IFIA Americas Committee  
6718 Kenwood Forest Lane  
Chevy Chase MD 20815

I have reviewed the accompanying financial records of IFIA Americas Committee (the Association) for the period ending December 31, 2016 in accordance with standards established by the American Institute of Certified Public Accountants. All information included in the financial records is the representation of the management of the Association.

A review consists principally of inquiries of personnel and analytical procedures applied to financial data. It is less in scope than an audit in accordance with generally accepted auditing standards, the objective of which is the expression of an opinion regarding the financial records taken as a whole. Accordingly, I do not express such an opinion.

Based on the review, I am not aware of any material modifications that should be made to the financial records referred to above in order for them to be in conformity with general accepted accounting principles.

Thomas R. Loftus, CPA  
ALEXANDRIA, VIRGINIA  
May 10, 2017
May 08, 2017

IFIA AMERICAS COMMITTEE
6718 KENWOOD FOREST LANE
Chevy Chase, MD 20815

IFIA AMERICAS COMMITTEE:

Enclosed is the 2016 federal return for a tax-exempt organization, prepared for IFIA AMERICAS COMMITTEE from the information provided. The original should be signed and dated, and mailed on or before May 15, 2017, to the following address:

Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0027

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, please contact this office at (703) 780-2725.

Sincerely,

Thomas R Loftus
Thomas R Loftus

[Handwritten note: Thanks, Tom]
Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

A For the 2016 calendar year, or tax year beginning __________, 2016, and ending __________, 2020

B Check if applicable:
Address change □
Name change □
Initial return □
Final return/terminated □
Amended return □
Application pending □

C Name of organization
IFIA AMERICAS COMMITTEE

D Employer identification number
54-1974394

E Telephone number
(240) 507-3392

F Group Exemption Number □

G Accounting Method: □ Cash □ Accrual □ Other (specify) □

H Check □ if the organization is not required to attach Schedule B
(Form 990, 990-EZ, or 990-PF).

I Website: □

J Tax-exempt status (check only one) - □ 501(c)(3) □ 501(c)(6) □ (insert no.) □ 4947(a)(1) or 527

K Form of organization: □ Corporation □ Trust □ Association □ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets
(Part II, column (E) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ........................................ $ 175,297

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ........................................ □

1 Contributions, gifts, grants, and similar amounts received .......................................................... 1
2 Program service revenue including government fees and contracts .............................................. 2
3 Membership dues and assessments .................................................................................................. 3
4 Investment income ......................................................................................................................... 4
5a Gross amount from sale of assets other than inventory ............................................................... 5a
b Less: cost or other basis and sales expenses ................................................................................... 5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) .................. 5c
6 Gaming and fundraising events
a Gross income from gaming (attach Schedule G if greater than $15,000) .................................. 6a
b Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) ........................................ 6b
c Less: direct expenses from gaming and fundraising events .......................................................... 6c
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) .......................................................... 6d
7a Gross sales of inventory, less returns and allowances ................................................................. 7a
b Less: cost of goods sold .................................................................................................................. 7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) .............................. 7c
8 Other revenue (describe in Schedule O) ......................................................................................... 8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ................................................................. 9 175,297

10 Grants and similar amounts paid (list in Schedule O) ................................................................. 10
11 Benefits paid to or for members .................................................................................................... 11
12 Salaries, other compensation, and employee benefits ............................................................... 12 130,000
13 Professional fees and other payments to independent contractors ......................................... 13 10,346
14 Occupancy, rent, utilities, and maintenance ................................................................................ 14 204
15 Printing, publications, postage, and shipping .......................................................................... 15
16 Other expenses (describe in Schedule O) ..................................................................................... 16 21,922
17 Total expenses. Add lines 10 through 16 .................................................................................... 17 162,472

18 Excess or (deficit) for the year (Subtract line 17 from line 9) ...................................................... 18 12,825
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) ......................................................... 19 56,288
20 Other changes in net assets or fund balances (explain in Schedule O) ....................................... 20 (38,940)
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ............................... 21 30,173

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2016)
Form 990-EZ (2016)  
**IFIA AMERICAS COMMITTEE**

Page 2

**Part II**  
**Balance Sheets** (see the instructions for Part II)  
Check if the organization used Schedule O to respond to any question in this Part II  

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Cash, savings, and investments</td>
<td>56,288</td>
<td>30,173</td>
</tr>
<tr>
<td>23 Land and buildings</td>
<td>0</td>
<td>23</td>
</tr>
<tr>
<td>24 Other assets (describe in Schedule O)</td>
<td>0</td>
<td>24</td>
</tr>
<tr>
<td>25 Total assets</td>
<td>56,288</td>
<td>25</td>
</tr>
<tr>
<td>26 Total liabilities (describe in Schedule O)</td>
<td>0</td>
<td>26</td>
</tr>
<tr>
<td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>56,288</td>
<td>27</td>
</tr>
</tbody>
</table>

**Part III**  
**Statement of Program Service Accomplishments** (see the instructions for Part III)  
Check if the organization used Schedule O to respond to any question in this Part III  

What is the organization's primary exempt purpose? PROMOTE BUSINESS INTERESTS BETWEEN AGENCIES

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**28 PROMOTE COMMON BUSINESS INTERESTS BETWEEN INSPECTION**

AGENCIES WORLDWIDE IN ORDER TO MAINTAIN AND ENHANCE THE QUALITY AND SERVICES PROVIDED INCL INSP CERTIFICATIONS.

(Grants $ ) if this amount includes foreign grants, check here  

28a

(Grants $ ) if this amount includes foreign grants, check here  

29a

(Grants $ ) if this amount includes foreign grants, check here  

30a

(Grants $ ) if this amount includes foreign grants, check here  

31a

**32 Total program service expenses** (add lines 28a through 31a)  

32

**Part IV**  
**List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)  
Check if the organization used Schedule O to respond to any question in this Part IV

<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-21099-MISC) (if not paid, enter 0)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOAN STERLING</td>
<td>0.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANN WEEKS</td>
<td>0.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARTHUR FAY</td>
<td>0.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CHAIRMAN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HANANE TAOI</td>
<td>0.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DIRECTOR GENERAL</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>ROBERTA TELLES</td>
<td>40.00</td>
<td>130,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>EXECUTIVE DIRECTOR</td>
<td></td>
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</tbody>
</table>
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conforming copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

35 a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions

b Did the organization file Form 1120-POL for this year?

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ▶ section 4912 ▶ section 4955 ▶

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

41 List the states with which a copy of this return is filed

42 a The organization's books are in care of ▶ ROBERTA TELLES Telephone no. ▶ 240-507-3392

Located at ▶ 6718 KENWOOD FOREST LANE, Chevy Chase, MD ZIP + 4 ▶ 20815

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)?

If "Yes," enter the name of the foreign country:

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
c At any time during the calendar year, did the organization maintain an office outside the United States?

If "Yes," enter the name of the foreign country:

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

c Did the organization receive any payments for indoor tanning services during the year?

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)
Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  

46

\[ \text{Yes} \quad \text{No} \]

\[ \text{X} \]

**Section 501(c)(3) organizations only**

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

Check if the organization used Schedule O to respond to any question in this Part VI

\[ \text{Yes} \quad \text{No} \]

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

\[ \text{47} \]

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

\[ \text{48} \]

49a Did the organization make any transfers to an exempt non-charitable related organization?

\[ \text{49a} \]

49b If "Yes," was the related organization a section 527 organization?

\[ \text{49b} \]

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

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
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</tbody>
</table>

\[ f \quad \text{Total number of other employees paid over $100,000} \]

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

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

\[ d \quad \text{Total number of other independent contractors each receiving over $100,000} \]

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

\[ \text{Yes} \quad \text{No} \]

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.

**Signature of officer**

ROBERTA TELLES, EXECUTIVE DIRECTOR

Type or print name and title

Sign Here

\[ \text{Signature} \]

\[ \text{Date} \]

\[ 8-\text{may-2017} \]

\[ \text{Print/Type preparer's name} \]

Thomas R Loftus

Preparer’s signature

\[ \text{Date} \]

\[ 05-08-2017 \]

\[ \text{Check if self-employed} \]

\[ \text{PTIN} \]

\[ 00302819 \]

May the IRS discuss this return with the preparer shown above? See instructions

\[ \text{Yes} \quad \text{No} \]

Form 990-EZ (2016)
### 01. Description of other expenses (Part I, line 16)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCOUNTING</td>
<td>1,339</td>
</tr>
<tr>
<td>BANK FEES</td>
<td>285</td>
</tr>
<tr>
<td>TELEPHONE</td>
<td>1,449</td>
</tr>
<tr>
<td>INSURANCE</td>
<td>5,175</td>
</tr>
<tr>
<td>PAYROLL TAXES</td>
<td>9,232</td>
</tr>
<tr>
<td>SUPPLIES</td>
<td>1,602</td>
</tr>
<tr>
<td>TRAVEL</td>
<td>2,840</td>
</tr>
</tbody>
</table>

### 02. Other changes in net assets or fund balances (Part I, line 20)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRANSFER TO IFIA UK</td>
<td>(38,940)</td>
</tr>
</tbody>
</table>
Privacy Policy for 2016 Returns

Your privacy is important to us. Please read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

* Interviews regarding your tax situation

* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, please contact us.