# Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

, 20

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For the 2023 calendar year, or tax year beginning

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

, 2023, and ending

В	Check if	applicable:	С						D Employ	er iden	tification number		
	Add	dress change	INI	TIATIVE FOR F	ESPONSIBLE MINI	NG			84-	1973	536		
	Nar	me change		JRANCE					E Telepho	one num	ber		
	Initi	ial return		CHERRY ST #7					(36	0) 2	30-8225		
	Fina	I return/terminated	SEA.	TTLE, WA 9810	4-2203								
	Am	ended return							<b>G</b> Gross r	eceipts	\$ 6,242,805.		
	App	olication pending	<b>F</b> Nai	me and address of principa	officer: JAMIE BONHA	AM		` '	a group retur				
			SAME	E AS C ABOVE				H(b) Are all If "No."	subordinates attach a list	include See in	ed? Yes No structions.		
I		xempt status:	X 501		) (insert no.)	4947(a)(1) or	527						
J	Web	site: WW		SPONSIBLEMIN	ING.NET				exemption no				
K		of organization:		rporation Trust	Association Other	LY	ear of formati	on: 201	7 M s	State of	legal domicile: WA		
Pa	rt I	Summar	<u>y</u>		:	_A::a:							
	1	Briefly descri	be the	organization's miss	ion or most significant a	cuvilles: SEI	<u>SCHEI</u>	<u>ULE_O</u>					
ıce									. – – – -				
Activities & Governance													
ver	2	Check this bo		if the organization	n discontinued its opera	tions or dispo	sed of mo	re than 2	25% of its	net as	 ssets.		
Ö				nembers of the gove	rning body (Part VI, line	1a)				3	13		
SS					s of the governing body					4	13		
/itie					n calendar year 2023 (Pa necessary)					5	0		
cti				•	Part VIII, column (C), lin					6 7a	0.		
4					from Form 990-T, Part I					7b	0.		
					· · · · · · · · · · · · · · · · · · ·	•			rior Year		Current Year		
40					1h)				980,8	372.	6,212,784.		
ınue					e 2g)				170,1	14.	24,248.		
Revenue				•	A), lines 3, 4, and 7d)					11.	5,773.		
Œ					nes 5, 6d, 8c, 9c, 10c, ar				150		6 0 40 005		
					(must equal Part VIII, co				L,150,9	997.	6,242,805.		
						•							
									608,7	720	1,070,609.		
ses	162	Professional fundraising fees (Part IX, column (A), line 11e)						000,	20.	1,070,009.			
Expenses	loa i												
Exp	17 /				nes 11a-11d, 11f-24e)		3,688.		225 6	110	1 440 000		
					nes Tra-Trd, TTI-24e) equal Part IX, column (A				335,2		1,449,002.		
					8 from line 12				943,9		2,519,611. 3,723,194.		
- 8		Neveriue less	s expei	ises. Subtract line	o nom me 12			_	ng of Currer		End of Year		
ets or lances	20	Total assets	(Part )	(, line 16)				. Degiiiiii	688,9		4,429,005.		
Ass. Bal	21	Total liabilitie	s (Par	t X, line 26)					91,8		108,721.		
Net Asse Fund Bal	22	Net assets or	fund l	balances. Subtract I	ine 21 from line 20				597,0		4,320,284.		
Pa	rt II	Signatur							00.70	,,,,,	1/020/2011		
					urn, including accompanying sche all information of which preparer	edules and statem	ents, and to t	he best of m	ny knowledge	and be	lief, it is true, correct, and		
comp	olete. De	claration of prepa	arer (othe	er than officer) is based on	all information of which preparer	has any knowled	ge.						
		Signature of	officer					Date					
Sig He	ın	, and the second					_						
не	re	JAMIE Type or print					D	IRECTO	)R				
		, · ·			Preparer's signature		Date		Observe	:4	PTIN		
_							Check	if					
Pai					NATHANAEL O'HA				self-employ	cu	P01701144		
Us	epare e Onl	y Firm's name						Firm's EIN 91-2089644					
-5	. <b>.</b>	Films addre	555	PORT TOWNSEN					Phone no.		0) 385-1040		
May	/ the IF	I RS discuss th	is retu		ט, WA 98368 shown above? See insti	ructions				(30	. X Yes No		
					the concrete instruction						A Tes NO		

Par	t III	Statement of Program S							7.7
	D : (1	Check if Schedule O contains		to any line in this Par	t III				X
1	-	describe the organization's mi	ssion:						
	SEE_	SCHEDULE O							
2	Did the	e organization undertake any sign	ificant program service	es during the year which	sh were not listed on	the prior			
_		990 or 990-EZ?					Ye	s X	No
		s," describe these new services on					□ '•	3 🔼	110
3		e organization cease conducting		nt changes in how it o	conducts, any progr	am services?	Ye	s V	No
3		s," describe these changes on Sch		nt changes in now it t	conducts, any progr	am services	□ ''	.3 A	110
4		ibe the organization's program		nents for each of its t	hree largest prograi	m services as i	measured h	w exner	1565
•	Section	on 501(c)(3) and 501(c)(4) organ	nizations are require	ed to report the amou	nt of grants and allo	ocations to othe	rs, the tota	l expens	ses,
	and re	evenue, if any, for each progran	n service reported.						
4a	(Code			including grants of \$					)
		ELOPMENT AND IMPROVE							
		TORS, AND PUBLIC OUT							<u>T                                     </u>
	<u>AND</u>	SOCIAL RESPONSIBILI	TY IN MINING	·					
							<b>.</b>		
4b	(Code	:) (Expenses \$		including grants of \$		) (Revenue	\$		)
					- – – – – – – –				
					- – – – – – – –				
4c	(Code	:) (Expenses \$		including grants of \$	S	) (Revenue	\$		)
4d	Other	program services (Describe on							·
	(Expe	nses \$	including grants	of \$	) (Reven	ue \$		)	
4e	Total	program service expenses	2,150,	318.					

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Х	
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		Х
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
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		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Χ	
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	Х	
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		Х
	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		Х
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
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		Х

# Form 990 (2023) INITIATIVE FOR RESPONSIBLE MINING 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		Х
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? <i>If "Yes," complete Schedule J.</i>	23	Х	
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		Х
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? <i>If</i> "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27		Х
	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).			
а	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
С	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		Х
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? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
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		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.	38	X	
Par	t 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		Yes	. No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		163	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1.	X	
ВΛΛ	(gambling) winnings to prize winners?	1c	Α	(0000

Form 990 (2023) INITIATIVE FOR RESPONSIBLE MINING

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	NO					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	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	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х					
	If "Yes," indicate the number of Forms 8282 filed during the year			37					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7</b> f		Λ					
Ĭ	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7h							
	organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
h	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								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14a		- 11					
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-10							
	excess parachute payment(s) during the year?	15		X					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	16		X					
17	Section 501(c)(21) organizations. 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?	17							
	If "Yes," complete Form 6069.								

Sec	tion A. Governing Body and Management				21
500	tion 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  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.	1a	13	.03	
h	Enter the number of voting members included on line 1a, above, who are independent	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations		13		
_	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the of officers, directors, trustees, or key employees to a management company or other person	ne direct supervision	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organiza			_	X
6	Did the organization have members or stockholders? SEE. SCHEDULE . Q			Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a members of the governing body?		7	a X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) me stockholders, or persons other than the governing body?	mbers,	7	b	Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken the following:				
а	The governing body?		8	a X	
b	Each committee with authority to act on behalf of the governing body?		8	b X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O.				X
Sec	tion B. Policies (This Section B requests information about policies not req	uired by the Inter	nal Reve	_	T
	Dilli (C)			Yes	
	Did the organization have local chapters, branches, or affiliates?			a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, operations are consistent with the organization's exempt purposes?			h	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the				
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			u 21	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	DII DOMEDOL		a X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that				
	to conflicts?		12	b X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If " Schedule O how this was done</i> SEE . SCHEDULE . Q	Yes," describe on	12		
13	Did the organization have a written whistleblower policy?		13	Х	
	Did the organization have a written document retention and destruction policy?				X
15	Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and determining compensation are contemporated by the contemporare contemporated by the contemporated	al by independent cision?			
а	The organization's CEO, Executive Director, or top management official SEE . SCHEDULE	IO	15	a X	
b	Other officers or key employees of the organization		15	b	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar taxable entity during the year?		16	a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu participation in joint venture arrangements under applicable federal tax law, and take steps	to safeguard the	10	L	
500	organization's exempt status with respect to such arrangements?		16	D	
	List the states with which a copy of this Form 990 is required to be filed NONE				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable			1(3)6 05	
10	available for public inspection. Indicate how you made these available. Check all that apply.	er (explain on Schedul	,	)(3)S 01	iiy <i>)</i>
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p			0	
20	the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organizat	ion's hooks and recor	ds		
20	AIMEE BOULANGER 113 CHERRY ST #74985 SEATTLE WA 98104 (36)		us.		

# 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 the 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.

		(C)								
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	s pe	more rson i irecto	than on the state of the state	an	(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
(1) AIMEE BOULANGER	40								_	
EXECUTIVE DIR.	0	Х						166,600.	0.	4,998.
(2) PAVEL SULYANDZIGA DIRECTOR	_ <u>1.5</u> 0	Х						1,200.	0.	0.
(3) MESHACK MBANGULA	1.5									
DIRECTOR	0	Χ						1,200.	0.	0.
(4) JONATHAN SAMUEL	1.5									
CO-CHAIR	0	Х		Χ				0.	0.	0.
(5) PAYAL SAMPAT	1.5									
CO-CHAIR	0	Х		Χ				0.	0.	0.
_(6) JAMIE J MESSNER DE LATOUR	1.5									
DIRECTOR	0	Х						0.	0.	0.
_(7)_ CLAUDIA_BECKER	1.5									
DIRECTOR	0	Χ						0.	0.	0.
(8) ASHLEY HAMILTON CLAXTON	1.5									
DIRECTOR	0	Χ						0.	0.	0.
(9) JAMIE BONHAM	1.5	ļ								
TREASURER	0	X		Χ				0.	0.	0.
(10) GRACE BARRASSO	1.5	.,						•	•	•
DIRECTOR	0	Χ						0.	0.	0.
(11) JIM WORMINGTON	1.5							0	0	0
DIRECTOR	0	Χ						0.	0.	0.
(12) ALAN YOUNG	1.5	v						_	0	0
DIRECTOR (13) GLEN MPUFANE	1.5	Х	$\vdash$					0.	0.	0.
SECRETARY	$-\frac{0}{1\cdot 2}$	Х		Х				0.	0.	0.
(14) MEG GINGRICH	1.5	Λ		Λ				υ.	0.	<u> </u>
DIRECTOR	$-\frac{0}{1.2}$	Х						0.	0.	0.
DIVECTOR	U	Λ	<u>I</u>			l l		υ.	0.	U.

Tart VII   Section A. Officers, Directors, 110		103		•	_			g	ponoutou =mp	leges (common)
(A) Name and title	(B) Average	box,	unles	Posi neck r	more is	than or s both r/truste	an	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount of other
	hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director					Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
<u>(15)</u>						ed				
<u>(16)</u>		-								
<u>(17)</u>										
(18)										
<u>(19)</u>										
(20)		-								
(21)										
(22)		-								
(23)										
(24)		=								
(25)										
1b Subtotal								169,000.	0.	4,998.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)								0. 169,000.	0.	0. 4,998.
Total number of individuals (including but not limited from the organization										
										Yes No
3 Did the organization list any <b>former</b> officer, direct on line 1a? <i>If "Yes,"complete Schedule J for suc.</i>	tor, truste h <i>individu</i>	e, ke <i>al</i>	ey er	nplo	oyee 	, or h	nigh 	nest compensated	employee	. 3 Х
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	er than \$1	50,00	00?	If "\	Yes,	" con	nple	ete Schedule J for	from 	. 4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If "Yes	e comper s," comple	satio	n fro	om a dule	any J fo	unrel or suc	ate	d organization or	individual	. 5 X
Section B. Independent Contractors										•
1 Complete this table for your five highest compen compensation from the organization. Report compen	sated indi sation for	epen the c	dent alen	cor dar <u>y</u>	ntrac year	ctors endir	tha ng w	t received more the vith or within the or	nan \$100,000 of ganization's tax year	·
(A) Name and business address  (B) Description of services  (C) Compensation										
LISA SUMI 113 CHERRY ST #74985 SEATTLE, WA 98104 STD & ASSURANCE CONSULT 109							109,402.			
2 Total number of independent contractors (including b	out not lim	ted to	o the	se I	isted	l abov	/e) '	who received more	than	
\$100,000 of compensation from the organization	1									5 000 (0000)

#### Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or (A) Total revenue (D) Unrelated Revenue exempt excluded from tax business under sections 512-514 function revenue revenue E, Grants, Amounts 1a Federated campaigns . . . . . . . . **b** Membership dues..... 1b 189,500 c Fundraising events..... 1с Gifts, d Related organizations . . . . . . . 1d e Government grants (contributions) . . . . 1e Contributions, All other contributions, gifts, grants, and similar amounts not included above . . . 1f 6,023,284. Noncash contributions included in lines 1a-1f. . . . . . . . . . . . . . . . h Total. Add lines 1a-1f . . . . . 6,212,784 **Business Code** Program Service Revenue 2a <u>SELF ASSESSMENT FEES</u> 12,500 12,500 541900 10,748 10,748 INDEPENDENT ASSESSMENT FE 541900 1,000 1,000 TRAINING INCOME d All other program service revenue. . . g Total. Add lines 2a-2f ..... 24,248 Investment income (including dividends, interest, and 5,773 5,773 Income from investment of tax-exempt bond proceeds Royalties..... (i) Real (ii) Personal 6a Gross rents . . . . . . 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other **7a** Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss). . . . . . 7с **d** Net gain or (loss)..... 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). 8a **b** Less: direct expenses..... 8b 9a Gross income from gaming activities. 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... **10a** Gross sales of inventory, less..... returns and allowances. . . . . . . . . . . 0a 10b **b** Less: cost of goods sold.... c Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous Revenue All other revenue... Total. Add lines 11a-11d. Total revenue. See instructions.....

6,242,805

30,021

0

12

# 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 re	sponse or note to any			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) 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			3	
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	169,000.	132,769.	30,510.	5,721.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	766,660.	599,931.	140,403.	26,326.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	27,328.	22,136.	4,372.	820.
9	Other employee benefits	30,591.	24,779.	4,895.	917.
10	Payroll taxes	77,030.	62,394.	12,325.	2,311.
11	Fees for services (nonemployees):	11,050.	02,334.	12,525.	2,511.
	Management				
	Legal	74,270.	48,479.	24,259.	1,532.
	Accounting	9,891.	10,175.	9,891.	1,002.
	Lobbying	37031.		3,031.	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule OSCH. OAdvertising and promotion	762,906.	761,540.	1,150.	216.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	172,357.	164,298.	6,786.	1,273.
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 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.).				
а	EMPLOYER OF RECORD EXPENSES	289,511.	215,288.	72,442.	1,781.
b	OPERATING EXPENSES	72,860.	57,684.	13,302.	1,874.
c	DUES AND SUBSCRIPTIONS	38,501.	36,531.	1,659.	311.
d	HR AND BENEFITS PLATFORMS	15,840.	12,831.	2,534.	475.
•	All other expenses.	12,866.	11,658.	1,077.	131.
25	Total functional expenses. Add lines 1 through 24e	2,519,611.	2,150,318.	325,605.	43,688.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720).				

		Check if Schedule O contains a response or note to a	any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing		626,215.	1	2,637,938.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		62,131.	4	1,769,672.
	5	Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial controlled entity or family member of any of these person	officer, director, ontributor, or 35%		5	
	6	Loans and other receivables from other disqualified personal control of the contr	<u> </u>			
	·	section 4958(f)(1)), and persons described in section 49			6	
	7	Notes and loans receivable, net			7	
S	8	Inventories for sale or use			8	
Assets	9	Prepaid expenses and deferred charges	<u> </u>	598.	9	21,395.
As	10a	Land, buildings, and equipment: cost or other basis.	10a	330.		21/030.
		· · · · · · · · · · · · · · · · · · ·	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		
	16	Total assets. Add lines 1 through 15 (must equal line 33	3)	688,944.	16	4,429,005.
	17	Accounts payable and accrued expenses	83,090.	17	45,603.	
	18	Grants payable	<u></u>		18	
	19	Deferred revenue	<u> </u>		19	
	20	Tax-exempt bond liabilities	<u> </u>		20	
ies	21	Escrow or custodial account liability. Complete Part IV	L_		21	
Liabilities	22	Loans and other payables to any current or former office key employee, creator or founder, substantial contribute controlled entity or family member of any of these person	or, or 35%		22	
_	23	Secured mortgages and notes payable to unrelated third	<u></u>		23	
	24	Unsecured notes and loans payable to unrelated third p	·		24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Complete	L	8,764.	25	63,118.
	26	Total liabilities. Add lines 17 through 25		91,854.	26	108,721.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	X			
aa	27	Net assets without donor restrictions		294,590.	27	2,542,908.
Ř	28	Net assets with donor restrictions		302,500.	28	1,777,376.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33.	t here			
ō	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equipment	nt fund		30	
(SS	31	Retained earnings, endowment, accumulated income, o	r other funds		31	
) t	32	Total net assets or fund balances	<u> </u>	597,090.	32	4,320,284.
ž	33	Total liabilities and net assets/fund balances		688,944.	33	4,429,005.
RΔ	Δ	TE	EA0111L 08/23/23			Form <b>990</b> (2023)

Form **990** (2023)

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,2	42,8	305.
2	Total expenses (must equal Part IX, column (A), line 25)	2			511.
3	Revenue less expenses. Subtract line 2 from line 1	3			L94.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			090.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,3	20,2	284.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? $\dots$		2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both.  Separate basis  Consolidated basis  Both consolidated and separate basis	ed on a			
h	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate of the year were audited on the year were also and the year were audited on the year were also and the year were also a year were also and the year were also also and the year were also and year were also also also and year were also and year were also also also also also also also also				
	basis, consolidated basis, or both.	ato			
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?	t, 	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R. Part 200, Subpart F?	Uniform	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA	TEEA0112L 08/23/23		Form	990	(2023)

#### SCHEDULE A (Form 990)

Total

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number INITIATIVE FOR RESPONSIBLE MINING **ASSURANCE** 84-1973536 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (ii) EIN (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E)

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			<u> </u>			
Cale begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	<b>(e)</b> 2023	<b>(f)</b> Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						_
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second	, third, fourth, or f	fifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul	olic Support P	ercentage				
	Public support percentage for 20	•	•		-		%
15	Public support percentage from 2	2022 Schedule A,	Part II, line 14.				%
16a	<b>33-1/3% support test—2023.</b> If the and <b>stop here.</b> The organization						
b	<b>33-1/3% support test—2022.</b> If th and <b>stop here.</b> The organization	e organization did qualifies as a pu	d not check a boo blicly supported o	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, c	heck this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts-	meets the facts-a	nd-circumstance	s test, check this	box and stop here	e. Éxplain in Part \	VI how
b	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a	nd-circumstance	s test, check this	box and stop here	e. Explain in Part '	VI how the
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions

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

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

Sec	tion A. Public Support	· .		<del>.</del>			
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				1 120 221	2,084,452.	2 214 772
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.				20,666.	24,248.	3,214,773. 44,914.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.				20,000.	21/2101	0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	1,150,987.	2,108,700.	3,259,687.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	
•	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)	0.	0.	0.	0.	0.	0. 3,259,687.
Sec	tion B. Total Support						0/200/00:1
	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
	Amounts from line 6	0.	0.	0.	1,150,987.		3,259,687.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	31			11.	5,773.	5,784.
	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0.	0.	0.	11.	5,773.	<u>0.</u> 5,784.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	0.	0.	0.	11.	3,773.	5,784.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI					4,128,333.	4,128,333.
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	0.	0.	0	1,150,998.	6 242 806	7,393,804.
14	First 5 years. If the Form 990 is a organization, check this box and	for the organization	n's first, second,	third, fourth, or f	fth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul	blic Support P	ercentage				
15	Public support percentage for 20	23 (line 8, column	(f), divided by lin	e 13, column (f)	)	15	જ
	Public support percentage from 2				<u></u>	16	%
Sec	tion D. Computation of Inv	estment Incon	ne Percentage				
17	Investment income percentage for	•		-			%
18	Investment income percentage for					<u> </u>	%
	<b>33-1/3% support tests—2023.</b> If t is not more than 33-1/3%, check <b>33-1/3% support tests—2022.</b> If t	this box and <b>stop</b>	here. The organi	zation qualifies a	as a publicly supp	orted organization	
	line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization	, check this box a	nd <b>stop here.</b> The	organization qu	alifies as a public	ly supported organ	nization

# Part IV Supporting Organizations

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

# **Section A. All Supporting Organizations**

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

BAA TEEA0404L 08/14/23 Schedule A (Form 990) 2023

Sche	dule A (Form 990) 2023 INITIATIVE FOR RESPONSIBLE MINING 84-197353	6	F	Page <b>5</b>
Par	t IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,	11.		
h	the governing body of a supported organization?  A family member of a person described on line 11a above?	11a 11b		
,	A fairing member of a person described of line 11a above.			
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
360	tion B. Type I Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Tes	NO
	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		V	N.
1	Ware a majority of the arganization's directors or trustees during the toy year also a majority of the directors or trustees		Yes	No
'	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		Yes	No
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played	3		
Sec	in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
á	The organization satisfied the Activities Test. Complete line 2 below.			
ŀ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instru	uction	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
ā	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	•	u		
ŀ	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
_				
	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
ā	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
ŀ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

SCIII	edule A (Form 990) 2023 INTITATIVE FOR RESPONSIBLE MINI	.NG	84=19	73536 Page (
Pa	√t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization  Output  Description: Type III Non-Functionally Integrated 509(a)(3) Supporting Organization  Output  Description: Type III Non-Functionally Integrated 509(a)(3) Supporting Organization  Output  Description: Type III Non-Functionally Integrated 509(a)(3) Supporting Organization  Output  Description: Type III Non-Functionally Integrated 509(a)(3) Supporting Organization  Output  Description: Type III Non-Functionally Integrated 509(a)(3) Supporting Organization  Output  Description: Type III Non-Functionally Integrated 509(a)(3) Supporting Organization  Output  Description: Type III Non-Functionally Integrated 509(a)(3) Supporting Organization  Output  Description: Type III Non-Functionally Integrated 509(a)(3) Supporting Organization  Output  Description III Non-Functional III Non-Function  Output  Description III	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	ov. 20, 1970 (explain ir st complete Sections A	Part VI). <b>See</b> through E.
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
ā	Average monthly value of securities	1a		
I	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	I Total (add lines 1a, 1b, and 1c)	1d		
	e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). BAA Schedule A (Form 990) 2023

Pai	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continue	ed)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
_ 7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details		
	in <b>Part VI</b> ). See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required — explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
<b>b</b> Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

BAA Schedule A (Form 990) 2023

84-1973536

Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# **PART III, LINE 12 - OTHER INCOME**

NATURE AND SOURCE 2023 2022 2021 2020 2019

PRIVATE FOUNDATION SUPPORT

\$4,128,333.

TOTAL \$4,128,333. \$ 0. \$ 0. \$ 0. \$ 0.

BAA TEEA0408L 08/14/23 Schedule A (Form 990) 2023

#### SCHEDULE C (Form 990)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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:

	xy Tax) (see separate instruct Section 501(c)(4), (5), or (6) o	tions), then: organizations: Complete Part III.			
		FOR RESPONSIBLE MINING		Employer identific	ation number
	ASSURANCE			84-197353	
		rganization is exempt under section			zation.
1	Provide a description of the See instructions for definition	organization's direct and indirect political on of "political campaign activities."	ampaign activities in	Part IV.	
		xpenditures. See instructionscampaign activities. See instructions			
Par	t I-B Complete if the or	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	\$	0.
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955.	\$	0.
3		a section 4955 tax, did it file Form 4720 for			
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Par		rganization is exempt under section			
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities \$	
2	Enter the amount of the filing 527 exempt function activities	g organization's funds contributed to other	organizations for sec	tion \$	l
3	Total exempt function expen line 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	amount of political contribution	, and employer identification number (EIN) s. For each organization listed, enter the also received that were promptly and directly delal action committee (PAC). If additional spa	ivered to a separate po	olitical organization, such	as a separate
	<b>(a)</b> 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)					

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

Schedule C (Form 990) 2023

Par	t II-A Complete if section 501(	the organization	on is exempt under so		d filed Form 5768 (ele	
		• • • • • • • • • • • • • • • • • • • •	ngs to an affiliated group (ar	nd list in Part IV each affi	liated group member's name,	
	<u> </u>		nd share of excess lobbyin		nated group member 3 name,	
В		•	cked box A and "limited contr	· .		
	(The term	Limits on Lobl "expenditures" m	oying Expenditures eans amounts paid or incu	ırred.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expendit	ures to influence p	oublic opinion (grassroots l	obbying)		
b	Total lobbying expendit	ures to influence a	a legislative body (direct lol	bbying)	31,947.	
С	Total lobbying expendite	ures (add lines 1a	and 1b)		31,947.	0.
		•			2,107,001.	
е	Total exempt purpose e	expenditures (add	lines 1c and 1d)		2,519,611.	0.
f			mount from the following t		275,981.	
	If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	e amount is:		
	not over \$500,000,		20% of the amount on line 1e.			
	over \$500,000 but not over \$1,		\$100,000 plus 15% of the exces			
	over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
-	over \$1,500,000 but not over \$	17,000,000,	\$225,000 plus 5% of the excess	s over \$1,500,000.		
	over \$17,000,000,		\$1,000,000.			
g		•	6 of line 1f)		00/330.	0.
n :	-		ss, enter -0ss, enter -0			0.
						0.
j			er line 1h or line 1i, did the o		20 reporting	Yes No
	(Som		4-Year Averaging Period nat made a section 501(h) selow. See the separate in	election do not have to		
		Lok	bying Expenditures Durin	g 4-Year Averaging Pe	riod	
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) Total
2a	Lobbying nontaxable amount				275,981.	275,981.
b	Lobbying ceiling amount (150% of line 2a, column (e))					413,972.
С	Total lobbying expenditures				31,947.	31,947.
d	Grassroots nontaxable amount				68,995.	68,995.
e	Grassroots ceiling amount (150% of line 2d, column (e))					103,493.
	Grassroots lobbying expenditures					0.
BAA					Schodul	e C (Form 990) 2023

84-1973536

# 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)).

	(election under Section 50 i(ii)).						
_		(a	1)		(b	ı)	
esc desc	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No		Amo	ount	
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:  Volunteers?						
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
	Media advertisements?						
	Mailings to members, legislators, or the public?						
	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?						
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?			<b></b>			
J	Total. Add lines 1c through 1i						
	If "Yes," enter the amount of any tax incurred under section 4912						
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
	† III-A   Complete if the organization is exempt under section 501(c)(4), section 501	oVE)					
r ai	section 501(c)(6).	C)(5)	, or				
				-		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			<u> </u>	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			L	2		
	Did the organization agree to carry over lobbying and political campaign activity expenditures from the political campaign activities from				3		
Pai	Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) if answered "Yes."	c)(5) Part I	, or s II-A,	ectio	on 50 3, is	1(c)	
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).						
а	Current year		2a				
b			2b				
С	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 part year?		4				

### 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.

Taxable amount of lobbying and political expenditures. See instructions......

#### **ADDITIONAL INFORMATION**

TO RAISE AWARENESS AMONG POLICYMAKERS AND IRMA MEMBERS INTERESTED IN EU POLICY,
INCLUDING DISCUSSION AROUND PARTICULAR PIECES OF LEGISLATION AS WELL AS COORDINATED
EFFORTS TO RESPOND JOINTLY TO PUBLIC CONSULTATIONS INVOLVING THE EU POLICIES.

BAA Schedule C (Form 990) 2023

# SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	TIATIVE FOR RESPONSIBLE MINING SURANCE	G .	94_1072526
Par		or Advised Funds or Other Simila	84-1973536
Fai	Complete if the organization ar	nor Advised Funds or Other Simila swered "Yes" on Form 990, Part IV	/, line 6.
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Bottor davisod farids	(b) Faires and other accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
_	30 0		
5	Did the organization inform all donors and don are the organization's property, subject to the	or advisors in writing that the assets held li organization's exclusive legal control?	n donor advised fundsYes No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor, or for any of	ther purpose conferring
Par			/ Fire 7
		swered "Yes" on Form 990, Part I\	/, line /.
1	Purpose(s) of conservation easements held by	<u></u>	
	Preservation of land for public use (for examp	• • •	vation of a historically important land area
	Protection of natural habitat	Preser	vation of a certified historic structure
_	Preservation of open space	11 126 1 1 1 1 1 1 1 1 1 1	
2	Complete lines 2a through 2d if the organization hast day of the tax year.	eid a qualified conservation contribution in the	form of a conservation easement on the
	,		Held at the End of the Tax Year
a	Total number of conservation easements		2a
ŀ	Total acreage restricted by conservation easer	nents	2b
(	: Number of conservation easements on a certif	ied historic structure included on line 2a	2c
c	Number of conservation easements included o	n line 2c acquired after July 25, 2006, and	not on
	a historic structure listed in the National Regis	ter	2d
3	Number of conservation easements modified, tran tax year	sferred, released, extinguished, or terminated	by the organization during the
4	Number of states where property subject to co	nservation easement is located	
5	Does the organization have a written policy re-	garding the periodic monitoring, inspection,	handling of violations,
	and enforcement of the conservation easemer		
6	Staff and volunteer hours devoted to monitoring, i	nspecting, handling of violations, and enforcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspe	cting, handling of violations, and enforcing cor	servation easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?		
9	include, if applicable, the text of the footnote t	orts conservation easements in its revenue of the organization's financial statements the	and expense statement and balance sheet, and at describes the organization's accounting for
Par	till Organizations Maintaining Col Complete if the organization ar	lections of Art, Historical Treasure swered "Yes" on Form 990, Part IV	es, or Other Similar Assets /, line 8.
12	If the organization elected, as permitted under		
10	historical treasures, or other similar assets hel Part XIII the text of the footnote to its financia	d for public exhibition, education, or resear	ch in furtherance of public service, provide in
b	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items.	r public exhibition, education, or research in fu	ırtherance of public service, provide the
	(i) Revenue included on Form 990, Part VIII,	line 1	\$
	(ii) Assets included in Form 990, Part X $\dots$		\$\$\$\$
2	amounts required to be reported under FASB	ASC 958 relating to these items.	manetal gam, provide the following
	Revenue included on Form 990, Part VIII, line		
b	Assets included in Form 990, Part X		\$

Part III   Organizations Maintaining C	onections of A	Art, mistori	cai ireasures, or	Other Similar As	35612 (C	ווווווו	ueu)
<b>3</b> Using the organization's acquisition, accession, items (check all that apply).	and other records	, check any of	the following that mak	e significant use of its	collection		
a Public exhibition	d	Loan or ex	change program				
<b>b</b> Scholarly research	е	Other					
c Preservation for future generations	_						
4 Provide a description of the organization's colle Part XIII.	ctions and explain	how they furth	er the organization's e	exempt purpose in			
<b>5</b> During the year, did the organization solicit to be sold to raise funds rather than to be m	or receive donation aintained as part	ons of art, his t of the organ	torical treasures, or or cation's collection?.	other similar assets	Yes		No
Part IV Escrow and Custodial Arran	gements						
Complete if the organization Form 990, Part X, line 21.				•	n amour	nt on	i 
1a Is the organization an agent, trustee, custod on Form 990, Part X?	ian, or other inte	rmediary for o	contributions or other	assets not included	Yes		No
<b>b</b> If "Yes," explain the arrangement in Part XIII ar							]
	·	Ü			Amount	-	
c Beginning balance				. 1c			
<b>d</b> Additions during the year				. 1d			
e Distributions during the year				. 1e			
f Ending balance				. 1f			
2a Did the organization include an amount on F	orm 990, Part X,	line 21, for e	scrow or custodial ad	count liability?	Yes		No
<b>b</b> If "Yes," explain the arrangement in Part XII	I. Check here if t	he explanation	n has been provided	in Part XIII	<b>_</b> 		1
Part V Endowment Funds							
Complete if the organization	answered "Ye	s" on Form	990, Part IV, lin	e 10.			
(a) Curre	nt year (b	) Prior year	(c) Two years back	(d) Three years back	(e) Four	r years	back
1a Beginning of year balance		-					
<b>b</b> Contributions							
c Net investment earnings, gains, and losses							
<b>d</b> Grants or scholarships					+		
e Other expenditures for facilities					+	-	
and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage of the cur	rent year end bal	ance (line 1g	, column (a)) held as	:			
<b>a</b> Board designated or quasi-endowment	%						
<b>b</b> Permanent endowment	%						
c Term endowment %							
The percentages on lines 2a, 2b, and 2c should	equal 100%.						
<b>3a</b> Are there endowment funds not in the possession organization by:	on of the organizat	tion that are he	eld and administered for	or the	Y	'es	No
(i) Unrelated organizations?					3a(i)		
(ii) Related organizations?					3a(ii)		
<b>b</b> If "Yes" on line 3a(ii), are the related organia	zations listed as	required on S	chedule R?		. 3b	_	
4 Describe in Part XIII the intended uses of th		•					
Part VI Land, Buildings, and Equipm	-						
Complete if the organization answere		990. Part IV. li	ne 11a. See Form 990	. Part X. line 10.			
Description of property	(a) Cost or other		) Cost or other	(c) Accumulated	(d) Boo	ok val	LIE
	(investme	nt)	basis (other)	depreciation	(4) 50	JIK Val	<u> </u>
<b>1a</b> Land							
<b>b</b> Buildings							
c Leasehold improvements							
<b>d</b> Equipment							
<b>e</b> Other							
Total. Add lines 1a through 1e. (Column (d) must	equal Form 990,	Part X, line 1	0c, column (B))		_		0.

Schedule D (Form 990) 2023

BAA

Part VII	Investments — Other Securities Complete if the organization answered "Yes" o	n Form 990 Part IV lin	N/A e 11h See Form 990 Part X line 12	
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
	al derivatives	(1)	(0)	,
` '	held equity interests			
(3) Other				
_				
(A) (B) (C) (D) (E)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(l)				
	nn (b) must equal Form 990, Part X, line 12, column (B))			
Part VIII	Investments — Program Related Complete if the organization answered "Yes" o	n Form 990 Part IV lin	N/A e 11c See Form 990 Part X line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
(1)		(4)		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, line 13, column (B))			
Part IX	Other Assets Complete if the organization answered "Yes" o	N/A		
		escription	e Tru. See Form 330, Fart A, mie 13.	(b) Book value
(1)	,	'		,,
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
Total. (Colu	umn (b) must equal Form 990, Part X, line 15,	column (B))		
Part X	Other Liabilities			
	Complete if the organization answered "Yes" o		e 11e or 11t. See Form 990, Part X, lin	
1. (1) Fodor:	al income taxes	ription of liability		(b) Book value
	RUED BENEFITS PAYABLE			28,118.
	T ADVANCES			35,000.
(4)	112 1111(011)			33,000.
(5)				
(6)				
(7)				
(8)				
(9)				
				i i
(10)				
(11)	imp (h) must equal Form 000 Part V line 25	column (P))		62 110
(11) <b>Total.</b> (Colu	mn (b) must equal Form 990, Part X, line 25, output to the feature of the feature			63,118.

BAA

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue	ue per Return	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.	
1 Total revenue, gains, and other support per audited financial statements	1	6,242,805.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1		6,242,805.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,242,805.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses		
Part XII Reconciliation of Expenses per Audited Financial Statements With Exper Complete if the organization answered "Yes" on Form 990, Part IV, line 12		
	2a.	2,519,611.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12  1 Total expenses and losses per audited financial statements	2a.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  2 2a	2a.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  2 Donated Services and Use of facilities.  3 Donated Services and Use of facilities.  4 Donated Services and Use of facilities.	2a.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  2 Donated Services and Use of facilities.	2a	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	2a. 1 2e	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	2a. 1 2e	2,519,611.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4a	2a. 1 2e	2,519,611.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.	2a. 1 2e 3	2,519,611.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)  c Add lines 4a and 4b.	2a. 1 2e 3	2,519,611.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.	2a. 1 2e 3	2,519,611.

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

BAA Schedule D (Form 990) 2023

#### SCHEDULE F (Form 990)

# 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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

INITIATIVE FOR RESPONSIBLE MINING ASSURANCE 84-1973536 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, X No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) PART V (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (a) Region (f) Total offices in the employees, the region (by type) (such (d) is a program expenditures for agents, and as, fundraising, program services, investments, region service, describe and investments independent specific type of in the region contractors grants to recipients service(s) in in the region located in the region) the region (1) EUROPE 2 CONFERENCE ATTENDANCE 24,444. (2) NORTH AMERICA 4 CONFERENCE ATTENDANCE 1,880. (3) SOUTH AMERICA CONFERENCE ATTENDANCE 17,839. (4) SUB-SAHARAN AFRICA 2 CONFERENCE ATTENDANCE 33,323. CONDUCTING BOARD/STAFF (5) EUROPE MEETING 70,861. EAST ASIA AND THE (6) PACIFIC CONFERENCE ATTENDANCE 15,137. (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)3a Subtotal..... 11 163,484. **b** Total from continuation sheets to Part I.....

0

c Totals (add lines 3a and 3b).

163,484.

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	<b>(d)</b> Purpose of grant	<b>(e)</b> 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)

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 .....

BAA

Schedule F (Form 990) 2023

84-1973536

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>(b)</b> Region	(c) Number of recipients	<b>(d)</b> 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) BAA						Schedule F	(Form 990) 2023

Pa	rt IV	Foreign Forms		
1	organi	ne organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the ization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign ration (see the Instructions for Form 926)	Yes	X No
2	require of Cer	e organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be ged to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt tain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. r (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	organi	e organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the ization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain in Corporations (see the Instructions for Form 5471).	Yes	X No
4	electin <i>Returr</i>	ne organization a direct or indirect shareholder of a passive foreign investment company or a qualified g fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the ctions for Form 8621).	Yes	X No
5	organi	e organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the ization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign erships (see the Instructions for Form 8865).	Yes	X No
6	If "Yes	e organization have any operations in or related to any boycotting countries during the tax year? s," the organization may be required to separately file Form 5713, International Boycott Report (see structions for Form 5713; don't file with Form 990).	Yes	X No

BAA Schedule F (Form 990) 2023 TEEA3505L 11/01/23

## 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.

#### PART I - ADDITIONAL SUPPLEMENTAL INFORMATION

THE ORGANIZATION USES ITS ESTABLISHED POLICIES AND PROCEDURES TO MONITOR THE EXPENSES OF ACTIVITIES OUTSIDE THE UNITED STATES. THE ORGANIZATION USES AN ACCRUAL METHOD OF ACCOUNTING. IT DOES NOT SEPERATELY STATE EXPENDITURES OF FOREIGN ACTIVITIES IN THE FINANCIAL STATEMENTS AND INDIRECT EXPENSES TO FOREIGN ACTIVITIES ARE NOT SEPERATELY TRACKED BY THE ORGANIZATION.

BAA TEEA3504L 11/01/23 Schedule F (Form 990) 2023

# **SCHEDULE J** (Form 990)

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INITIATIVE FOR RESPONSIBLE MINING **ASSURANCE** 

Employer identification number

84-1973536

Par	irt I Questions Regarding Compensation			
			Yes	No
1a	a Check the appropriate box(es) if the organization provided any of the following to or for a VII, Section A, line 1a. Complete Part III to provide any relevant information regar	a person listed on Form 990, Part rding these items.		
	First-class or charter travel Housing allowan	ice or residence for personal use		
	Travel for companions Payments for bu	isiness use of personal residence		
	Tax indemnification and gross-up payments  Health or social	club dues or initiation fees		
	Discretionary spending account Personal service	es (such as maid, chauffeur, chef)		
b	<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy re reimbursement or provision of all of the expenses described above? If "No," comp	garding payment or olete Part III to explain	,	
2	Did the organization require substantiation prior to reimbursing or allowing expens trustees, and officers, including the CEO/Executive Director, regarding the items of			
3	Indicate which, if any, of the following the organization used to establish the compensati Executive Director. Check all that apply. Do not check any boxes for methods use establish compensation of the CEO/Executive Director, but explain in Part III.	on of the organization's CEO/ d by a related organization to		
	X Compensation committee Written employm	nent contract		
	Independent compensation consultant Compensation s	urvey or study		
	X Form 990 of other organizations X Approval by the	board or compensation committee		
	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, worganization or a related organization:			
	a Receive a severance payment or change-of-control payment?			X
	<ul> <li>b Participate in or receive payment from a supplemental nonqualified retirement pla</li> <li>c Participate in or receive payment from an equity-based compensation arrangement</li> </ul>			X
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for eac			Λ
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete line	es 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or contingent on the revenues of:	accrue any compensation		
а	a The organization?	5a	ı	Х
b	<b>b</b> Any related organization?	5b	)	Χ
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or contingent on the net earnings of:	accrue any compensation		
	a The organization?		ı	Χ
b	<b>b</b> Any related organization?	6b	)	Χ
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization payments not described on lines 5 and 6? If "Yes," describe in Part III	provide any nonfixed		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	·		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure section 53 4958-6(c)?	described in Regulations		

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/o	r 1099-NEC compensatio	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
AIMEE BOULANGER	(i)	166,600.	0.	0.	0.	4,998.	171,598.	0.
1 EXECUTIVE DIR.	(ii)	0.	$\frac{1}{0}$ .	0.	$\overline{0}$ .	0.	0.	0.
	(i)							
2	(ii)				T		T	1
	(i)							
3	(ii)							
	(i)						L	
4	(ii)							
	(i)						L	
5	(ii)							
	(i)				<b> </b>		<b>_</b>	
6	(ii)							
_	(i)		<b> </b>		<b> </b>		<b></b>	
7	(ii)							
	(i)				<b></b>		<b></b>	
8	(ii)							_
0	(i)	<b></b>	<b> </b>		<b></b>		+	
9	(ii)							
10	(i)				<del> </del>		+	
-10	(ii) (i)							
11	(ii)	<b></b>	<del> </del>		<del> </del>		<del> </del>	
<u>''</u>	(i)							
12	(ii)				<del> </del>		+	
	(i)							
13	(ii)				<del> </del>		<del> </del>	
	(i)							_
14	(ii)	<del></del>	†		<del> </del>		†	1
	(i)							
15	(ii)				t		† <i></i>	
-	(i)							
16	(ii)				t		†	1
DAA			TEE 4 4 1 0 0 1 0 7 10 1	2/22	1	1		L (E 000) 0000

BAA

TEEA4102L 07/03/23

Schedule J (Form 990) 2023

Page 3

#### Part III Supplemental Information

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

### SCHEDULE O (Form 990)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INITIATIVE FOR RESPONSIBLE MINING ASSURANCE

Employer identification number

84-1973536

#### FORM 990. PART I. LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

THE INITIATIVE FOR RESPONSIBLE MINING ASSURANCE (IRMA)'S MISSION IS TO PROTECT PEOPLE AND THE ENVIRONMENT DIRECTLY AFFECTED BY MINING. IRMA'S STANDARD AND AUDIT SYSTEM PROVIDES UNPRECEDENTED TRANSPARENCY FOR MINING OPERATIONS, BRINGS MARKET RECOGNITION TO MINES DEMONSTRATING COMMITMENT TO IMPROVING PRACTICES, AND WORKS TO REDUCE IMPACTS TO THE COMMUNITY AND ENVIRONMENT. IRMA IS THE ANSWER TO A GLOBAL DEMAND FOR MORE SOCIALLY AND ENVIRONMENTALLY RESPONSIBLE MINING. WE ENVISION A WORLD WHERE THE MINING INDUSTRY RESPECTS THE HUMAN RIGHTS AND ASPIRATIONS OF AFFECTED COMMUNITIES, PROVIDES SAFE, HEALTHY AND SUPPORTIVE WORKPLACES, MINIMIZES HARM TO THE ENVIRONMENT, AND LEAVES POSITIVE LEGACIES.

## FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE INITIATIVE FOR RESPONSIBLE MINING ASSURANCE (IRMA)'S MISSION IS TO PROTECT
PEOPLE AND THE ENVIRONMENT DIRECTLY AFFECTED BY MINING. IRMA'S STANDARD AND AUDIT
SYSTEM PROVIDES UNPRECEDENTED TRANSPARENCY FOR MINING OPERATIONS, BRINGS MARKET
RECOGNITION TO MINES DEMONSTRATING COMMITMENT TO IMPROVING PRACTICES, AND WORKS TO
REDUCE IMPACTS TO THE COMMUNITY AND ENVIRONMENT. IRMA IS THE ANSWER TO A GLOBAL
DEMAND FOR MORE SOCIALLY AND ENVIRONMENTALLY RESPONSIBLE MINING. WE ENVISION A WORLD
WHERE THE MINING INDUSTRY RESPECTS THE HUMAN RIGHTS AND ASPIRATIONS OF AFFECTED
COMMUNITIES, PROVIDES SAFE, HEALTHY AND SUPPORTIVE WORKPLACES, MINIMIZES HARM TO THE
ENVIRONMENT, AND LEAVES POSITIVE LEGACIES.

#### FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

IRMA MEMBERS PARTICIPATE TO SHAPE THE FUTURE OF IRMA'S STANDARD FOR RESPONSIBLE MINING AND RELATED VERIFICATION SYSTEM AS WELL AS JOIN IN THE ADVANCEMENT OF A SHARED VISION: A WORLD WHERE THE MINING INDUSTRY RESPECTS THE HUMAN RIGHTS AND ASPIRATIONS OF AFFECTED COMMUNITIES, PROVIDES SAFE, HEALTHY AND SUPPORTIVE

Name of the organization INITIATIVE FOR RESPONSIBLE MINING
ASSURANCE

Employer identification number 84-1973536

### FORM 990, PART VI. LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER (CONTINUED)

GOVERNING SECTOR-MINING COMPANIES, DOWNSTREAM PURCHASERS, NGOS, COMMUNITY

ORGANIZATIONS, ORGANIZED LABOR, OR FINANCE/INVESTMENT-HAS MORE THAN FIVE MEMBERS,

THEY ELECT A REPRESENTATIVE TO FILL ONE OF THE TWO BOARD SEATS FOR THEIR SECTOR.

IRMA HAS AN OPEN APPLICATION PROCESS FOR MEMBERSHIP; APPLICATIONS ARE REVIEWED AND

APPROVED BY THE BOARD OF DIRECTORS.

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS REVIEWED AND ACCEPTED BY THE BOARD OF DIRECTORS.

# FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE BOARD OF DIRECTORS REVIEWED AND UPDATED THE CONFLICT OF INTEREST POLICY AND ENFORCED THIS POLICY BY REQUESTING THAT THE BOARD DISCLOSE ANY CONFLICTS OF INTEREST, AND REVIEWED AND UPDATED THE POLICY.

#### FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE BOARD EXECUTIVE COMMITTEE CONDUCTED A REVIEW OF THE EXECUTIVE DIRECTOR'S PERFORMANCE AND COMPENSATION, AND MET IN EXECUTIVE SESSION TO DELIBERATE AND DETERMINE EXECUTIVE DIRECTOR COMPENSATION.

### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

IRMA HAS MADE PUBLICLY AVAILABLE, VIA ITS WEBSITE, ITS BYLAWS AND CONFLICT OF INTEREST POLICY.

#### FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT <u>&amp; GENERAL</u>	FUND- RAISING
INDEPENDENT CONTRACTORS	377,157.	377,157.		
STANDARD & AUDIT TECHNICAL EXP	265,703.	265,703.		
TECHNOLOGY & DESIGN	42,728.	42,607.	102.	19.
TRANSLATION & INTERPRETATION	65,668.	65,668.		
TRAINING AND FACILITATION	11,650.	10,405.	1,048.	197.
TOTAL	\$ 762,906.	\$ 761,540.	\$ 1,150.	\$ 216.