	Х						0	. 0.	0
17) THE REV. TIMOTHY RUNTSCH	1.50									
DIRECTOR	0.	Х						0	. 0.	C
18) HILDA (BAMBI) ARELLANO	1.00									
DIRECTOR	0.	Х						0	. 0.	C
19) DR. LOUISE P. EVENSON	1.00									
DIRECTOR	0.	Х						0	. 0.	0
20) JEAN HANSON	2.00									
BOARD CHAIR	0.	Х		Х				0	. 0.	0
21) KENNETH JONES II	1.50									
DIRECTOR	0.	Х						0	. 0.	0
22) THE REV. DR. DAVID LOSE	1.00									
DIRECTOR	0.	Х						0	. 0.	0
23) DR. KATHI TUNHEIM	1.50									
SECRETARY	0.	Х		Х				0	. 0.	0
24) DR. GREGG SYLVESTER	1.00									
DIRECTOR	0.	Х						0	. 0.	0
25) MARTINE POLYCARPE	1.00									
DIRECTOR	0.	Х						0	. 0.	0
1b Sub-total								0.	2,572,111.	462,499.
c Total from continuation sheets to Part								0.	0.	0.
d Total (add lines 1b and 1c)								0.	2,572,111.	462,499.
2 Total number of individuals (including but reportable compensation from the organi		hose 0		d at	oove	e) who	o re	ceived more than	\$100,000 of	
										Yes No

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual..... 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person



Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
INSTAPRINT 1208 W 6TH AVE EUGENE, OR 97402	DIGITAL PRINTING	109,435.
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ▶ 1	e listed above) who received	

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-		()	

Part VII	Section A. Officers, Directors,		y ⊏II	ihin				nyl	-	1	200 (CC	JIIIIIUE	-	
	(A) Name and title	(B) Average hours per week (list any hours for	box, office	not ch unles er and	s pei lad	ition more rson i irecto	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	on from	am ((F) timated ount o other pensati	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		orga and	om the anizatio I related nization	ł
OFFIC	IL NELSON	<u> 1.50 0.</u>	x		x				0		0.			
DIREC		1.00	x						0		0.			
	TOR - UNTIL MARCH 2020	<u> </u>	x						0		0.			
DIREC		1.00 0. 1.50	x						0		0.			
VICE	IP ATKINS-PATTENSON CHAIR	0.	x		x				0	•	0.			
			-											
			-											
			-											
			-											
c Total fro	al om continuation sheets to Part VII dd lines 1b and 1c)	, Section A				• • •			0.		0.			C
2 Total nu	mber of individuals (including but n ble compensation from the organiza	ot limited to t		liste				o re	eceived more than	\$100,000 a	of			
	organization list any former o ee on line 1a? If "Yes," complete Sch											3	Yes X	No
organiza	individual listed on line 1a, is thation and related organizations	greater than	\$15	50,00	00?	lf	"Yes	s," (complete Schedu	le J for s	the such		x	
5 Did any	al person listed on line 1a receive ces rendered to the organization? If	or accrue co	mpen	satio	on f	rom	n any	un	related organizati	on or indivi		4	<u> </u>	X
	Independent Contractors			10 dd		101	00011	<u>pon</u>		<u></u>				
	te this table for your five highest c sation from the organization. Repo													
	(A) Name and business	address							(B) Description of se	ervices	Co	(C) ompens	ation	
														_

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

Pai	rt VII	Statement of Revenue Check if Schedule O contains a response of	or note to an	v line in this Part V	/111		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
A G	c	Fundraising events 1c					
ar	d	Related organizations 1d	9,662.				
s, C	e	Government grants (contributions) 1e	8,844,517.				
n Si Si Si Si Si Si Si Si Si Si Si Si Si	f	All other contributions, gifts, grants,					
but		and similar amounts not included above . 1f	5,502.				
ĞĘ	g	Noncash contributions included in					
and	h	lines 1a-1f		8,859,681.			
			usiness Code	0,035,001.			
8	2a						
evi	b						
Se	c						
eve	d						
Program Service Revenue	e						
5	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u></u>	0.			
	3	Investment income (including dividends, inte	,				
		other similar amounts)		0.			
	4	Income from investment of tax-exempt bond pro		0.			
	5	Royalties	(ii) Personal	0.			
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ue	b	Less: cost or other basis					
evenue		and sales expenses 7b					
	C	Gain or (loss) 7c					
Other R	d	Net gain or (loss)	<u></u>	0.			
đ	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line	0.				
	ь	1c). See Part IV, line 18 8a Less: direct expenses 8b	0.				
	c	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses	0.				
	c	Net income or (loss) from gaming activities	<u></u> ▶	0.			
	10a	Gross sales of inventory, less					
		returns and allowances	0.				
	b c	Less: cost of goods sold	0.	0.			
	-		usiness Code	υ.			
ŝna			90009	1,929.	1,929.		
nue	11a	PISCELLIANEOUS INCOME		±,729.	1,729.		
Miscellaneous Revenue	b c						
lisc Re	d	All other revenue					
Σ	e	Total. Add lines 11a-11d	<u></u> ►	1,929.			
	12	Total revenue. See instructions		8,861,610.	1,929.		

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Part IX Statement of Functional Expenses

	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	491,072.	491,072.		
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	0.			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	844,184.	843,770.	414.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	139,110.	139,110.		
9	Other employee benefits	590,149.	590,149.		
10	Payroll taxes	35,922.	35,922.		
11	Fees for services (nonemployees):				
а	Management	0.			
b	Legal	8,981.	8,981.		
c	Accounting	13,833.	13,833.		
d	Lobbying	0.			
е	Professional fundraising services. See Part IV, line 17.	0.			
f	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	531,716.	531,716.		
12	Advertising and promotion	0.	625 000		
13	Office expenses	635,089.	635,089.		
14	Information technology	0.			
15	Royalties	463,188.	463,188.		
16	Occupancy	512,047.	512,047.		
17	Travel	512,047.	512,047.		
18	Payments of travel or entertainment expenses	0.			
	for any federal, state, or local public officials		13,122.		
	Conferences, conventions, and meetings	13,122.	13,122.		
20		0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	8,511.	8,511.		
23		0,511.	0,511.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
_	PROGRAM INPUTS	4,141,379.	4,141,379.		
	BANK AND MERCHANT FEES	106,191.	106,191.		
	MEMBERSHIP FEES	2,195.	2,195.		
-	MISCELLANEOUS EXPENSES	10,636.	10,636.		
-	All other expenses	- ,			
	Total functional expenses. Add lines 1 through 24e	8,547,325.	8,546,911.	414.	
	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 b if				
	following SOP 98-2 (ASC 958-720)	0.			

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art X	Delense Chest			Page I
	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	2,927,951.	1	2,523,821
2	Savings and temporary cash investments.	0.	2	(
3	Pledges and grants receivable, net	1,243,197.	3	73,054
4	Accounts receivable, net.	383,386.	4	45,173
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	
7	Notes and loans receivable, net	0.	7	
7 8	Inventories for sale or use	0.	8	
9	Prepaid expenses and deferred charges	9,327.	9	3,24
-	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation	0.	10c	
11	Investments - publicly traded securities.	0.		
12	Investments - other securities. See Part IV, line 11	0.		
13	Investments - program-related. See Part IV, line 11	0.		
14	Intangible assets	0.	14	
15	Other assets. See Part IV, line 11	203,042.	15	42,16
16	Total assets. Add lines 1 through 15 (must equal line 33)	4,766,903.		2,687,45
17	Accounts payable and accrued expenses	1,184,783.	17	677,61
18	Grants payable	0.	18	
19	Deferred revenue.	3,472,471.	19	1,585,90
20	Tax-exempt bond liabilities	0.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	
	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	22	
23	Secured mortgages and notes payable to unrelated third parties	0.	23	
24	Unsecured notes and loans payable to unrelated third parties	0.		
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	0.	25	
26	Total liabilities. Add lines 17 through 25	4,657,254.	26	2,263,51
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	109,649.	27	423,93
28	Net assets with donor restrictions.	0.	28	
	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
	Paid-in or capital surplus, or land, building, or equipment fund		30	
30				
30 31	Retained earnings, endowment, accumulated income, or other funds		31	
		109,649.	31 32	423,934

Form 99	10 (2019)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			61,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2			47,3	
3	Revenue less expenses. Subtract line 2 from line 1	3				285.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1	09,6	549.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	 6 0.				
7	Investment expenses	7 0.				
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		4	23,9	934.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII			• • •		
			ſ		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	cplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				37	
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed or	na			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	-		•	х	
	the audit, review, or compilation of its financial statements and selection of an independent accountain			2c	A	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	he	3a	х	
	Single Audit Act and OMB Circular A-133?		•••	Ja	22	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo audit or audits and describe any store taken to undergo auch audits	•		3b	Х	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	uits .	••	งม		

SCHE	DU	LE	Α
(Form	990	or	990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 6

		nt of the Treasury evenue Service	I	Go to www.irs.gov	/Form990 for instruction	ons and t	he latest i	nformation.	Inspection
Nam	e of t	he organization						Employer identif	ication number
_		NNOVATIONS						82-42196	
	rt I			•	organizations must c			,	S
	orga		•		is: (For lines 1 through		-	,	
1					tion of churches desc				
2					. (Attach Schedule E	-			
3		-	-	-	rganization described				
4									
5	hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
5		-	-	Complete Part II.)	a college of utiliversh	y owned	u or ope	aled by a governme	
6		•		• •	rnmental unit describe	d in sect	ion 170(b)(1)(Δ)(y)	
7	X								om the general public
•		-		(1)(A)(vi). (Comple	-		om a go		
8					b)(1)(A)(vi). (Complete	Part II.)			
9				-	ed in section 170(b)(1			l in coniunction with a	land-grant college
-		-		-	griculture (see instruct		-	-	
		university:				,			0
10	An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)						in 331/3% of its		
11					usively to test for publi				
12		An organizatio	on organized a	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	carry out the purposes
				· · ·					See section 509(a)(3).
	_	Check the box	in lines 12a t	hrough 12d that de	escribes the type of s	upporting	g organiz	ation and complete li	nes 12e, 12f, and 12g.
а				-	, supervised, or contr	-			
			-		regularly appoint or e		ajority of	the directors or truste	es of the
			-	-	e Part IV, Sections A				
b					ed or controlled in co				
			-		rganization vested in	the sam	e persor	is that control of mar	lage the supported
с	Γ	-		-	, Sections A and C. ng organization opera	ted in c	onnectio	n with and functiona	lly integrated with
U					is). You must comple				ny megrated with,
d	Γ		-		porting organization c				ted organization(s)
			-		nization generally mus	-			
	_	requirement	(see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		Check this b	ox if the orga	nization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type	II, Type III
					ionally integrated sup		organizat	ion.	
f				•					•••••
g			-		orted organization(s).				())
	(I) N	ame of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))		ment?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2019

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0.	0.	79,590.	4,967,977.	8,859,682.	13,907,249.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3			79,590.	4,967,977.	8,859,682.	13,907,249.
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).						0.
6	Public support. Subtract line 5 from line 4						13,907,249.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4.			79,590.	4,967,977.	8,859,682.	13,907,249.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH.1</u>					1,929.	1,929.
11	Total support. Add lines 7 through 10						13,909,178.
12	Gross receipts from related activities, etc. (see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>	<u></u>				
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2019 (li					14	%
15	Public support percentage from 2018					15	%
	33 1/3% support test - 2019. If the or box and stop here. The organization q	ualifies as a pub	licly supported	organization			▶∟
b	331/3% support test - 2018. If the org this box and stop here. The organizati						
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets to organization.	meets the "faithe "faithe the "facts-and-c	cts-and-circumst fircumstances" te	ances" test, ch est. The organiz	eck this box ar zation qualifies	nd stop here. E as a publicly s	xplain in upported
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga Explain in Part VI how the organizati	2018. If the org anization meets on meets the "	ganization did no the "facts-and facts-and-circum	ot check a box I-circumstances' istances" test.	on line 13, 16 ' test, check tl The organizatio	a, 16b, or 17a, nis box and st o n qualifies as a	and line op here. publicly
18	supported organization	did not check a	a box on line 13,	16a, 16b, 17a	, or 17b, check	this box and see	

Schedule A (Form 990 or 990-EZ) 2019

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		-				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
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						
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						
7a	Amounts included on lines 1, 2, and 3						
	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						
	line 6.)						
Sec	tion B. Total Support		•				
	ndar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
15	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	tion's first spec	nd third fourth	or fifth tax y	l ear as a section	501(c)(3)
.4	organization, check this box and stop here	-					
Sec	tion C. Computation of Public Sup			<u></u>		<u></u>	
15	Public support percentage for 2019 (line 8	•	•	(f))		15	%
16	Public support percentage from 2018 Sche			())		16	<u> </u>
	tion D. Computation of Investmen					10	/0
	•			13 column (f))		17	%
17 19	Investment income percentage for 2019 (lin Investment income percentage from 2018						<u>~~</u> %
18						18	
19 a	331/3% support tests - 2019. If the or	-					
	17 is not more than 331/3%, check th	-					
Ø	331/3% support tests - 2018. If the organized the 224/2% should be						
	line 18 is not more than 331/3%, check						
20 JSA	Private foundation. If the organization of	ли пот спеск а	a bux on line 1	4, 19a, or 19b,		Schedule A (Form 9	

82-4219629

Part IV

82-4219629

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status 2 under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disgualified persons (as defined in line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

Page 4

Schedule A (Form 990 or 990-EZ) 2019	Schedule A	(Form	990 or	990-EZ)	2019
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Part	V Supporting Organizations (continued)		V	NI -
1	Has the organization accepted a gift or contribution from any of the following persons?		Yes	NC
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" <i>to a, b, or c, provide detail in Part VI.</i> on B. Type I Supporting Organizations	11c		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ecti	on C. Type II Supporting Organizations	1		
			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ecti	on D. All Type III Supporting Organizations			
	Did the energiantian manufal to each of its suprembed energiantians, but the last day of the fifth readth of the		Yes	N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
ecti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	e instru	<u> </u>	
2	Activities Test. Answer (a) and (b) below.		Yes	N
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
3				
3 a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	1
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
3 a b		3a		
	trustees of each of the supported organizations? Provide details in Part VI.	3a 3b		

Page 6

Schedule A (Form 990 or 990-EZ) 2019			Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifyin			
instructions. All other Type III non-functionally integrated supporting organi	zations	must complete Sectio	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Forn	n 990 or 990-EZ) 2019
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	ule A (Form 990 or 990-EZ) 2019			Page 7
Part		Supporting Organizat	tions (continued)	
	ion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	eses of supported organized	zations	
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			
—			Schedule	A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II -	OTHER INCOME	E		=	ATTACHMENT 1	
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
MISCELLANEOUS INCOME					1,929.	1,929.
TOTALS					1,929.	1,929.

Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service Name of the organization

IMA INNOVATIONS

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

82-4219629

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of c	rganization IMA INNOVATIONS		Employer identification number 82-4219629
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space	is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 8,394,47	9. Person X Payroll Image: second sec
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$450,03	8. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 9,66	2. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$5,50	Person X Pavroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 82-4219629

Part II	Noncash Property (see instructions). Use duplicate copies of	t II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
		\$							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
		\$							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
		\$							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
		\$							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
		\$							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page **3**

	Form 990, 990-EZ, or 990-PF) (2019)			Page 4			
vame of org	anization IMA INNOVATIONS			Employer identification number 82-4219629			
	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	the year from any ons completing Par e year. (Enter this ir	one contributor. (It III, enter the total of ormation once. S	Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
		(e) Trans	fer of gift				
	Transferee's name, address, ar 	nd ZIP + 4	Relatio	nship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, ar 	nd ZIP + 4	Relatio	nship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
		(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	of gift (c) Use of gift		(d) Description of how gift is held			
		(e) Transi	fer of aift				
	Transferee's name, address, ar			nship of transferor to transferee			

JSA

SCHEE	DULE D
(Form	990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

2 g Dublic Onon to

OMB No. 1545-0047

	tment of the Treasury al Revenue Service	► Go to www.irs.gov	Form990 for instruction		d the latest inform	nation.		Inspection	
	of the organization	-				Emp	oloyer identifica		
IMA	INNOVATIONS						82-42196	29	
Par	tl Organiza	tions Maintaining Donor Adv	sed Funds or Othe	r Sin	nilar Funds or	Acco	ounts.		
		e if the organization answered	"Yes" on Form 990,	, Par	t IV, line 6.				
			(a) Donor adv	ised f	funds	(b) Funds and	other accounts	
1	Total number at er	nd of year							
		of contributions to (during year)							
		f grants from (during year)							
		it end of year							
5	Did the organizati	on inform all donors and donor	advisors in writing th	hat t	he assets held	in do	nor advised		_
	funds are the orga	nization's property, subject to the	organization's exclus	ive le	egal control?			Yes	No
6	Did the organizati	on inform all grantees, donors, a	nd donor advisors in	writi	ng that grant fu	unds c	an be used		
	only for charitable	purposes and not for the bene	fit of the donor or do	nor a	advisor, or for a	iny oth	ner purpose		_
		issible private benefit?						Yes	No
Par		tion Easements.							
		if the organization answered							
1		servation easements held by the		I that	apply).				
		n of land for public use (for example	, recreation or education)		Preservation	of a h	istorically im	portant land a	rea
		of natural habitat			Preservation	of a c	ertified histo	ric structure	
		n of open space							
2	-	through 2d if the organization he	eld a qualified conserv	vatior	n contribution in	the fo			
		ast day of the tax year.					Held at the	End of the Tax	Year
		onservation easements				2a			
		tricted by conservation easements				2b			
		vation easements on a certified				2c			
		rvation easements included in (c							
		isted in the National Register				2d	1 (1		
		rvation easements modified, tra	nsterred, released, ex	tingu	iished, or term	inated	by the org	anization duri	ng the
	tax year ►								
		where property subject to conse					andling of		
5	-	ation have a written policy reg					-		
		orcement of the conservation ea							No
6	Starr and volunteer	hours devoted to monitoring, insp	ecting, nandling of viol	ations	s, and enforcing	conse	rvation easem	ients during th	e year
7	Amount of ovnons	es incurred in monitoring, inspec	ing handling of violati	one	and onforcing o	oncon	vation accom	onte durina th	o voor
'		es incurred in monitoring, inspec	ing, nanuling of violati	0115,	and enforcing c	Unserv	alloneasen		le year
8	►\$	vation easement reported on line 2	(d) above satisfy the r	oquir	comonts of socti	on 17()(b)(4)(B)(i)		
)(4)(B)(ii)?	•					Yes	No
9	In Part XIII descri	be how the organization reports	conservation easeme	nts ir	n its revenue and	d exne	nse statemei		
		d include, if applicable, the text of							
		ounting for conservation easeme		- <u>J</u>					
Par	t III Organiza	tions Maintaining Collections	of Art, Historical T	reas	ures, or Othe	r Sim	ilar Assets		
	Complete	e if the organization answered	"Yes" on Form 990,	, Par	t IV, line 8.				
1a	If the organization of art, historical t	elected, as permitted under FA reasures, or other similar asse Part XIII the text of the footnote	SB ASC 958, not to s held for public ex	repo hibiti	ort in its revenu on, education,	e stat or re	ement and b search in fu	palance sheet irtherance of	works public
	•	elected, as permitted under F						ance sheet w	orke of
	art, historical treas provide the follow	sures, or other similar assets he ing amounts relating to these iter	d for public exhibition	n, ed	lucation, or res	earch	in furtheran	ce of public s	service,
		ded on Form 990, Part VIII, line 1							
	.,	d in Form 990, Part X							
2	If the organization	n received or held works of a	t, historical treasures	s, or	other similar	assets	for financia	al gain, provi	de the
	•	required to be reported under F	•						
а	Revenue included	on Form 990, Part VIII, line 1.					►\$		

b	Assets included in Form 990, Part X.
а	Revenue included on Form 990, Part VIII, line 1

▶ \$

PartIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization's accusition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): a Public exhibition d chointy research c Previous adescription of the organization's collections and explain how they further the organization's exempt purpose in Part XiII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No project if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization angue, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is the organization angue, custodian or other intermediary for excerve or custodial account is a dimension on the arrangement in Part XIII and complete the following table: is the organization include an amount on Form 990, Part IV, line 21, for escrow or custodial account is a dimension of the organization naswered "Yes" on Form 990, Part IV, line 10. b If Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. PartV Ending balance . (a) Current year (b) Prioryear (c) Twe years back (o) Three years back (o) Four years back (o) Foury	Sche	dule D (Form 990) 2019							Page 2
collection items (check all that apply): a Public exhibition d Loan or exchange program b Scholarly research e Other	Ра	rt III Organizations Maintaini	ing Collections of	Art, Histori	cal Treasures	s, or Other	r Similar Assets (continue	d)
a Public exhibition d Lean or exchange program b Scholarly research e Other	3	Using the organization's acquisition	on, accession, and	other records	s, check any o	f the follow	wing that make sig	nificant u	se of its
b Scholarly research e Other c Previde a description for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No 7 Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Yes No 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Image: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Provide and the organization and the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes' on Form 990, Part IV, line 10. (e) Fouryears back (d) Three years back (d) Fouryears back (d) Fouryears back (d) fouryears back (d) fouryears back (d) four years b		collection items (check all that app	ly):						
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No 6 Despite if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900. Part X, line 21. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount C c Beginning balance 1d Id Id Id d Additions during the year. 1d Id Id Id 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "tere." Id Id Id Id Id a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (d) Three years	а	Public exhibition		d	Loan or excha	ange progra	ım		
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No 6 Despite if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900. Part X, line 21. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount C c Beginning balance 1d Id Id Id d Additions during the year. 1d Id Id Id 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "tere." Id Id Id Id Id a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (d) Three years	b	Scholarly research		e					
 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	с		rations						
XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4			s and explair	how they fur	ther the or	anization's exemp	ot purpose	e in Part
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?					, , -		J		
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5		on solicit or receive	donations of a	art historical tr	easures or	other similar		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Yes No c Beginning balance 1d 1d 1d 1d 1d a Distributions during the year. 1d 1d<	•						r	Yes	
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pa				or the organize				
990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: The second seco	T a		•	es" on Form	990 Part IV	line 9 or i	reported an amou	nt on Foi	m
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Contribution of Control of Contr					550, i altiv,				
included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year. 1d e Distributions during the year. 1e f Ending balance 1t 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. No b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships	12		e custodian or oth	er intermedia	ry for contribut	ions or othe	ar assats not		
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No Part V Endowment Funds. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance <t< td=""><td>ia</td><td></td><td></td><td></td><td></td><td></td><td></td><td>Vos</td><td></td></t<>	ia							Vos	
c Beginning balance . Image: Construction of the set of the	h						• • • • • • • • • • I	103	
c Beginning balance 1c d Additions during the year. 1d e Distributions during the year. 1d e Distributions during the year. 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ves No b Contributions . (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions . (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions . (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions . (b) Prior year (c) Two years back (d) Three years back	D	in res, explain the arrangement		piete trie iolio			Amoun	+	
d Additions during the year	•	Poginning balance				4	Amoun	L	
e Distributions during the year	ں ہ								
f Ending balance 11 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back (e) Four years back ad Grants or scholarships	u								
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (c) Three years back (e) Four years back b Contributions									
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (c) (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities and programs (c) (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities and programs (c) (c) Two years back (d) Three years back (e) Four years back f Administrative expenditures for facilities and programs (c) (c) Two years back (d) Three years back (e) Four years								Maria	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance		•							
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance			n Part XIII. Check r	iere if the exp	lanation has bee	en provided	on Part XIII		•
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance	Pa		tion oneward "V	aa" an Earm	000 Dort IV	line 10			
1a Beginning of year balance Image: Construction of the construc								(-) =	
b Contributions			(a) Current year	(b) Phory		J years back	(d) Three years back	(e) Four y	ears back
c Net investment earnings, gains, and losses	1a	Beginning of year balance							
and losses	b	Contributions							
d Grants or scholarships	С	Net investment earnings, gains,							
e Other expenditures for facilities and programs		and losses							
and programs	d	Grants or scholarships							
f Administrative expenses	е	Other expenditures for facilities							
g End of year balance		and programs							
g End of year balance	f	Administrative expenses							
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b	g								
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b	2	Provide the estimated percentage	of the current year	end balance	line 1g, column	(a)) held as	6:		
c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. 3a(i) 3a(i) 3a(i) 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds.	а					())			
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds.	b	Permanent endowment	%						
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds.	С	Term endowment	%						
Yes No (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Vestication		The percentages on lines 2a, 2b, a	and 2c should equal	100%.					
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b	3a	Are there endowment funds not in	the possession of t	he organizati	on that are held	d and admi	nistered for the		
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds.		organization by:						Y	'es No
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds.		(i) Unrelated organizations						3a(i)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds.								3a(ii)	
	b							3b	
	4	Describe in Part XIII the intended	uses of the organiza	ation's endowi	nent funds.				i
	Ра	rt VI Land, Buildings, and Equ	uipment.			Bas 44	0 5		4.0
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.		Complete if the organiz		1					
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (c) Accumulated (d) Book value (d) Book value		Description of property						u) воок valu	ie
1a Land	1a	Land			. /				
b Buildings									
c Leasehold improvements		•							
d Equipment	-	-							
e Other	e								
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	Tota			m 990, Part X	, column (B), lin	e 10c.)_			

Schedule D (Form 990) 2019

Schedule D (F	Form 990) 2019			Page
Part VII	Investments - Other Securities. Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Financi	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨			
Part VIII	Investments - Program Related.			
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨			
Part IX	Other Assets.			
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) De	escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Cold	umn (b) must equal Form 990, Part X, col. (B)	line 15.)	<u></u>	
Part X	Other Liabilities. Complete if the organization answered line 25.	d "Yes" on Form 990), Part IV, line 11e or 11f. See For	m 990, Part X,
1.		otion of liability		(b) Book value
	ral income taxes	··· · ·		.,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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IMA	INNOVATIONS
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Schedu	le D (Form 990) 2019		Page 4
Part		n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		0.061.610
1	Total revenue, gains, and other support per audited financial statements	1	8,861,610.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	8,861,610.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,861,610.
Part		urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	8,547,325.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	8,547,325.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>).	5	8,547,325.
	XIII Supplemental Information.		
D	a the descriptions required for Dort II lines 2. E. and 0. Dort III lines 1. and 1. Dort IV lines 1. and 2.		L' A Devil V I

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART X, LINE 2

IMA INNOVATIONS IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE IRC. IN ADDITION, IMA INNOVATIONS QUALIFIES FOR CHARITABLE CONTRIBUTION DEDUCTIONS AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME, WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. IMA INNOVATIONS HAD NO NET UNRELATED BUSINESS INCOME FOR THE YEARS ENDED SEPTEMBER 30, 2020.

IMA INNOVATIONS FOLLOWS THE PROVISIONS OF THE FASE ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. INCOME TAX BENEFITS ARE RECOGNIZED FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN ONLY WHEN IT IS DETERMINED THAT THE INCOME TAX POSITION WILL MORE-LIKELY THAN-NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. IMA INNOVATIONS FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTIONS. IMA INNOVATIONS BELIEVES THAT INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON IMA INNOVATIONS'S FINANCIAL POSITION, RESULTS OF ACTIVITIES OR CASH FLOWS. ACCORDINGLY, IMA INNOVATIONS HAS NOT RECORDED ANY RESERVES OR RELATED ACCRUALS FOR TAXES, INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT SEPTEMBER 30, 2020. IMA INNOVATIONS IS OPEN TO EXAMINATION BY TAXING AUTHORITIES FROM 2017 FORWARD.

SCHEDULE F (Form 990)		Statement of Activities Outside the United St	ates	OMB No. 1545-0047
		 Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 1 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 	20 19 Open to Public Inspection	
Name	of the organization		Employer ide	ntification number
IMA INNOVATIONS 82-42				19629
Par		formation on Activities Outside the United States. Complete if the Part IV, line 14b.	e organizati	on answered "Yes" on
1	•	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	0	

- 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.)

• Retritice per Regioni (The feller	ing i arei, ino	e table earlie	o adplicated il additional op		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		491,072.
(2)					
(3)					
(4)					
_ (5)					
_(6)					
(7)					
(8)					
(9)					
(10)					
<u>(11)</u>					
<u>(12)</u>					
(13)					
(14)					
(15)					
(16)					
(17) 3a Subtotal					491,072.
b Total from continuation					191,012.
sheets to Part I c Totals (add lines 3a and 3b)					491,072.
	1	1			I 49⊥,∪/∠.

IMA INNOVATIONS Schedule F (Form 990) 2019

Part II	Grants and Other Assist Part IV, line 15, for any							ered "Yes" on	Form 990,
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)
(1)			SUB-SAHARAN AFRICA	SEE PART V	399,570.	WIRE			
(2)			SUB-SAHARAN AFRICA	SEE PART V	90,052.	WIRE			
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 2

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2019

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Page 3

Schedule F (Form 990) 2019

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
1)							
2)							
3)							
4)							
5)							
6)							
17)							

Schedule F (Form 990) 2019

Page	4

Sched	ule F (Form 990) 2019		Page 4
Part	IV Foreign Forms		
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	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	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	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? <i>If</i> "Yes," <i>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)</i>	Yes	No 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	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	No

Schedule F (Form 990) 2019

Part V

Page 5

Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method:

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).

SCHEDULE F, PART II, COLUMN (D)

(1) SHIPPING CHARGES OF PURCHASED MATERIALS: TRANSPORTATION OF MOSQUITO

NETS WITH INSECTICIDE OF A LONG DURATION

(2) SHIPPING CHARGES OF PURCHASED MATERIALS: TO DEPLOY THE TOOLS OF

COMMUNICATION AND OTHER MATERIAL

SCHEDULE J (Form 990) Department of the Treasury Internal Revenue Service		Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.					o47
	of the organization			Employer identification			1
	INNOVATIO	NS		82-4219629		•	
Part		ns Regarding Compensation		02 1219029			
Fall	Question	is rregarding compensation				Yes	No
	990, Part VII, First-cla Travel fo Tax inde Discretio	Section A, line 1a. Complete Part III to ss or charter travel or companions emnification and gross-up payments onary spending account boxes on line 1a are checked, did th ement or provision of all of the ex	by by ded any of the following to or for a person provide any relevant information regarding Housing allowance or residence for Payments for business use of person Health or social club dues or initiation Personal services (such as maid, ch me organization follow a written policy re spenses described above? If "No," com	g these items. personal use nal residence on fees auffeur, chef) egarding payment iplete Part III to			
	explain				1b		
2	-		to reimbursing or allowing expenses				
			D/Executive Director, regarding the items	checked on line			
					2		
3	organization's related organ Comper Indepen Form 99	s CEO/Executive Director. Check all that ization to establish compensation of the sation committee dent compensation consultant 00 of other organizations	on used to establish the compensation of at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P Written employment contract Compensation survey or study Approval by the board or compensation Part VII, Section A, line 1a, with respect t	ods used by a art III. ation committee			
4	organization of	or a related organization:	Part VII, Section A, line Ta, with respect t	o the ming			
а			ayment?		4a	Х	
b			ntal nonqualified retirement plan?		4b	Х	
с	-		ased compensation arrangement?		4c		Х
			rovide the applicable amounts for each it rganizations must complete lines 5-9.	em in Part III.			
5	compensatior	n contingent on the revenues of:	ion A, line 1a, did the organization pa				
а					5a		X
b		rganization? e 5a or 5b, describe in Part III.			5b		X
6		listed on Form 990, Part VII, Sectin contingent on the net earnings of:	ion A, line 1a, did the organization pa	ay or accrue any			
а	The organizat	ion?			6a		Х
b	Any related o	rganization?			6b		Х
	If "Yes" on lin	e 6a or 6b, describe in Part III.					
7			on A, line 1a, did the organization provession estimation provession of the second structure of the se		7		x
8			paid or accrued pursuant to a contract the				
			Regulations section 53.4958-4(a)(3)?				
		-			8		Х
9			low the rebuttable presumption proced				
	Regulations s	ection 53.4958-6(c)?			9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown o	W-2 and/or 1099-MI	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JOANN THEYS	(i)	0.	0.	0.	0.	0.	0.	0.
1 ^{SR VP, FIN & ADMIN, CFO/TREAS}	(ii)	195,657.	960.	0.	17,980.	4,490.	219,087.	0.
TIMOTHY MCCULLY	(i)	0.	0.	0.	0.	0.	0.	0.
2 ^{EXEC. VP INTERNAL RELATIONS}	(ii)	193,989.	960.	0.	17,980.	30,614.	243,543.	0.
RICHARD SANTOS	(i)	0.	0.	0.	0.	0.	0.	0.
SENIOR ADVISOR (FORMER)	(ii)	139,245.	0.	83,333.	16,981.	6,507.	246,066.	0.
JAMES COX	(i)	0.	0.	0.	0.	0.	0.	0.
4 CHIEF OPS OFFICER	(ii)	185,268.	0.	0.	10,827.	19,648.	215,743.	0.
ROBERTO FLORES	(i)	0.	0.	0.	0.	0.	0.	0.
5 ^{CHIEF FIN. OFFICER}	(ii)	170,354.	0.	0.	10,540.	0.	180,894.	0.
MARY LINEHAN	(i)	0.	0.	0.	0.	0.	0.	0.
6 ^{SR TECH, INFECTIOUS DISEASES}	(ii)	167,557.	80.	0.	13,318.	19,648.	200,603.	0.
ALLYSON P. BEAR	(i)	0.	0.	0.	0.	0.	0.	0.
7 ^{VP INTERNATIONAL PROGRAMS}	(ii)	152,065.	8,498.	0.	0.	19,648.	180,211.	0.
AMB. DANIEL V. SPECKHAR	(i)	0.	0.	0.	0.	0.	0.	0.
8 PRESIDENT & CEO	(ii)	321,610.	13,098.	0.	65,339.	3,488.	403,535.	0.
FREDERICK KELLETT	(i)	0.	0.	0.	0.	0.	0.	0.
9 MANAGING DIR, IMPACT INVESTING	(ii)	164,166.	0.	0.	14,775.	720.	179,661.	0.
EDWARD BYRD	(i)	0.	0.	0.	0.	0.	0.	0.
10 ^{VP} EXTERNAL RELATIONS & ENGAGE	(ii)	139,819.	2,720.	0.	13,492.	31,802.	187,833.	0.
MICHAEL WATT	(i)	0.	0.	0.	0.	0.	0.	0.
11 ^{VP INTERNAL OPERATIONS}	(ii)	161,519.	960.	0.	14,819.	10,896.	188,194.	0.
DAWN BUTCHER	(i)	0.	0.	0.	0.	0.	0.	0.
12 ^{ASSOCIATE VP HUMAN RESOURCES}	(ii)	128,493.	6,030.	0.	12,496.	21,836.	168,855.	0.
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

Page 3

Schedule J (Form 990) 2019

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 3:

THE COMPENSATION OF THE ORGANIZATION'S CEO IS CONTROLLED BY THE POLICIES

PUT IN PLACE BY LUTHERAN WORLD RELIEF, WHICH INCLUDES BUT NOT LIMITED TO,

COMPENSATION COMMITTEE, INDEPENDENT CONSULTANT, COMPENSATION SURVEY OR

STUDY AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

SCHEDULE J, PART I, LINE 4A:

RICHARD SANTOS, FORMER PRESIDENT & CEO, WAS PAID A SERVERANCE OF \$83,333

IN 2019.

SCHEDULE J, PART I, LINE 4B:

AMB. DANIEL V. SPECKHARD, RT. PARTICIPATED IN A NON-QUALIFED (SECTION

457(F)) DURING 2019 UNDER WHICH \$35,000 IN DEFERRED COMPENSATION WAS

RECORDED.

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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service Name of the organization IMA INNOVATIONS

FORM 990, PART I, LINE 1:

TO PURSUE CREATIVE PROJECTS THAT EXPAND AND REFINE PUBLIC HEALTH PROGRAMMING WHILE EXPLORING FUTURE AREAS OF WORK. IMA INNOVATIONS IS A CENTER WHERE INNOVATIVE PUBLIC HEALTH AND ALLIED PROGRAMS CAN BE CONCEIVED, TESTED, AND IMPLEMENTED.

FORM 990, PART VI, SECTION A, LINE 6: IMA INNOVATIONS WORKING IN CONJUNCTION WITH IMA WORLD HEALTH, HAS 13 MEMBERS WHICH ARE NON-PROFIT CHARITABLE ORGANIZATIONS.

FORM 990, PART VI, SECTION A LINE 7A: IMA INNOVATIONS WORKING IN CONJUNCTION WITH IMA WORLD HEALTH, HAS MEMBERS WHO MEET ANNUALLY TO ELECT THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B: IMA INNOVATIONS WORKING IN CONJUCTION WITH IMA WORLD HEALTH, HAS MEMBERS WHO MEET ANNUALLY TO ELECT THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE CHIEF FINANCIAL OFFICER PROVIDES A DRAFT COPY OF THE FEDERAL FORM 990 TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS FOR QUESTIONS AND COMMENTS PRIOR TO SUBMISSION. ONCE THEIR REVIEW IS COMPLETE AND THE FINANCE COMMITTEE HAS APPROVED THE DRAFT FORM 990, THE FEDERAL FORM 990 IS PROVIDED TO THE PRESIDENT AND CEO FOR SIGNATURE. A COPY OF THE FINAL FEDERAL FORM 990 SUBMISSION IS PROVIDED TO THE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY (APPLICABLE TO BOARD OF DIRECTORS AND ALL EMPLOYEES) STATES THAT A CONFLICT OF INTEREST EXISTS WHENEVER THERE IS A PROPOSED AGENCY TRANSACTION IN WHICH A DIRECTOR, OFFICER, OR STAFF MEMBER HAS ANY ACTUAL OR POTENTIAL INVOLVEMENT, INTEREST, OR RELATIONSHIP, EITHER DIRECTLY OR INDIRECTLY. A CONFLICT OF INTEREST MAY ALSO EXIST WHEN THE INTERESTS OR CONCERNS OF AN EMPLOYEE, OR SUCH EMPLOYEE'S IMMEDIATE FAMILY, OR ANY PARTY, GROUP OR ORGANIZATION TO WHICH SUCH PERSON HAS ALLEGIANCE, MAY BE SEEN AS COMPETING WITH THE INTERESTS OR CONCERNS OF THE AGENCY. EACH EMPLOYEE HAS A DUTY TO DISCLOSE TO THE PRESIDENT THE MATERIAL FACTS OF ANY PROPOSED TRANSACTION OF THE AGENCY IN WHICH SUCH PERSON HAS ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST. THE REQUIRED DISCLOSURE MUST BE MADE PRIOR TO ANY CONSIDERATION OF SUCH PROPOSED TRANSACTION BY THE AGENCY. AN EMPLOYEE OR BOARD MEMBER HAVING AN ACTUAL OR PROPOSED CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN THE DELIBERATIONS OR DECISION-MAKING PROCESS OF THE AGENCY REGARDING THE MATTER UNDER CONSIDERATION. HOWEVER, HE OR SHE SHALL PROVIDE THE AGENCY WITH ANY, AND ALL RELEVANT INFORMATION REGARDING THE MATTER. THE PRESIDENT SHALL TAKE SUCH ADDITIONAL ACTION AS MAY BE REQUIRED TO ENSURE THAT THE CONFLICT OF INTEREST IS RESOLVED AND SHALL MAINTAIN A RECORD.

FORM 990, PART VI, SECTION B, LINE 15A: DETERMINATION OF PRESIDENT'S COMPENSATION: AN INDEPENDENT COMPENSATION CONSULTANT PERFORMS AN ANALYSIS ANNUALLY USING INDEPENDENT RESEARCH WHICH CONSIDERS THE ORGANIZATION'S CURRENT BUDGET, THE CURRENT SALARY OF THE PRESIDENT, AND THE NUMBER OF YEARS THE PRESIDENT HAS SERVED IN THAT POSITION. THE ANALYSIS IS BASED ON VARIOUS SALARY SURVEYS TO PROVIDE A SALARY RANGE COMPETITIVE WITH OTHER SIMILARLY SITUATED NONPROFITS IN THE GEOGRAPHICAL AREA. THE RESULTING FINDINGS ARE PROVIDED TO THE BOARD OF DIRECTORS' OFFICERS, WHO REVIEWS THE FINDINGS AND MAKES A RECOMMENDATION TO THE FULL BOARD FOR THEIR APPROVAL REGARDING THE PRESIDENT'S COMPENSATION FOR THE COMING YEAR. COMPENSATION OF ALL OTHER STAFF (INCLUDING OTHER OFFICERS): SALARY ADJUSTMENTS FOR ALL IMA STAFF ARE GUIDED BY A SALARY ADMINISTRATION POLICY DEVELOPED BY IMA. THE OBJECTIVE OF THIS POLICY IS TO ENSURE THAT SALARIES ARE COMMENSURATE WITH COMPARABLE ORGANIZATIONS IN THE COMPETITIVE LABOR MARKET AND THAT SALARY GRADES REFLECT THE RELATIVE INTERNAL RESPONSIBILITY, ACCOUNTABILITY AND KNOW-HOW OF ALL POSITIONS ACROSS THE ORGANIZATION. AN INTERNAL COMMITTEE EVALUATES EVERY JOB DESCRIPTION TO DETERMINE THE APPROPRIATE SALARY RANGE FOR ALL POSITIONS; SALARY RANGES ARE INTENDED TO REINFORCE CAREER GROWTH, CONSIDER MARKET VALUES, AND ARE MANAGED IN AN EQUITABLE MANNER CONSISTENT WITH ORGANIZATIONAL VALUES.

FORM 990, PART VI, SECTION B, LINE 15B:

THE EXECUTIVE/PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS OVERSEES ALL COMPENSATION MATTERS ON BEHALF OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE REVIEWS COMPENSATION BENCHMARKING ANALYSES FOR ALL STAFF POSITIONS AND APPROVES COMPENSATION OF THE PRESIDENT AND CEO AND OTHER SENIOR MANAGEMENT POSITION. COMPENSATION IS REVIEWED BY THE EXECUTIVE

.ISA

Page 2

Employer identification number 82-4219629

COMMITTEE AT THE SPRING BOARD OF DIRECTORS MEETING EACH YEAR AND THE APPROVED COMPENSATION FIGURES ARE INCLUDED IN IMA'S ANNUAL BUDGET THAT IS PROVIDED TO THE BOARD OF DIRECTORS FOR APPROVAL.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

IMA INNOVATIONS IS A CENTER WHERE INNOVATIVE PUBLIC HEALTH AND ALLIED PROGRAMS CAN BE CONCEIVED, TESTED AND IMPLEMENTED ON BEHALF OF IMA WORLD HEALTH. IMA INNOVATIONS WILL PURSUE CREATIVE PROJECTS THAT EXPAND AND REFINE THE AGENCY'S PUBLIC HEALTH PROGRAMMING WHILE EXPLORING FUTURE AREAS OF WORK.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

DEMOCRATIC REPUBLIC OF CONGO:

IMA INNOVATIONS, A WHOLLY OWNED SUBSIDIARY OF IMA WORLD HEALTH(IMA) IS A CHARITABLE ORGANIZATION THAT SEEKS TO DEVELOP PROJECTS AND INITIATIVES TO SOLVE PUBLIC HEALTH CRISES AROUND THE WORLD IN CONJUNCTION WITH IMA BY TESTING AND IMPLEMENTING PROGRAMS ON BEHALF OF IMA, TO ACHIEVE BETTER HEALTH OUTCOMES FOR PEOPLE IN DEVELOPING AND EMERGENCY SETTINGS. IMA INNOVATIONS IS A CENTER WHERE INNOVATIVE PUBLIC HEALTH AND ALLIED PROGRAMS ARE CONCEIVED, TESTED, AND IMPLEMENTED ON BEHALF OF IMA. IMA INNOVATIONS PURSUE CREATIVE PROJECTS THAT EXPAND AND REFINE THE AGENCY'S PUBLIC HEALTH PROGRAMMING WHILE EXPLORING FUTURE AREAS OF WORK. IMA INNOVATIONS AIMS TO FIND CUTTING-EDGE SOLUTIONS TO CHRONIC HEALTH AND DEVELOPMENT PROBLEMS. IN FY20, THIS INVOLVED WORKING ON

ATTACHMENT 1

Schedule O (Form 990 or 990-EZ) 2019	Page 2
Name of the organization	Employer identification number
IMA INNOVATIONS	82-4219629

ATTACHMENT 2 (CONT'D)

SOLUTIONS TO COMBAT MALARIA AND HIV INFECTION IN THE DEMOCRATIC REPUBLIC OF CONGO, AS WELL AS PROMOTING THE FABRICATION AND USE OF CLEAN COOKSTOVE TECHNOLOGIES TO KEEP FAMILIES SAFE.

OMB No. 1545-0047

Open to Public

Inspection

9

2

Employer identification number

82-4219629

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

IMA INNOVATIONS

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
_(3)					
(4)					
(5)					
(6)					

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of rela	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 conti ent	12(b)(13) rolled	
							Yes	No
(1) LUTHERAN WORLD RELIEF, INC.	13-2574963							
700 LIGHT STREET	BALTIMORE, MD 21230	SEE PART VII	NY	501(C)(3)	LINE 7	CORUS INTL		Х
(2) INTERCHURCH MEDICAL ASSISTANCE, INC.	52-2112460							
1730 M STREET, NW STE 1100	WASHINGTON, DC 20036	SEE PART VII	MD	501(C)(3)	LINE 7	CORUS INTL		Х
(3) CORUS INTERNATIONAL	84-3236198							
700 LIGHT STREET	BALTIMORE, MD 21230	SEE PART VII	MD	501(C)(3)	LINE 7	N/A		Х
(4) LUTHERAN CENTER CORPORATION	52-2055143							
700 LIGHT STREET	BALTIMORE, MD 21230	SEE PART VII	MD	501(C)(3)	12A, I	SEE PART VII		Х
(5)								
(6)								
(7)								

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

JSA

Schedule R (Form 990) 2019

Page **2**

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	inere related erg	ameador	e li calca de a p	aranoromp aaring ar	e tax year.	1		1			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportion allocations		Gene	(j) eral or aging tner?	(k) Percentage ownership
							Yes N	o	Yes	No	
(1)	-										
(2)	-										
(3)	-										
(4)	-										
(5)	-										
(6)	-										
(7)	-										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	
								Yes No
(1) CHARLIE GOLDSMITH ASSOCIATES LIMITED								
67 BLACKHEATH RD LONDON, UK SE10 8PD	SEE PART VII	UK	SEE PART VII	FOREIGN	3,751,490.	2,143,568.		x
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2019

82-4219629

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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s)	Yes No X X X X X X X X X X X X X X X X X X X X X X X X X X X X
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. 1a b Gift, grant, or capital contribution to related organization(s) 1b c Gift, grant, or capital contribution from related organization(s). 1c	X X X X X X
b Gift, grant, or capital contribution to related organization(s) 1b c Gift, grant, or capital contribution from related organization(s) 1c	X X X X X X
c Gift, grant, or capital contribution from related organization(s).	X X X X
	X X X
d Loans or loan guarantees to or for related organization(s)	X X
	x
e Loans or loan guarantees by related organization(s)	
f Dividends from related organization(s)	X
g Sale of assets to related organization(s)	
h Purchase of assets from related organization(s)	X
i Exchange of assets with related organization(s).	X
j Lease of facilities, equipment, or other assets to related organization(s)	X
k Lease of facilities, equipment, or other assets from related organization(s)	X
I Performance of services or membership or fundraising solicitations for related organization(s)	X
m Performance of services or membership or fundraising solicitations by related organization(s).	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X
o Sharing of paid employees with related organization(s)	X
p Reimbursement paid to related organization(s) for expenses	Х
q Reimbursement paid by related organization(s) for expenses	X
r Other transfer of cash or property to related organization(s)	X
s Other transfer of cash or property from related organization(s).	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	
(a)(b)(c)(d)Name of related organizationTransactionAmount involvedMethod of deter	ninina
type (a-s) amount involu	
(1) INTERCHURCH MEDICAL ASSISTANCE, INC. P 1,650,000. ACTUAL	
(1) INTERCHURCH MEDICAL ASSISTANCE, INC. P 1,650,000. ACTUAL	
(2)	
(3)	
(4)	
(5)	
(6) JSA Schedule R (Form 9) 90) 2019

Schedule R (Form 990) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

N	(a) lame, address, and EIN of entity	(state or foreign country)		from tax under organizations?		section total income 501(c)(3) organizations?		e of Share of end-of-year assets		h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				sections 512-514)	Yes	No			Yes	No	(Yes	No]
(1)		_												
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														<u> </u>

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Part VII	Supplemental Information
	Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART II, COLUMN B:

(A) NAME OF RELATED ORGANIZATION: LUTHERAN WORLD RELIEF, INC.

(B) PRIMARY ACTIVITY: PROVIDE GLOBAL RELIEF SUPPORT SERVICES AND

DEVELOPMENT PROJECTS THAT UPLIFT LIVELIHOODS OF POOR COMMUNITIES AROUND

THE WORLD.

(A) NAME OF RELATED ORGANIZATION: INTERCHURCH MEDICAL ASSISTANCE, INC.

(IMA WORLD HEALTH)

(B) PRIMARY ACTIVITY: PROVIDE INTEGRATED, HOLISTIC AND SUSTAINABLE HEALTH SYSTEMS THAT INCREASE ACCESS TO QUALITY HEALTH CARE, WITH AN EMPHASIS ON VULNERABLE PEOPLE.

(A) NAME OF RELATED ORGANIZATION: CORUS INTERNATIONAL

(B) PRIMARY ACTIVITY: MANAGE AND /OR HOLD SUBSIDIARIES, INCLUDING, BUT NOT LIMITED TO A NUMBER OF NON-PROFIT CHARITABLE ORGANIZATIONS INCLUDING LUTHERAN WORLD RELIEF, INC., IMA WORLD HEALTH, AND IMA INNOVATIONS. TO FORM AN INTERNATIONAL DEVELOPMENT, HEALTH, AND RELIEF FAMILY OF ORGANIZATIONS HELPING PEOPLE AND COMMUNITIES LIFT THEMSELVES OUT OF POVERTY, SUPPORT WELL-BEING OF INDIVIDUALS, FAMILIES AND COMMUNITIES, AND PROVIDE HUMANITARIAN, DEVELOPMENT, AND TECHNICAL ASSISTANCE.

(A) NAME OF RELATED ORGANIZATION: LUTHERAN CENTER CORPORATION(B) PRIMARY ACTIVITY: MAINTAIN AND OPERATE THE LUTHERAN CENTER IN BALTIMORE, MD.

(F) DIRECT CONTROLLING ENTITY: LUTHERAN WORLD RELIEF

Schedule R (F	Page 5	
Part VII	Supplemental Information	
SCHEDULI	E R, PART IV, LINE (1)(B) & (F):	

(A) NAME OF RELATED ORGANIZATION: CHARLIE GOLDSMITH ASSOCIATES LIMITED

(B) PRIMARY ACTIVITY: HEALTH, EDUCATION SECTOR, SPECIFICALLY "EMPOWERING

DIGITAL INFRASTRUCTURES FOR SOCIAL GOOD"

(F) DIRECT CONTROLLING ENTITY: LUTHERAN WORLD RELIEF