

## Return of Organization Exempt From Income Tax

2023

Department of the Treasury  
Internal Revenue Service

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.Open to Public  
Inspection

A For the 2023 calendar year, or tax year beginning

, 2023, and ending

, 20

B Check if applicable:

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

C Name of organization **The International DOI Foundation, Inc.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

D Employer identification number

**52-2065453****1 Golden Court**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

E Telephone number

**(186) 555-9070****Richmond Surrey, UK TW9 1EU**

G Gross receipts

**\$ 1,156,130**

F Name and address of principal officer:

I Tax-exempt status:  501(c)(3)  501(c) ( 6 ) (insert no.)  4947(a)(1) or  527J Website: [www.doi.org](http://www.doi.org)K Form of organization:  Corporation  Trust  Association  OtherL Year of formation: **1997**

M State of legal domicile:

H(a) Is this a group return for subordinates?  Yes  NoH(b) Are all subordinates included?  Yes  No

If "No," attach a list. See instructions

H(c) Group exemption number

**Part I Summary**

1 Briefly describe the organization's mission or most significant activities: **The International DOI Foundation exists to support and regulate the needs of the intellectual property community in the digital environment.**

2 Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Activities &amp; Governance

Revenue

Expenses

Net Assets or Fund Balances

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		0
9 Program service revenue (Part VIII, line 2g)	1,079,146	1,154,613
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	164	1,517
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,079,310	1,156,130
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25)	0	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	945,422	1,020,848
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	945,422	1,020,848
19 Revenue less expenses. Subtract line 18 from line 12	133,888	135,282
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,520,039	1,702,703
21 Total liabilities (Part X, line 26)	577,278	624,660
22 Net assets or fund balances. Subtract line 21 from line 20	942,761	1,078,043

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Ed Pentz**

Signature of officer

Date

**Ed Pentz, Treasurer**

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name <b>Elaine Renzi</b>	Preparer's signature <i>Elaine Renzi</i>	Date <b>10-19-2024</b>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P00624491</b>
	Firm's name <b>Elaine Renzi, CPA, LLC</b>		Firm's EIN		
	Firm's address <b>8 Richard Lane Franklin MA 02038</b>		Phone no.		<b>508-528-8813</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2023)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 

**1** Briefly describe the organization's mission:

**The International DOI Foundation exists to support and regulate the needs of the intellectual property community in the digital environment.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 905,630 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**The International DOI Foundation supports the intellectual property community in the digital environment by establishing and governing the Digital Object Identifier System, setting policy, choosing service providers, and overseeing operation of the System.**

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses 905,630

**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	X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	2	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	3	X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. . . . .	4	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III. . . . .	5	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	6	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, 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	X
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	11a	X
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	X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	11c	X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	11d	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	11e	X
f	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	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	12a	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "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)? If "Yes," complete Schedule E. . . . .	13	X
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	14b	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 JV. . . . .	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	X
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	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	20a	X
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	X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. . . . .	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. . . . .	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. . . . .	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
c	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? . . . . .	24d	
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. . . . .	25a	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	25b	
26	Did the organization report any amount on Part X, line 5 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	X
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	X
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .	28a	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	28b	X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .	28c	X
29	Did the organization receive more than \$25,000 in noncash 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	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J . . . . .	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, or IV, and Part V, line 1 . . . . .	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	35a	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	37	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O . . . . .	38	X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . 

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .

1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .

	Yes	No
1a	2	
1b	0	
1c		

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)</b>				<b>Yes</b>	<b>No</b>
<b>2a</b>	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	<b>2a</b>	0		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<input checked="" type="checkbox"/>		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O.</i>	<b>3b</b>			
<b>4a</b>	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)?	<b>4a</b>	<input checked="" type="checkbox"/>		
<b>b</b>	If "Yes," enter the name of the foreign country <u>UK</u> See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<input checked="" type="checkbox"/>		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<input checked="" type="checkbox"/>		
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>	<input checked="" type="checkbox"/>		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>			
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<input checked="" type="checkbox"/>		
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<b>15</b>	<input checked="" type="checkbox"/>		
	If "Yes," see the instructions and file Form 4720, Schedule N.				
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>	<input checked="" type="checkbox"/>		
	If "Yes," complete Form 4720, Schedule O.				
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	<b>17</b>			
	If "Yes," complete Form 6069.				

**Part VI**

**Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI . . . . .

**Section 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 . . . . .	1a	12
	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 in line 1a, above, who are independent . . . . .	1b	12
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .	3	<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders? . . . . .	6	<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	<input checked="" type="checkbox"/>
a	The governing body? . . . . .	8b	<input checked="" type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body? . . . . .	9	<input checked="" type="checkbox"/>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .		

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a	10a	<input checked="" type="checkbox"/>
b		
11a	10b	
b	11a	<input checked="" type="checkbox"/>
12a	12a	<input checked="" type="checkbox"/>
b	12b	
c	12c	
13	13	<input checked="" type="checkbox"/>
14	14	<input checked="" type="checkbox"/>
15	15a	<input checked="" type="checkbox"/>
a	15b	<input checked="" type="checkbox"/>
b		
16a	16a	<input checked="" type="checkbox"/>
b	16b	

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website       Another's website       Upon request       Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

Suzanne Rozario (186)555-9070, United House, North Road, London, United Kingdom 97 9DP

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

 Check if Schedule O contains a response or note to any line in this Part VII . . . . . 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Former officer or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee		
(1) Hong Xiao Director	0.40	X						0	0
(2) Hideaki Takeda Director	0.40	X						0	0
(3) Robert Pappalardo Director	0.40	X						0	0
(4) Qiao Xiaodong Director	0.40	X						0	0
(5) Jinseop Chin Director	0.40	X						0	0
(6) Raymond Drewry Director	1.00	X						0	0
(7) Will Johnson-Marshall Director	0.40	X						0	0
(8) Jieh Hsiang Director	0.40	X						0	0
(9) Will Kreth Director	0.40	X						0	0
(10) Paola Mazzucchi Board Chair	1.00	X	X					0	0
(11) Ed Pentz Treasurer	1.00	X	X					0	0
(12) Matt Buys Vice Chair	1.00	X	X					0	0
(13)									
(14)									

**Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former officer or director	Highest compensated employee Key employee	Officer Individual trustee Institutional trustee			
(15)							
(16)							
(17)							
(18)							
(19)							
(20)							
(21)							
(22)							
(23)							
(24)							
(25)							
<b>1b Subtotal</b>							
<b>c Total from continuation sheets to Part VII, Section A</b>							
<b>d Total (add lines 1b and 1c)</b>					0	0	0
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization					0	0	0
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual					3	X	
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					4	X	
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					5	X	

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 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
Corp for Nat'l Research Init, 1895 Preston White Dr. Re	Tech & soft lic	711,020
Jonathan Clark, Rembrandtlaan 12 Loosdrecht 1231 AC NL	Mgmt serv	125,793
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	2	

**Part VIII****Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . . . .	1a					
	b Membership dues . . . . .	1b					
	c Fundraising events . . . . .	1c					
	d Related organizations . . . . .	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f . . . . .	1g	\$				
	<b>h Total.</b> Add lines 1a-1f . . . . .						
Program Service Revenue	2a <b>Membership Dues</b>	Business Code					
	541900	1,154,613	1,154,613				
	b						
	c						
	d						
	e						
	f All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f . . . . .		1,154,613					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . .		1,517			1,517	
	4 Income from investment of tax-exempt bond proceeds . . . . .						
	5 Royalties . . . . .						
	6a Gross rents . . . . .	(i) Real	(ii) Personal				
	6b						
	6c						
	d Net rental income or (loss) . . . . .						
	7a Gross amount from sales of assets other than inventory . . .	(i) Securities	(ii) Other				
	7b						
	7c						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a					
	8b Less: direct expenses . . . . .	8b					
	c Net income or (loss) from fundraising events . . . . .						
	9a Gross income from gaming activities. See Part IV, line 19 . . . . .	9a					
	9b Less: direct expenses . . . . .	9b					
	c Net income or (loss) from gaming activities . . . . .						
10a Gross sales of inventory, less returns and allowances . . . . .	10a						
b Less: cost of goods sold . . . . .	10b						
c Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue . . . . .						
	<b>e Total.</b> Add lines 11a-11d . . . . .						
<b>12 Total revenue.</b> See instructions . . . . .		1,156,130	1,154,613	0	1,517		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX 

<b><i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i></b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
4 Benefits paid to or for members . . . . .				
5 Compensation of current officers, directors, trustees, and key employees . . . . .				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7 Other salaries and wages . . . . .				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
9 Other employee benefits . . . . .				
10 Payroll taxes . . . . .				
11 Fees for services (nonemployees):				
a Management . . . . .	125,792	125,792		
b Legal . . . . .	60,623		60,623	
c Accounting . . . . .	2,500		2,500	
d Lobbying . . . . .				
e Professional fundraising services. See Part IV, line 17. . . . .				
f Investment management fees . . . . .				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	68,818	68,818		
12 Advertising and promotion . . . . .				
13 Office expenses . . . . .				
14 Information technology . . . . .	29,419		29,419	
15 Royalties . . . . .				
16 Occupancy . . . . .				
17 Travel . . . . .				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .				
20 Interest . . . . .				
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .				
23 Insurance . . . . .	2,995		2,995	
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.)				
a CNRI Fees	711,020	711,020		
b Member Meetings	4,911		4,911	
c Travel & Entertainment	1,500		1,500	
d Dues & Subscriptions	2,270		2,270	
e All other expenses	11,000		11,000	
<b>25 Total functional expenses.</b> Add lines 1 through 24e. . . . .	1,020,848	905,630	115,218	0
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X****Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		(A) Beginning of year	(B) End of year
Assets	1 Cash - non-interest-bearing	1,137,767	1,297,653
	2 Savings and temporary cash investments	2	
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	285,466	339,634
	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	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)	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	96,806	65,416
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	
	b Less: accumulated depreciation	10b	10c
	11 Investments - publicly traded securities	11	
	12 Investments - other securities. See Part IV, line 11	12	
	13 Investments - program-related. See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets. See Part IV, line 11	15	
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	<b>1,520,039</b>	<b>1,702,703</b>
Liabilities	17 Accounts payable and accrued expenses	64,120	91,265
	18 Grants payable	18	
	19 Deferred revenue	513,158	533,395
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	21	
	22 Loans and other 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	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	25	
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>577,278</b>	<b>624,660</b>
Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/></b> and complete lines 27, 28, 32, and 33.		
	27 Net assets without donor restrictions	942,761	1,078,043
	28 Net assets with donor restrictions	28	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/></b> and complete lines 29 through 33.		
	29 Capital stock or trust principal, or current funds	29	
	30 Paid-in or capital surplus, or land, building, or equipment fund	30	
	31 Retained earnings, endowment, accumulated income, or other funds	31	
	32 Total net assets or fund balances	942,761	1,078,043
	33 Total liabilities and net assets/fund balances	33	1,702,703

**Part XI****Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI		<input type="checkbox"/>
1	Total revenue (must equal Part VIII, column (A), line 12)	1,156,130
2	Total expenses (must equal Part IX, column (A), line 25)	1,020,848
3	Revenue less expenses. Subtract line 2 from line 1	135,282
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	942,761
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	1,078,043

**Part XII****Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	x
2b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	x
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	x
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
<u>The International DOI Foundation, Inc.</u>	<u>52-2065453</u>

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions . . . . . \$
- 3 Volunteer hours for political campaign activities. See instructions . . . . .

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . \$
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .		
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .		
<b>d</b>	Other exempt purpose expenditures . . . . .		
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
<b>If the amount on line 1e, column (a) or (b) is:</b>		<b>The lobbying nontaxable amount is:</b>	
Not over \$500,000		20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000		\$1,000,000.	
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .		
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .		
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.**

**See the separate instructions for lines 2a through 2f.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2020</b>	<b>(b) 2021</b>	<b>(c) 2022</b>	<b>(d) 2023</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)	(b)	
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers? . . . . .			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? . . . . .			
c Media advertisements? . . . . .			
d Mailings to members, legislators, or the public? . . . . .			
e Publications, or published or broadcast statements? . . . . .			
f Grants to other organizations for lobbying purposes? . . . . .			
g Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . .			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . . .			
i Other activities? . . . . .			
j Total. Add lines 1c through 1i . . . . .			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? . . . . .			
b If "Yes," enter the amount of any tax incurred under section 4912 . . . . .			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . . .			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . .			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members? . . . . .	1	x
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	2	x
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? . . . . .	3	x

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1 Dues, assessments and similar amounts from members . . . . .	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year . . . . .	2a	
b Carryover from last year . . . . .	2b	
c Total . . . . .	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . . . . .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? . . . . .	4	
5 Taxable amount of lobbying and political expenditures. See instructions . . . . .	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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**SCHEDULE F  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023****Open to Public  
Inspection**

Name of the organization

**The International DOI Foundation, Inc.**

Employer identification number

**52-2065453****Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

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.)

(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
<b>Europe (including (1) Iceland and Greenland)</b>	<b>1</b>	<b>1</b>	<b>Program services</b>	<b>See supplemental inf</b>	<b>905,630</b>
<b>Europe (including (2) Iceland and Greenland)</b>	<b>1</b>	<b>1</b>	<b>Conducting Board Meetings</b>		<b>4,911</b>
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal . . . . .	2	2			<b>910,541</b>
b Total from continuation sheets to Part I . . . . .					
c Totals (add lines 3a and 3b)	2	2			<b>910,541</b>

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

Schedule F (Form 990) 2023

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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 . . . . .

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
 Part III can be duplicated if additional space is needed.

(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)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**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 the 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 the 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 the 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? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* . . . . .  Yes  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 the 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 the instructions for Form 5713; don't file with Form 990)* . . . . .  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**01. Supplemental Information (Part V, Other)**

**Part I, line 3, column (e):**

**Specific Types of Program Services in Region:**

**Members govern the Digital Object Identifier System, setting policy, choosing service**

**providers and overseeing operation of the System.**

**SCHEDULE O  
(Form 990)****Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceComplete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.**2023**Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**Open to Public  
Inspection**

Name of the organization

The International DOI Foundation, Inc.Employer identification number  
52-2065453**01. Members or stockholder classes and rights (Part VI, line 6)**

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

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

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

**03. Form 990 governing body review (Part VI, line 11)**

The Board of Directors may request a copy of the Form 990 for review prior to filing, but it is not automatically provided to the Board.

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

There is no compensation provided to officers or directors. The Organization has no  
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

Name of the organization

The International DOI Foundation, Inc.

Employer identification number

**52-2065453**

employees.

**05. Governing documents, etc, available to public (Part VI, line 19)**

The governing documents and financial statements are not available to the public.



**Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary**  
(see instructions)

If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.

20 Type of account	<input checked="" type="checkbox"/> Deposit <input type="checkbox"/> Custodial	21 Account number or other designation <b>40353541390287</b>
22 Check all that apply	a <input type="checkbox"/> Account opened during tax year c <input type="checkbox"/> Account jointly owned with spouse	b <input type="checkbox"/> Account closed during tax year d <input type="checkbox"/> No tax item reported in Part III with respect to this asset
23 Maximum value of account during tax year	\$ <b>117,281</b>	
24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25 If you answered "Yes" to line 24, complete all that apply.		
(a) Foreign currency in which account is maintained	(b) Foreign currency exchange rate used to convert to U.S. dollars <b>United Kingdom Pound Sterling 1.272</b>	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
26a Name of financial institution in which account is maintained <b>HSBC Bank PLC</b>	b Global Intermediary Identification Number (GIIN) (Optional)	
27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. <b>Prama House, Banbury Road</b>		
28 City or town, state or province, country, and ZIP or foreign postal code <b>Summertown, Oxford United Kingdom OX2 7HY</b>		

**Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary** (see instructions)

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

29 Description of asset	30 Identifying number or other designation		
31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.			
a Date asset acquired during tax year, if applicable			
b Date asset disposed of during tax year, if applicable			
c <input type="checkbox"/> Check if asset jointly owned with spouse	d <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset		
32 Maximum value of asset during tax year (check box that applies)			
a <input type="checkbox"/> \$0 - \$50,000	b <input type="checkbox"/> \$50,001 - \$100,000	c <input type="checkbox"/> \$100,001 - \$150,000	d <input type="checkbox"/> \$150,001 - \$200,000
e If more than \$200,000, list value	\$		
33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
34 If you answered "Yes" to line 33, complete all that apply.			
(a) Foreign currency in which asset is denominated	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	

35 If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.				
a Name of foreign entity	b GIIN (Optional)			
c Type of foreign entity	(1) <input type="checkbox"/> Partnership	(2) <input type="checkbox"/> Corporation	(3) <input type="checkbox"/> Trust	(4) <input type="checkbox"/> Estate
d Mailing address of foreign entity. Number, street, and room or suite no.				
e City or town, state or province, country, and ZIP or foreign postal code				

36 If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.				
<b>Note:</b> If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.				
a Name of issuer or counterparty				
Check if information is for	<input type="checkbox"/> Issuer	<input type="checkbox"/> Counterparty		
b Type of issuer or counterparty				
(1) <input type="checkbox"/> Individual	(2) <input type="checkbox"/> Partnership	(3) <input type="checkbox"/> Corporation	(4) <input type="checkbox"/> Trust	(5) <input type="checkbox"/> Estate
c Check if issuer or counterparty is a	<input type="checkbox"/> U.S. person	<input type="checkbox"/> Foreign person		
d Mailing address of issuer or counterparty. Number, street, and room or suite no.				
e City or town, state or province, country, and ZIP or foreign postal code				

**(Continuation Statement)**Name(s) shown on return  
The International DOI Foundation, Inc.TIN  
52-2065453**Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary**  
(see instructions)

If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.

20 Type of account	<input checked="" type="checkbox"/> Deposit <input type="checkbox"/> Custodial	21 Account number or other designation <u>40353531306871</u>
22 Check all that apply	a <input type="checkbox"/> Account opened during tax year c <input type="checkbox"/> Account jointly owned with spouse	b <input type="checkbox"/> Account closed during tax year d <input type="checkbox"/> No tax item reported in Part III with respect to this asset
23 Maximum value of account during tax year	\$ <u>22,615</u>	
24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25 If you answered "Yes" to line 24, complete all that apply.		
(a) Foreign currency in which account is maintained	(b) Foreign currency exchange rate used to convert to U.S. dollars <u>United Kingdom Pound Sterling</u> <u>1.272</u>	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

26a Name of financial institution in which account is maintained <u>HSBC Bank PLC</u>	b Global Intermediary Identification Number (GIIN) (Optional)
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27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.

Prama House, Banbury Road

28 City or town, state or province, country, and ZIP or foreign postal code

Summertown, Oxford United Kingdom OX2 7HY**Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary** (see instructions)

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

29 Description of asset	30 Identifying number or other designation		
31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.			
a Date asset acquired during tax year, if applicable	.....		
b Date asset disposed of during tax year, if applicable	.....		
c <input type="checkbox"/> Check if asset jointly owned with spouse	d <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset		
32 Maximum value of asset during tax year (check box that applies)			
a <input type="checkbox"/> \$0 - \$50,000	b <input type="checkbox"/> \$50,001 - \$100,000	c <input type="checkbox"/> \$100,001 - \$150,000	d <input type="checkbox"/> \$150,001 - \$200,000
e If more than \$200,000, list value	\$		
33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
34 If you answered "Yes" to line 33, complete all that apply.			
(a) Foreign currency in which asset is denominated	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	

35 If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

a Name of foreign entity	b GIIN (Optional)			
c Type of foreign entity	(1) <input type="checkbox"/> Partnership	(2) <input type="checkbox"/> Corporation	(3) <input type="checkbox"/> Trust	(4) <input type="checkbox"/> Estate
d Mailing address of foreign entity. Number, street, and room or suite no.				
e City or town, state or province, country, and ZIP or foreign postal code				

36 If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

**Note:** If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.

a Name of issuer or counterparty	Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty				
b Type of issuer or counterparty	(1) <input type="checkbox"/> Individual	(2) <input type="checkbox"/> Partnership	(3) <input type="checkbox"/> Corporation	(4) <input type="checkbox"/> Trust	(5) <input type="checkbox"/> Estate
c Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person					
d Mailing address of issuer or counterparty. Number, street, and room or suite no.					
e City or town, state or province, country, and ZIP or foreign postal code					

**(Continuation Statement)**Name(s) shown on return  
The International DOI Foundation, Inc.TIN  
52-2065453**Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary**  
(see instructions)

If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.

20 Type of account	<input checked="" type="checkbox"/> Deposit <input type="checkbox"/> Custodial	21 Account number or other designation 57149010
22 Check all that apply	a <input type="checkbox"/> Account opened during tax year c <input type="checkbox"/> Account jointly owned with spouse	b <input type="checkbox"/> Account closed during tax year d <input type="checkbox"/> No tax item reported in Part III with respect to this asset
23 Maximum value of account during tax year	\$ 1,200,050	
24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?	. . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

25 If you answered "Yes" to line 24, complete all that apply.

(a) Foreign currency in which account is maintained <b>US Dollars</b>	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
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26a Name of financial institution in which account is maintained  
**HSBC Bank PLC**

b Global Intermediary Identification Number (GIIN) (Optional)

27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.  
**Prama House Banbury Road**28 City or town, state or province, country, and ZIP or foreign postal code  
**Summertown, Oxford United Kingdom OX2 7HY****Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary** (see instructions)

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

29 Description of asset	30 Identifying number or other designation		
31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.			
a Date asset acquired during tax year, if applicable	.....		
b Date asset disposed of during tax year, if applicable	.....		
c <input type="checkbox"/> Check if asset jointly owned with spouse	d <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset		
32 Maximum value of asset during tax year (check box that applies)			
a <input type="checkbox"/> \$0 - \$50,000	b <input type="checkbox"/> \$50,001 - \$100,000	c <input type="checkbox"/> \$100,001 - \$150,000	d <input type="checkbox"/> \$150,001 - \$200,000
e If more than \$200,000, list value		\$	
33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars?		. . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
34 If you answered "Yes" to line 33, complete all that apply.			
(a) Foreign currency in which asset is denominated	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	

35 If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

a Name of foreign entity	b GIIN (Optional)
c Type of foreign entity	(1) <input type="checkbox"/> Partnership      (2) <input type="checkbox"/> Corporation      (3) <input type="checkbox"/> Trust      (4) <input type="checkbox"/> Estate
d Mailing address of foreign entity. Number, street, and room or suite no.	
e City or town, state or province, country, and ZIP or foreign postal code	

36 If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

**Note:** If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.

a Name of issuer or counterparty	Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty
b Type of issuer or counterparty	(1) <input type="checkbox"/> Individual      (2) <input type="checkbox"/> Partnership      (3) <input type="checkbox"/> Corporation      (4) <input type="checkbox"/> Trust      (5) <input type="checkbox"/> Estate
c Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person	
d Mailing address of issuer or counterparty. Number, street, and room or suite no.	
e City or town, state or province, country, and ZIP or foreign postal code	