

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

# SCANNED AUG 0 9 2017

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

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2016

Open to Public Inspection

Α	For t	he 2016 calen	idar year, or ta	c year begin	ning		<u>, 2016,</u> a	and ending				,
В	Check	f applicable	C Name of organ	nzation Inte	rnational As	ssociation	for Impact	Assessment	, Inc.	D Employ	er iden	tification number
	∏A	ddress change	Doing business	s es						58-	1433	922
	□ <sub>N</sub>	ame change	Number and si	reet (or PO box	r if mail is not deliv	ered to street ac	ldress)	Room/sud	0	E Telepho	ue unw	ber
	IIm	atual return	1330 23rd	l St. S				Suite	c	(70	1) 2	97-7912
	$\vdash$	hal return/terminated			country, and ZIP o	r foreign postal i	code	10				
	Н	mended return	Fargo				ND	58103		G Gmas n	ncemis	\$1,346,900.
	$\vdash$	pplication pending	F Name and add	ress of pancinal	officer	<del></del>			a) is this a	group return		
	<b>Ш</b> ~	pprocess personing	Jill Bake			Ottous	Ch			subordinates attach a list. (		loned 100 lone
_	Tav	-exempl status	X 501(c)(3)	501(c) (		sert no)	4947(a)(1) or	527	If 'No '	ettech a list. (	see msb	ructions)
<u>;</u>		<u>·</u>	w.iaia.or		7 (612		14747(0)(1) (1	<del></del>	a) Cours	exemption nu	mher 1	-
K		n of organization	X Corporation	Trust	Association	Other -	lı v.	ear of formation	198			egal domicite ND
	rt I	Summa		1 Trust	ASSOCIATION	Ottabl	14-14	ray or jointagen	130.	T 1 1 1 1 1	ABIG 01 F	eñer pormerio 1410
10	1		be the organizat	ion's mission	or most sioni	ficant activit	ies To	provide	the	inter	nati	onal
	١.		or advanci									.01101
Activities & Governance			forms of 1									
五			, regiona								<del>-</del>	
Ş	2		ox ► if the								ssets.	
ဗ	3		oting members o	-			•				3	9
<b>ං</b> ජි ග	4	Number of in	dependent votin	g members (	of the governir	ng body (Par	t VI, line 1b) .				4	9
:2	5		of individuals e								5	6
춫	6		of volunteers (e								6	11
ĕ			ed business reve								7a	62,164.
	ь	Net unrelated	business taxab	le income fr	om Form 990-	T, line 34	· · · · · · · ·				7ь	0.
									P	rior Year		Current Year
9	8		and grants (Par		-			3		529,9		467,856.
를	9	_	/ice revenue (Pa							931,9		802,851.
Revenue	10		come (Part VIII,					]		34,4		54,418.
	11		e (Part VIII, colu e – add lines 8 t						1	16,2 ,512,5		21,775. 1,346,900.
	13		imilar amounts p							2,4		4,718.
	14		to or for membe				2017. 18	JI I		2,4	70.	4, /10.
	15	Solorios othe	acitement to the to	omploves i	barage (Part	IX column (	A) lines 5 (6)			201 0	67	466,790.
8	1	16 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 (Δ)										400,750.
BLIB	16a	Protessional	rungraising tees	(Part IX, coi	lumn (A), whe	SOFW.						
Ехрепвев	b	Total fundras	sing expenses (F	Part IX, colur	nb (Ω), line 25		1;	821.				
ш	17	Other expens	ies (Part IX, colu	ımın (A), iline	s 11a-11d, 111	f-24 <del>e</del> )	<i></i> .		_1	,071,9	73.	668,868.
	18	Total expens	es. Add lines 13	-17 (must eq	jual Part IX, co	olumn (A), lir	ne 25)		1	, 466, 4	10.	1,140,376.
	19	Revenue less	expenses Sub	tract line 18	from line 12	<u></u>	. <u></u>			46,1	49.	206,524.
8									Beginnli	ng of Curre	ıt Year	End of Year
1	20		(Part X, line 16)						1	,840,2	83.	2,020,303.
A Base	21	Total liabilitie	s (Part X, line 20	5)	<b></b>					8,8	51.	3,410.
\$ 2	22	Net assets or	fund balances.	Subtract line	21 from line	20	. <i></i>		1	,831,4	32.	2,016,893.
Pa	irt II	Signatu	re Block									
Und	er penal	ities of perjury, I de	clare that I have exer rer (other than officer	nined this return	, including accomp	anying schedule	s and statements,	and to the best	of my know	vledga and b	obef, it is	true, correct, and
	pale U		er (cale) unit onice	) IS 02560 OII all		at preparer ness	any anomacya		<del></del>		-1	
		Sunnet	ure of officer	- Style	leen,					ete	118	7 17
Sig		Signau	ale or or roces	00								
He	re		1 Baker						Chie	f Exec	utıv	e Officer
			r print name and title				<del></del>					· · · · · · · · · · · · · · · · · · ·
		Print/Type (	preparer's name		Preparate sugne	ture ///	4	Date		Check	đ	PTIN
Pa	id	James	Clifton		XM	2/14/	m	07/18/1	7	self-employ	ed	P00364492
Pr	epar	er Firm's nam		Clift	б СРА, I	Ltd.				į		
Us	e Or	nly  Firm's addr	ess PO BO	X 2425						Firm's EIN	45	-0451651
			Fargo					3-2425		Phone no	(70	<del></del>
Ma	y the I	IRS discuss th	is return with the	preparer st	nown above? (	see instructi	ons)				<u></u>	. X Yes No
BA	A Fo	r Paperwork i	Reduction Act I	Notice, see	the separate	instructions	3.	TEEA	0101 11/1	6/16		Form 990 (2016)



Da	990 (2016) Internationa	1 Association	for Impact Assessment, Inc.	58-1	433922 Page 2
III.di	Statement of Pro	gram Service	Accomplishments		
	Check if Schedule O co	ontains a response	or note to any line in this Part III .		
1	Briefly describe the organization	on's mission			
	To provide the int	ernational			
			on and communication of	of best practices	
	See Form 990, Page 2, Part I				
2	Did the organization undertake	any significant pr	ogram services during the year which	h were not listed on the prior	· · · · · · · · · · · · · · · · · · ·
					. Yes X No
	If 'Yes,' describe these new se				ليا ليا
3	Did the organization cease co	nducting, or make	significant changes in how it conduc	ts, any program services?	. Yes X No
	If 'Yes,' describe these change				لتا لــا
4	Describe the organization's pr	ogram service acc	omplishments for each of its three la e required to report the amount of gr ported	rgest program services, as measu ants and allocations to others, the	red by expenses total expenses,
	, and the control of				
4 a	(Code: ) (Expens	es \$	4,174. including grants of \$	0.)(Revenue	\$ 25,103.)
			ons and journals and I		<del></del> -
	and Project Apprai				
	(Code: ) (Expens	es \$ 00	4,021. including grants of \$	4 710 \/Pevenue	\$ 776 101 \
41			nts, brochures, collect		
			nternational conference		
		T GETTAGE T	ucernacional conferenc	es_and_regionar	
	symposia.				
<del></del>					
4 (	: (Code:) (Expense	es \$	including grants of \$	) (Revenue	\$)
40	: (Code:) (Expens	es \$	including grants of \$	) (Revenue	\$
40	: (Code:) (Expens	es \$	including grants of \$	) (Revenue	\$)
4 (	: (Code:) (Expens	es \$	including grants of \$	) (Revenue	\$)
40	: (Code:) (Expens	es \$	including grants of \$	) (Revenue	\$
40	(Code:) (Expens	es \$	including grants of \$	) (Revenue	\$
40	: (Code:) (Expens	es \$	including grants of \$	) (Revenue	\$
40	: (Code:) (Expens	es \$	including grants of \$	) (Revenue	\$
40	: (Code:) (Expens	es \$	including grants of \$	) (Revenue	\$
40	: (Code:) (Expens	es \$	including grants of \$	) (Revenue	\$
40	: (Code:) (Expens	es \$	including grants of \$	) (Revenue	\$
46	: (Code:) (Expens	es \$	including grants of \$	) (Revenue	\$
46	(Code:) (Expens	es \$	including grants of \$	) (Revenue	\$
	Code: (Code: (Code: (Description of the content of			) (Revenue	\$
		cribe in Schedule C		) (Revenue \$	\$

	·		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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		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? If 'Yes,' complete Schedule D, Part II	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 temporarily restricted endowments, permanent endowments, or 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, VIII, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a	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.	11 b		Х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		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	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		х
	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	•	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	<b>_</b>
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		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? If 'Yes,' complete Schedule G, Part 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
		_		

Checklist of Required Schedules (continued) Yes No 20a Х 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . . . . . . b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . 20b 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 . . . . . . Х 21 Х 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х 23 Χ 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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 Χ transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Х 25b Χ 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) Х 28a a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . . . . . b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b Schedule L, Part IV . . . X 280 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 31 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . . . Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х Schedule N. Part II . . . . . . Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.... 35a 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 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is X treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI . . . . . . . . . . . 37

BAA

Х

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

	Check if Schedule O contains a response or note to any line in this Part V			. □
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	J.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
_	ments, filed for the calendar year ending with or within the year covered by this return 2a 6		X	لــــا
D.	olf at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	<u>├</u> ^	<del>                                     </del>
2 -	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X	ļ <sup>1</sup>
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<del> </del>	<del></del>
		3 b	<u>├</u> ^	<del> </del>
	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	<u> </u>
b	olf 'Yes,' enter the name of the foreign country:  See Foreign Countries	4	1	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		<b> </b>	لبيبا
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<del> </del>	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<del></del>	<del> </del>	X
С	s If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	<u> </u>	ļ
6 a	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?	6 a		X
b	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	a 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?	7 a	Х	
b	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
d	I If 'Yes,' indicate the number of Forms 8282 filed during the year			
6	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	Х	
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		Х
h	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8	<u> </u>	X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	4	X
	Section 501(c)(7) organizations. Enter:		i	
	Initiation fees and capital contributions included on Part VIII, line 12	1	1	
_	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1	l	
	Section 501(c)(12) organizations. Enter:			
а	a Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a	1	
b	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a	a Is the organization licensed to issue qualified health plans in more than one state?	. 13a	1_	
	Note. See the instructions for additional information the organization must report on Schedule O.			
t	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	1		
14 a	a Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		X
t	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	. 14 b	·I	<u> </u>
BAA	TEEA0105 11/16/16	Form	n 990 (	(2016)

Par	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes i Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	n		. [X]
Sec	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	,	ţ.	
Ł	Enter the number of voting members included in line 1a, above, who are independent 1 b	}		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			
_	,	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	Х	_X
6 7 a	Did the organization have members or stockholders?	6 7a	X	
t	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8 a	X	
	Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	<u>'</u>
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
t	of 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their	40.5		v
44	operations are consistent with the organization's exempt purposes?	10 b		X
	thas the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		<u> </u>
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		x
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		,	
a	The organization's CEO, Executive Director, or top management official	15a	X	
t	Other officers or key employees of the organization	15 b	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
t	olf 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b	<del></del>	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			. <b></b> .
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply.	availat	ole	
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year.	e to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
		01) :		
BAA	TEEA0106 11/16/16	Form	990 (	2016)

Form.990 (2016) International Association for	Impac	t Assessment, Inc.		58-14339	22 <b>Page 7</b>
Part VII Compensation of Officers, Directo Independent Contractors	rs, Tru	stees, Key Employe	es, Highest C	ompensated En	nployees, and
Check if Schedule O contains a response or n					<u> </u>
Section A. Officers, Directors, Trustees, Ke	y Emp	loyees, and Highest	Compensate	d Employees	
1 a Complete this table for all persons required to be listed. organization's tax year.	. Report	compensation for the cale	ndar year ending w	vith or within the	
<ul> <li>List all of the organization's current officers, directors compensation. Enter -0- in columns (D), (E), and (F) if no columns.</li> </ul>			organizations), reg	ardless of amount of	
<ul> <li>List all of the organization's current key employees,</li> </ul>	if any. Se	ee instructions for definitio	n of 'key employee	•'	
<ul> <li>List the organization's five current highest compensa- who received reportable compensation (Box 5 of Form W-2 organization and any related organizations.</li> </ul>					
<ul> <li>List all of the organization's former officers, key emp of reportable compensation from the organization and any</li> </ul>			employees who re	ceived more than \$1	00,000
<ul> <li>List all of the organization's former directors or trus organization, more than \$10,000 of reportable compensation.</li> </ul>					
List persons in the following order: individual trustees or disemployees; and former such persons	rectors; II	nstitutional trustees; office	rs; key employees	highest compensate	∍d
Check this box if neither the organization nor any relate	ed organ	ization compensated any	current officer, dire	ctor, or trustee.	
		(C)			
(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer in the control of	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization

(A) Name and Title	(B) Average hours	Average is both an officer and a director/trustee)					on	(D)  Reportable compensation from the organization	(E)  Reportable  compensation from	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Jill Baker CEO	50.00				х			90,274.	0.	0.
(2) Yaw Amoyaw-Osei Past President	2.00			х				0.	0.	0.
(3) Ana Maria Esteves President	2.00			Х			ì	0.	0.	0.
(4) Marla Orenstein President-Elect	2.00			Х				0.	0.	0.
(5) Morgan Houptfleisch Director-Treasurer	2.00	х		х				0.	0.	0.
(6) Susan Joyce Director	2.00	х						0.	0.	0.
(7) Shirley Lee Director	2.00	x						0.	0.	0.
(8) Elsa Jo <sup>a</sup> o Director	2.00	х						0.	0.	0.
(9) Javier Clausen Director	2.00	х						0.	0.	0.
(10) Myungjin Kim	2.00	X				"				
Director (11)								0.	0.	0.
<u>(12)</u>	1	<del>                                     </del>								
<u>(13)</u>	<del> </del> -							<del> </del>		
(14)			$\vdash$			$\vdash$	-		V	

Tart VII   Section A. Officers, Directors, 11	(B)	T		<u>()</u>		<b>c</b> 3, (	anc	riighest con	ipensateu Lin	Jioyees (conunuea)
(A) Name and title	Average hours per week	box	, unle	Pos heck ss pe	rtion more rson i	than o s both or/trust	an ee)	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	or director	easturb lanoutubbani	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)	<del> </del>									
(16)	<del> </del>	<del> </del>								
(17)	<del> </del>									
(18)	<del> </del>									
(19)	1	<del> </del>							<del></del>	
(20)		1								<del> </del>
(21)	<del> </del>									
(22)	<del> </del>									
(23)	<del> </del> -									
(24)										
(25)										
1 b Sub-total							<b>&gt;</b>	90,274.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	90,274.	0.	
2 Total number of individuals (including but not limite from the organization ►	d to those	listed	abo	ove)	who	rece	eive	d more than \$100,0	000 of reportable co	
3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such it	r, or trustee Individual							st compensated en		Yes No
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater such individual	than \$150,	00Ò?	If 'Y	es, '	com	plete	Sc	hèdule J for		. 4 X
Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'	compensat	ion fr	om a	any i	unre	lated	org	anization or individ	dual	5 X
Section B. Independent Contractors									····	
Complete this table for your five highest compensation from the organization Report compensation.	ted indepe ensation fo	nden r the	t cor cale	ntrac nda	tors yea	that er en	reco	eived more than \$1 with or within the	100,000 of organization's tax y	rear.
(A) Name and business adde	ess							(B) Description o		(C) Compensation
Total number of independent contractors (including \$100,000 of compensation from the organization	but not lin	nited	to th	ose	liste	ed ab	ove	) who received mo	re than	TO STATE OF THE ST
DAA									\$19.Y	2007年2007年2月11日11日11日11日11日11日11日11日11日11日11日1日1日1日1

Part VIII Statement of Revenue											
		Check if Schedule O c	ontains a	respo	nse or note to any lin	e in this Part VIII			<u> </u>		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
its ts	1 a	Federated campaigns .		1 a				<del></del>			
ran	b	Membership dues	[	1 b	160,634.		1				
S, G	C	Fundraising events	[	1 c		ļ	1				
ar /	d	Related organizations .	[	1 d							
s, ( imi	8	Government grants (contribution	ons) [	1 e							
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grassmilar amounts not included a	ants, and bove	1 f	307,222.						
do	g	Noncash contributions included	d in lines 1a	-1f \$					ļ		
<u>응</u> 등	h	Total. Add lines 1a-1f .				467,856.					
Je.					Business Code						
€	2 a	<u>Administration</u>	<u>Fees</u>		900099	84,769.	84,769.	0.	0.		
ě	þ	Conference Inco	me		900099	665,005.	620,502.	44,503.	0.		
ξ		<u>Career Central</u>		<u> 1e</u>	900099	854.	854.	0.	0.		
Program Service Revenue		Prof. Dev. Proc			900099	13,500.	13,500.	0.	0.		
Ta Ta		Community Connec			900099	20,847.	20,847.	0.	0.		
5		All other program service				17,876.	215.	17,661.	0.		
<u> </u>	g	Total. Add lines 2a-2f .				802,851.					
	3	Investment income (inclu- other similar amounts).	ding divid	ends,	interest and	E 4 410	0.	0.	E 4 410		
	4	Income from investment				54,418.	<u>V·</u>	<u> </u>	54,418.		
	5	Royalties		-	' <del>-</del> '	25,103.	25,103.	0.	0.		
	-	[	(ı) Re		(ii) Personal	23,103.	20,100.	<u></u>	<u> </u>		
	6 a	Gross rents									
	b	Less: rental expenses				Ī					
	C	Rental income or (loss)									
	d	Net rental income or (loss	s)								
	7 a	Gross amount from sales of assets other than inventory	(i) Secur	nties	(II) Other						
		Less, cost or other basis and sales expenses									
		Gain or (loss)									
	d	Net gain or (loss)						<u></u>			
Other Revenue	8 a	Gross income from fundation (not including \$ of contributions reported	_								
é											
<u></u>		See Part IV, line 18			a	ļ					
Ę		Less. direct expenses .			bl b		-				
0		Net income or (loss) from		-	ents		···				
	9 a	Gross income from gamil	ng activitie	3 <b>S</b>	a						
	ь	Less direct expenses			b						
		Net income or (loss) from			·						
		Gross sales of inventory, and allowances	less retur	ns	a						
	b	Less: cost of goods sold			<b>b</b>				1		
		Net income or (loss) from			·		· · · · · · · · · · · · · · · · · · ·				
		Miscellaneous Revenu			Business Code		<del></del>				
	11 a	Foreign Currency T	ranslat	ion	900099	-3,273.	0.	0.	-3,273.		
		Cash Short & Ov			900099	-55.	-55.	0.	0.		
	С						<del>`</del>	<u></u>	1		
	d	All other revenue									
	e	Total. Add lines 11a-11d				-3 328	<del></del>	<del></del>			

765,735.

62,164.

58-1433922

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) (D) Fundraising (A) Total expenses (B) (C) Do not include amounts reported on lines Management and Program service 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. . . . . . . . . . . . . . . Grants and other assistance to domestic individuals. See Part IV, line 22. . . . . 4.718 4,718 Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals See Part IV, lines 15 and 16. Benefits paid to or for members. . . . . . . Compensation of current officers, directors, trustees, and key employees . . . . 90,274 66,703 21,413 2,158. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)...... Other salaries and wages. . . . . . . . . . . . . 319,237 75,723 7,630. 235,884 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... 2,948 297. 12,430 9,185 Other employee benefits . . . . . 17,783 13,140. 4,218 425. Payroll taxes . . . . . . . . . . 19,999. 6,420 647. 27,066. Fees for services (non-employees) a Management . . . . . . . . . . . . . . . . c Accounting . . . . . . . . 14,778 0. 14,778 0. e Professional fundraising services See Part IV, line 17 . f Investment management fees . . . . . . . . 17,159 0 17,159 0. Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . Advertising and promotion . . . . . . . . . . . . 5,698 1,116. 4,582 0. 12,741. 7,323 0. 13 20,064 2,240. Information technology . . . . . . 14 93,709 69,241 22,228 315. 23,948 11,456 12.177 17 81,771 64,657 17,114 0. Payments of travel or entertainment expenses for any federal, state, or local Conferences, conventions, and meetings . . . 0. 401,863 394,551 7,312 Interest......... 21 Payments to affiliates. . . . . . . 108. Depreciation, depletion, and amortization . . . 4,538 3,354 1,076 23 Insurance .......... 3,886 0 3,886 0. Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) . . . . a Miscellaneous 1,454 1.450 25 Total functional expenses. Add lines 1 through 24e. . 1,140,376. 908, 195 218,360. 13,821. Joint costs. Complete this line only 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 any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	223,351.	1	421,148.
1	2	Savings and temporary cash investments	423,537.	2	379,400.
	3	Pledges and grants receivable, net		3	
l	4	Accounts receivable, net	4,399.	4	119.
ŀ	5	Loans and other receivables from current and former officers, directors.	·		
	3	rustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
5	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		,	
	b	Less accumulated depreciation	11,961.	10 c	11,468.
	11	Investments – publicly traded securities	1,176,573.	11	1,208,168.
ļ	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11	······································	13	
	14	Intangible assets	462.	14	····
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,840,283.	16	2,020,303.
	17	Total assets. Add lines 1 through 15 (must equal line 34)	8,851.	17	3,410.
	18	Grants payable		18	
Į	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	8,851.	26	3,410.
2		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			
ğ		lines 27 through 29, and lines 33 and 34.			
ă	27	Unrestricted net assets	1,810,684.	27	1,996,145.
Bal	28	Temporarily restricted net assets	20,748.	28	20,748.
힏	29	Permanently restricted net assets		29	···
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.	, , , , , , , , , , , , , , , , , , ,		
	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances	1,831,432.	33	2,016,893.
_	34	Total liabilities and net assets/fund balances	1,840,283.	34	2,020,303.
BA	Α .				Form 990 (2016)

Fom	n 990 (2016) International Association for Impact Assessment, Inc. 58-14	133922		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,3	46,9	00.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,1	40,3	76.
3	Revenue less expenses Subtract line 2 from line 1	3	2	06,5	24.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,8	31,4	32.
5	Net unrealized gains (losses) on investments	5		21,0	
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 in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	0	2,0	16 <b>,</b> 8	<u>93.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\Box$
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 :	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a				
	separate basis, consolidated basis, or both			-	<u> </u>
	X Separate basis Consolidated basis Both consolidated and separate basis				
1	b Were the organization's financial statements audited by an independent accountant?		2 b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate				
	basis, consolidated basis, or both:  X Separate basis  Consolidated basis  Both consolidated and separate basis				
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				•
3 6	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BAA			Form	990 (	2016)

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **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-F7

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

OMB No 1545-0047

2016

Open to Public Inspection

Name o	ame of the organization Employer identification number											
		national Associatio					58-143392					
Part	Î	Reason for Public Cha	rity Status (All or	ganizations must co	mplete	this p	art.) See instruction	is.				
The o	gai	nization is not a private foundat	on because it is: (For	lines 1 through 12, checl	k only on	e box )						
1		A church, convention of church	nes, or association of o	churches described in se	ction 17	0(b)(1)(	A)(i).					
2		A school described in section	170(b)(1)(A)(ii). (Attac	ch Schedule E (Form 990	or 990-	EZ).)						
3		A hospital or a cooperative hos	spital service organizat	tion described in <b>section</b>	170(b)(	1)(A)(iii)	) <u>.</u>					
4	П	A medical research organization	on operated in conjunc	tion with a hospital desc	nbed in s	ection	170(b)(1)(A)(iii). Enter th	ne hospital's				
		name, city, and state										
5		An organization operated for the section 170(b)(1)(A)(iv). (Col	ne benefit of a college mplete Part II)	or university owned or o	perated I	y a gov	ernmental unit described	1 in				
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.)								
9	Η	An agricultural research organ			nerated i	n coniur	oction with a land-orant o	college				
•	L	or university or a non-land-gra										
						,,						
10	Х	An organization that normally i				ribution		d gross monints				
		from activities related to its ex- investment income and unrela- June 30, 1975. See section 5	empt functions-subjec ted business taxable ir	t to certain exceptions, a acome (less section 511	ınd (2) n	o more t	han 33-1/3% of its supp	ort from gross				
11	П	An organization organized and		•	See <b>sec</b> t	ion 509	(a)(4).					
12		An organization organized and or more publicly supported org	anizations described in	n section 509(a)(1) or se	ection 5	)9(a)(2).	See section 509(a)(3).	urposes of one Check the box in				
•	Г	lines 12a through 12d that des						ng the europeded				
а		organization(s) the power to re complete Part IV, Sections A	gularly appoint or elec	t a majority of the direct	ors or tru	stees of	the supporting organiza	tion. You must				
b		Type II. A supporting organiza management of the supporting must complete Part IV, Secti	ı organization vested ıı	trolled in connection with the same persons that	its supp control o	orted or r manaç	ganization(s), by having je the supported organiz	control or cation(s). <b>You</b>				
c		Type III functionally integrat organization(s) (see instruction	ed. A supporting organ	nization operated in connete Part IV, Sections A,	ection w D, and E	ith, and	functionally integrated w	rith, its supported				
d	L	Type III non-functionally inte functionally integrated. The organistructions). You must comp	egrated. A supporting of ganization generally m	organization operated in ust satisfy a distribution	connecti requirem	on with ent and	ts supported organization an attentiveness require	on(s) that is not ement (see				
е		Check this box if the organizat integrated, or Type III non-fund	ion received a written	determination from the II								
f	En	ter the number of supported on										
		ovide the following information a						· · · · · · · · · · · · · · · · · · ·				
(	i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is organizati in your go docum	on listed iverning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
							*					
(A)												
(B)												
<u></u>												
(C)	C)											
<u> </u>												
(D)												
<del></del>					† <del></del>		<u></u>					
(E)					<u>L</u>							
Total			į		1							

# 58-1433922 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)

Section A. Public Support							
begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	( <b>d</b> ) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants ')						
2	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	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale: begi	ndar year (or fiscal year nning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d</b> ) 2015	(e) 2016	(f) 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 activiti	es, etc (see instru	ıctions)	• • • • • • • •		12	· · · · · · · · · · · · · · · · · · ·
13	First five years. If the Form 990 is organization, check this box and s	s for the organizati	on's first, second,	third, fourth, or fift	h tax year as a sec	tion 501(c)(3)	▶ 🔲
	tion C. Computation of Pu	<del></del>					
	Public support percentage for 201	•	•				<u>%</u> %
15			·	<del></del>		بليتنسا	
16a	33-1/3% support test—2016. If the and stop here. The organization of	ne organization did qualifies as a public	I not check the book cly supported orga	x on line 13, and line inization	ne 14 is 33-1/3% o	more, check this b	ox ▶ 🗌
b	33-1/3% support test—2015. If the and stop here. The organization of	e organization did qualifies as a publi	not check a box o cly supported orga	n line 13 or 16a, a anization	nd line 15 is 33-1/3	% or more, check to	his box
17a	10%-facts-and-circumstances to or more, and if the organization meets the 'facts-attention meets attention meets atten	eets the 'facts-and	-circumstances' te	est check this how	and ston here Evi	Nen in Part VI how	▶ []
b	10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and-	eets the 'facts-and	-circumstances' te	et check this hov	and stop here. Evi	Nain in Part VI how	the
18	Private foundation. If the organiz	ation did not check	k a box on line 13	, 16a, 16b, 17a, or	17b, check this bo	x and see instructio	ns ▶ 🗍
BAA					Sc	hedule A (Form 99	0 or 990-EZ) 2016

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.)

Section A. Public Support								
	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and membership fees	i						
	received. (Do not include any 'unusual grants.').	712 106	014 013	616 075	F00 061	467.056	2 240 001	
2	Gross receipts from admissions,	713,186.	914,213.	616,875.	529,961.	467,856.	3,242,091.	
	merchandise sold or services							
	performed, or facilities furnished in any activity that is				Ì			
	related to the organization's			1				
•	tax-exempt purpose	703,600.	1,000,997.	833,518.	874,181.	740,687.	4,152,983.	
3	that are not an unrelated trade							
_	or business under section 513 .			·				
4	Tax revenues levied for the organization's benefit and							
	either paid to or expended on							
5	Its behalf			······································				
•	facilities furnished by a							
	governmental unit to the organization without charge.							
6	Total. Add lines 1 through 5	1,416,786.	1,915,210.	1,450,393.	1 404 142	1,208,543.	7 305 074	
	Amounts included on lines 1,	1,410,700.	1,915,210.	1,450,393.	1,404,142.	1,208,543.	7,395,074.	
	2, and 3 received from disqualified persons							
	Amounts included on lines 2							
D	and 3 received from other than							
	disqualified persons that exceed the greater of \$5,000 or	Į			İ			
	1% of the amount on line 13							
	for the year							
	Add lines 7a and 7b							
8	Public support. (Subtract line					1		
Soci	7c from line 6.)							
		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
	dar year (or fiscal year beginning in)   Amounts from line 6	<u></u>		<del></del>	<del>``</del>	<del></del>		
-	Gross income from interest, dividends.	1,416,786.	1,913,210.	1,450,393.	1,404,142.	1,208,543.	7,395,074.	
	payments received on securities loans,					İ		
	rents, royalties and income from similar sources	33,628.	57,648.	92,822.	60,739.	79,521.	324,358.	
b	Unrelated business taxable	337020.	377010.	J2,022.	00,733.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	324,330.	
	income (less section 511 taxes) from businesses							
	acquired after June 30, 1975	67,969.	77,709.	77.577.	57.722.	62,164.	343.141.	
	Add lines 10a and 10b	101,597.	135,357.	170,399.	118,461.	141,685.	667,499.	
11	Net income from unrelated business activities not included in line 10b.							
	whether or not the business is							
42	regularly carried on Other income. Do not include							
12	gain or loss from the sale of	]						
	capital assets (Explain in Part VI)	-3,395.	-12,574.	521,	-10,044.	-3,328.	-28,820.	
13	Total support. (Add lines 9,	-3,393.	-12,514.	J21,	-10,044.	-3,340.	-20.020.	
	10c, 11, and 12)	1,514,988.	2,037,993.	1,621,313.	1,512,559.	1,346,900.	8,033,753.	
14	First five years. If the Form 990 is organization, check this box and s	s for the organization	on's first, second, t	third, fourth, or fifth	n tax year as a sec	tion 501(c)(3)		
Sec	tion C. Computation of Pu							
	Public support percentage for 201			3. column (f))		15	92.05 %	
	Public support percentage from 20						92.87 %	
	tion D. Computation of Inv						<u> </u>	
	Investment income percentage for				0)	17	8.31 %	
	Investment income percentage fro		-	·	• •		7.13 %	
	33-1/3% support tests-2016. If t						17	
	is not more than 33-1/3%, check the	his box and <b>stop h</b>	ere. The organizat	ion qualifies as a ¡	publicly supported	organization	►  X	
b	33-1/3% support tests-2015. If t	he organization did	not check a box o	on line 14 or line 1	9a, and line 16 is r	nore than 33-1/3%	and 🗀	
20	line 18 is not more than 33-1/3%,							
20_	Private foundation. If the organiz	ation old not check	Ca DOX On line 14,	198, OF 190, Check	tris box and see	instructions		

58-1433922

**Supporting Organizations** 

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

ion A. Ali Supporting Organizations			
Г		Yes	No
Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
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		
Γ΄΄΄ Γ΄	_		
Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b		·
r i i i i i i i i i i i i i i i i i i i			
Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		
Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		l
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		
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		
Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in <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		, , , , ,
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		
Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		,
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 organizations are supported organizations? If 'Ves' provide detail in Part VI	6		- }
			<del> </del>
Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L. (Form 990 or 990-EZ).	8		
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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9c		
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 10b below  The property of the excess business holdings rules of section 4943 because of section 4943(f) (regarding the excess business holdings rules of section 4943 because of section 4943(f) (regarding the excess business holdings rules of section 4943 because of section 4943(f) (regarding the excess business holdings rules of section 4943 because of section 4943(f) (regarding the excess business holdings rules of section 4943 because of section 4943(f) (regarding the excess business holdings rules of section 4943 because of section 4943(f) (regarding the excess business holdings rules of section 4943 because of section 4943(f) (regarding the excess business holdings rules of section 4943 because of section 4943(f) (regarding the excess business holdings rules of section 4943 because of section 4943(f) (regarding the excess business holdings rules of section 4943(f) (regarding the excess business holdings rules of section 4943(f) (regarding the excess	10a		
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		
	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If No.' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain  Dut the organization have an supported organization does not have an IRS determination of status under section 509(a)(1) or (2)?  Dut the organization have as supported organization described in section 501(c)(4), (5), or (6)? If Yes,' answer (b) and (c) below  Dut the organization have as supported organization described in section 501(c)(4), (5), or (6)? If Yes,' answer (b) and (c) below  Dut the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If Yes,' describe in Part VI when and how the organization made the determination.  Dut the organization ensure that all support to such organization put in place to ensure such uses  Was any supported organization not organized in the United States (foreign supported organization?) If Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below  Was any supported organization or organized in the United States (foreign supported organization?) If Yes' each if you checked 12a or 12b in Part I, answer (b) and (c) below  Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization. Part VI now the organization and such control and discretion despite being controlled organizations.  Did the organization support any foreign supported organization had such control and discretion despite being controlled organizations.  Did the organization support any foreign supported organization had control the organization used to ensure that all support to the foreign supported organization was used exclusively for section 17(c)(2)(8) purposes  Did the organization and substitute, or remove any suppo	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If No.' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain  Dut 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).  Dut the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) if Yes,' answer (b) and (c) below  Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If Yes,' describe in Part VI when end how the organization made the debimination.  Dut the organization ensures that all support to such organizations was used exclusively for section 170(c)(2)(8) purposes? If Yes,' explain in Part VI what controls the organization put in place to ensure such uses 3cc under the organization of the organization organization organization organization organization organization organization organization o	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If No, 'describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the destignation. If historic and continuing residionship, explain  1 Dut the organization have any supported organization that does not have an IRS determination of status under section 505(e)(1) or (2)? If 'Yes, 'explain in Part VI how the organization described in section 505(e)(1) or (2).  2 Dut the organization have a supported organization described in section 501(e)(4), (5), or (6)? If 'Yes, 'enswer (b) and (c) below.  3 Dut the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 505(e)(2)? If 'Yes, 'describe in Part VI when and how the organization make the deformation.  1 Dut the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(8) purposes? If 'Yes, 'explain in Part VI what controls the organization put in place to ensure such use 3 purposes of the companization of the organization

	edule A (Form 990 or 990-EZ) 2016 International Association for Impact Assessment, Inc. 58-143392	22	F	age 5
Fai	rt IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	
ā	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
ł	A family member of a person described in (a) above?	11b		
(	A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the	1		
supporting organization was vested in the same persons that contained or managed the supported organization(s)				L
Sec	tion D. All Type III Supporting Organizations		Yes	No
			163	110
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	 	
			ļ	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
_	in this regard.	3	<u> </u>	<u> </u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	).		
	The organization satisfied the Activities Test. Complete line 2 below.			
1	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
,	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruc	ctions)		
2	Astivities Test America (a) and (b) below		<u> </u>	T
	Activities Test. Answer (a) and (b) below.	[	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was			
	responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for			
	the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of		<u> </u>	<b> </b>
,	each of the supported organizations? Provide details in Part VI.	3a		}
_	b 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 Part VI the role played by the organization in this regard.	3b		
BAA	TEEA0405 09/28/16 Schedule A (Form 9	90 or 9	90-EZ	) 2016

	dule A (Form 990 or 990-EZ) 2016 International Association for Impact A			133922 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust o instructions. All other Type III non-functionally integrated supporting organizations	n Nov. 20 s must cor	), 1970 (explain ın Part nplete Sections A throu	VI). <b>See</b> igh 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):			
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1 b	-	
С	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recovenes 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 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

BAA

7

Schedule A (Form 990 or 990-EZ) 2016

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

	dule A (Form 990 or 990-EZ) 2016 International Association			33922 <b>Page 7</b>
Par		ipporting Organiza	ations (continued)	
<u>Sect</u>	ion D - Distributions	· · · · · · · · · · · · · · · · · · ·	<del>"." "</del>	Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	es		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	ons,	
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions.	ition is responsive (provi	de details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(li) Underdistributions Pre-2016	(ili) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	<u></u> .		
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016	ļ		
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years	,		
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3 <sub>j</sub> and 4c			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
С	Excess from 2014			

BAA

d Excess from 2015 . . . e Excess from 2016 . . .

Schedule A (Form 990 or 990-EZ) 2016

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

# SCHEDULE 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. OMB No 1545-0047 2016

**Open to Public** Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

International Association for Impact Assessment, Inc. 58-1433922 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 2 Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e g , recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements . . . . . . 2 a 2 b c Number of conservation easements on a certified historic structure included in (a) . . . . . . . . 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. .▶\$

Schedule D (Form 990) 2016 Intern	ational Associati	on for Impac	t Assessment,	Inc.	58-1433	3922 Page <b>2</b>
Part III Organizations Mainta	ining Collections	of Art, Histo	orical Treasure	es, or O	ther Similar Asso	ets (continued)
3 Using the organization's acquisition items (check all that apply).	n, accession, and other	r records, check	any of the followin	g that are	a significant use of its	collection
a Public exhibition		d Loan	or exchange progr	ams		
b Scholarly research		e Other				
c Preservation for future general	tions				· · · · · · · · · · · · · · · · · · ·	
4 Provide a description of the organia Part XIII.	zation's collections and	explain how the	ey further the orga	nization's	exempt purpose in	
5 During the year, did the organization	on solicit or receive dor	nations of art, his	storical treasures,	or other si	milar assets	
to be sold to raise funds rather than	n to be maintained as p	part of the organ	ization's collection	1?	(32	Yes No
Part IV   Escrow and Custodia line 9, or reported an ar	mount on Form 99	O, Part X, line	e 21.	ı answei	rea 'Yes' on Form	990, Part IV,
1 a Is the organization an agent, truste on Form 990, Part X?	e, custodian or other in	ntermediary for o	contributions or oth	ner assets	not included	Yes No
b If 'Yes,' explain the arrangement in						
c Beginning balance					10	Amount
d Additions during the year					1 d	
e Distributions during the year					10	<del> </del>
f Ending balance					16	<del></del>
2a Did the organization include an am						Yes No
b If 'Yes,' explain the arrangement in						
o in the confidence of the contract of the con	Turi yani. Onook noro	ii tilo explanatio	r nas been provide	so on i ait	XIII	
Part V   Endowment Funds. C	omplete if the orga	anization ans	wered 'Yes' on	Form 9	90. Part IV. line 10	)
	(a) Current year	(b) Prior year			(d) Three years back	(e) Four years back
1 a Beginning of year balance	1,176,573.	1,143,3		7,500.	658,202.	587,805.
b Contributions		2/210/0		3,905.	31,340.	18,844.
c Net investment earnings, gains, and losses	31,595.	33,2		6,953.	48,132.	51,553.
d Grants or scholarships				-,	10/1021	31,333.
e Other expenditures for facilities and programs						
f Administrative expenses			<del>-  </del>		174.	
g End of year balance	1,208,168.	1,176,5	73. 1.143	3,358.		658,202.
2 Provide the estimated percentage of	· · · · · · · · · · · · · · · · · · ·				,	5007202.
a Board designated or quasi-endown	· ·	.00%				
b Permanent endowment ►	8	····				
c Temporarily restricted endowment	<b>4.00</b>	) %				
The percentages on lines 2a, 2b, a						
3 a Are there endowment funds not in to organization by:	•		are held and adm	ınistered f	or the	Yes No
(i) unrelated organizations						
(ii) related organizations						<del>- iii</del>
b If 'Yes' on line 3a(ii), are the related						3a(ii) X
4 Describe in Part XIII the intended u						1 30
Part VI Land, Buildings, and		o ondownion i	31140.	<del> </del>		
Complete if the organiz		es' on Form 9	990 Part IV lin	ne 11a 9	See Form 990 Pa	rt Y line 10
Description of property	(a) Cost	or other basis	(b) Cost or oth	er	(c) Accumulated	(d) Book value
1a Land		estment)	basis (other)		depreciation	<del></del>
b Buildings						
c Leasehold improvements						
d Equipment	<del> </del>	<del></del>	FO 0	<del></del> -	46 667	11
e Other			58,2	/5-	46,807.	11,468.
Total. Add lines 1a through 1e (Column		OO Part V aster	mn /B) /r= 40-1	I		11 10
BAA	(a) must equal FORM 9	av, ⊢ait∧, colur	ını (D), IINE 10C) .			11,468. le <b>D</b> (Form 990) 2016

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements		XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments		Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
a Net unrealized gains (losses) on investments	1	Total revenue, gains, and other support per audited financial statements	1	
b Donated services and use of facilities	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
c Recoveries of prior year grants 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 VIII, line 12, 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  5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).  Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  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	а	Net unrealized gains (losses) on investments		
d Other (Describe in Part XIII.) e Add lines 2a through 2d  Subtract line 2e from line 1  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  b Other (Describe in Part XIII) c Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements.  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.				
e Add lines 2a through 2d				
3 Subtract line 2e from line 1				
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	θ	Add lines 2a through 2d	2 e	
a Investment expenses not included on Form 990, Part VIII, line 7b	3	Subtract line 2e from line 1	3	
b Other (Describe in Part XIII )	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	Į.	
c Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		· · · · · · · · · · · · · · · · · · ·		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	_		4 c	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
1 Total expenses and losses per audited financial statements	Part		Return.	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities		Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
a Donated services and use of facilities	1	Total expenses and losses per audited financial statements	1	
b Prior year adjustments	2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
c Other losses	а	Donated services and use of facilities	1	
d Other (Describe in Part XIII.)	b	Prior year adjustments		
e Add lines 2a through 2d	C	Other losses		
3 Subtract line 2e from line 1	d	Other (Describe in Part XIII.)		
	0	Add lines 2a through 2d	2 e	
4 Amounts included on Form 990 Part IX line 25, but not on line 1:	3	Subtract line 2e from line 1	3	
		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				<del></del>
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
Part XIII   Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	Provid	the 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,		tion.

## 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.
 Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

0MB No 1545-0047 **2016** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

International Association for Impact Assessment, Inc.

Employer identification number

58-1433922

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the **United States** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed ) (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (f) Total (a) Region employees, expenditures for offices in the the region (by type) (such (d) is a program as, fundraising, program services, investments, agents, and service, describe and investments region independent specific type of in the region grants to recipients located in the region) contractors service(s) in in the region the region (1) North America 1 2 Program Service Planning for conf. 153,303. (2) East Asia and Pacific 0 0 Program Service Conference 471,230. 0 (3) Central America 0 Program Service Conference 73,230. 0 (4) Europe 0 Program Service Conference 21,933. (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)1 719,696 b Total from continuation sheets to Part I . . . . . C Totals (add lines 3a and 3b) 719,696.

Schedule F (Form 990) 2016 International Association for Impact Assessment, Inc.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(E)								
(2)								
(3)								
(4)								
(5)								
(9)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	lons listed above that a	are recognized as chilency letter	anties by the fore	ign country, recogn	ized as tax-exempt	by the IRS, or for w	hich · · · · · · · ▶	
	or entities.							
ВАА							Schedule F	Schedule F (Form 990) 2016

Page 3

58-1433922

International Association for Impact Assessment, Inc.

Schedule F (Form 990) 2016

Partill 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.

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2016 (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance E (2) (18) BAA 3 € <u>3</u> (9) 3 (10) (11) **®** 6) (12) (13) (14) (15) (16) (17)

		3-1433922	Page 4
Par	Toreign Forms		
	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	· · · □Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	[]Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year?  If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes	X No
BAA	TEEA3505 09/26/16	Schedule F (For	m 990) 2016

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.

Pt I Line 2

Substantiating documentation is required for all expenditures. This includes receipts and bank statements.

# SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	Name of the organization		Employer identification number	
	International Ass	sociation for Impact Assessment, Inc.	58-1433922	
	Pt VI, Line 10b	IAIA has individuals and businesses that pay due	es to be members	
Pt VI, Line 7a The governing body is elected by the members				
	Pt VI, Line 11b	The form 990 is reviewed by the finance officer		
A Cost of living adjustment identical for all staff is approved b				
	Pt VI, Line 15a finance committee and then by the full board of directors			
	Pt XI	Rounding error		
	Pt VI, Line 6	The organization has members.		
	Pt VI, Line 7b	Changes in the by-laws require approval by the		
		A Cost of living adjustment identical for all s		
	Pt VI, Line 15b	finance committee and then by the full board of	directorss	