Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form as it may be made public.

Open to Public

		na) Heveni			.us.govironnes					inspection	
	<u> </u>	For the	2017 cale	endar year, or tax year begin	ning		, 2017, and end	ing		, 20	
	B	Check if a	applicable:	C Name of organization Intern	national Asso	ociation for	Impact Assess	ment. Inc.	D Employe	er identification number	
i	_	Address o		Doing business as					58-14	133922	
ĺ	_	Name chi	- 1	Number and street (or P.O. bo	x if mail is not deli	vered to street addr	ess) Room/e	suite	E Telephor		
i	\exists	Initial retu	- 1	1330 23rd St. S			Suit	٠, ١		297-7912	
	Ħ		v/terminated	City or town, state or province	country and 71P	or foreign postal co			(101)231-1312		
	Η.			Fargo, ND 58103	,	u. io.u.g. poots oo			0.0		
		Amended							G Gross receipts \$ 1,543,106.		
	ш	Application	on pending	F Name and address of principal	0	~ '					
				Susan Joyce, 580				· ·		included? Yes No	
	<u> </u>		not status:		01(c) () ◀ (i	insert no.) 🔲 4947	(B)(1) or 1_1 52?	N⁻™	o," attach a	list. (see instructions)	
	_	Website:		ww.iaia.org				H(c) Group	exemption	number >	
	_				ssociation Dthe	er▶	L Year of form	atton: 198	1 M State	of legal domicite: ND	
	P	art I	Summ								
		1	Briefly de	escribe the organization's	mission or mo:	st significant ac	tivities: To pro	vide the internat	ional forum	for advancing innovation and	
	8		commun	nication of best p	ractice in	all forms	of impact	assessme	ent		
	Ē			to further the de						acity.	
	Governance			nis box 🕨 🗌 if the organiza							
0	ě			of voting members of the		-			3	9	
2019	8			of independent voting mer			•	o)	4	9	
2	8			mber of individuals employ				,	5	6	
~	Activities	R	Total nur	mber of volunteers (estima	te if necessari	7		• • • •	6	230	
0	3	7a	Total war	related business revenue fi	rom Port VIIII c	BECE	13/15	÷ · · · ·	7a		
	•							1	—	76,114.	
MAR		b	Met mule	lated business taxable inc				Prior Ye	7b	0.	
			^	tions and maste (Deat Mill	line 1h)	1 NUV 23	1)2/118 18	 			
Ω	9	1		itions and grants (Part VIII,		$\{\cdot,\cdot,\cdot\}$	2 - 0.0 · 12		7,856.	520,635.	
"	Revenue			service revenue (Part VIII,		. 00=	<u></u>		2,851.	948,839.	
ş	ě			ent Income (Part VIII, colun					1,418.	71,420.	
SCANNED		t .		venue (Part VIII, column (A					775.	2,212.	
<u>ري</u>				enue-add lines 8 through				1,346	,900.	1,543,106.	
(C)				nd similar amounts paid (F				4	718.	15,868.	
		14	Benefits	paid to or for members (P	art IX, column	(A), line 4) .					
	8	15	Salaries,	other compensation, emplo	yee benefits (P	art IX, column (A	V), lines 5–10)	466	790.	482,420.	
	2	16a	Professio	onal fundraising fees (Part	IX, column (A),	, line 11e) .					
	Expenses	b '	Total fun	draising expenses (Part IX	L, column (D), li	lne 25) ▶	39,328.	4 . 7 . 5.0	12: 23	and a series of the	
	Ш	17	Other ex	penses (Part IX, column (A), lines 11a-11	ld, 11f-24e)		668	8,868.	1,136,166.	
		18	Total exp	penses. Add lines 13-17 (n	nust equal Par	t IX, column (A)	, line 25) .	1,140	,376.	1,634,454.	
		19	Revenue	less expenses. Subtract l	ine 18 from line	e 12		206	,524.	-91,348.	
•	58							Beginning of Cu		End of Year	
	Net Assets Fund Balance		Total ass	sets (Part X, line 16)					,303.	2,048,968.	
	18			oilities (Part X, line 26)					,410.	5,575.	
	碧	t		ets or fund balances. Subtr				<u></u>	, 893.	2,043,393.	
;		rt II		ture Block					7022.1	2,010,000.	
				ury, I declare that I have examined	this return includ	ilna accompanura	schedules and stat	temants and to the	he best of a	ny knowledne and heliaf It to	
	tru	e, correct	and comp	lete. Designation of preparer (other	r than officer) is be	ased on all informati	on of which prepar	ner has any know	edge.	,	
			10	X HIA AN T	Tour			7	90	m1 2018	
	Sig	ın	Sign	nations of officer	20 / =			Os	te	DV DO	
	He			<i>p</i>		Disastas					
				san Joyce, Acting	BXecutive	DITECTOR					
			, ,	/pe preparer's name	Preparef's	slaneture	1 60 11	Date		- PTIN	
	Pa	id	- {		ערכו או	/-/-	1		Check [1 # 1	
	Pr	epare	·	s Clifton	XHII	NE LY		11/07/201		Noyed P00364492	
	Us	e Only	Firm's n			td.				15-0451651	
			Firm's 8	eddress ► PO BOX 2425		D 58108-24		Pho	ne no. (7	01)729-4858	
				is this return with the prepare			ictions)	<u> </u>	· · · ·	X Yes No	
	For	Danone	rade Badu	ection Act Notice, see the se	nambe instruct	inns BAA	8	REV 10/16/18 PRO		Form 990 (2017)	

9/32

including grants of \$

Other program services (Describe in Schedule O.)

(Expenses \$

) (Revenue \$



Part	V Checklist of Required Schedules			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	r	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	_	J	
•	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	×	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	×	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			<u> </u>
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		×
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		×
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	_		١.,
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7	<u> </u>	×
8	complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	•		Ĥ
•	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		×
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	×	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	ļ	×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		 ^
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
	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		×
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	-	×
D	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	404		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	-	×
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	×	 ^
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1	<u> </u>	
_	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	×	
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		×
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	×	
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	<u> </u>	×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		i	
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	 	×
13	If "Yes," complete Schedule G, Part III	19		×
		1 13	000	1 (004

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_ <u>×</u> _
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any demonstrance or other assistance o	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			×
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		v
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			×
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		×_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	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 of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
32	Part I	31		×
JŁ	complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
→	or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
þ	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	ar.		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		×
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37		_ <u>×</u> _
•	19? Note. All Form 990 filers are required to complete Schedule O.	38		×
			990	(2017)

Part				_
	Check if Schedule O contains a response or note to any line in this Part V	• •		
4.			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
0-		1c	×	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	1
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	<u>×</u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	×	
b	If "Yes," enter the name of the foreign country: ▶ See Statement			
_	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			_
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	×	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	×	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year		,	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	×	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		×
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		×
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		×
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		×
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		×
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	 		
11	Section 501(c)(12) organizations. Enter:	۱ ،		
a	Gross income from members or shareholders	{		
þ				
40-	against amounts due or received from them.)	10-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		ļ <u>.</u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
D			!	
_	100			
C	1.55	44-	L	-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		L

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response or note to any line in this Part VI					
Section	on A. Governing Body and Management	<u>···</u>	<u> </u>	<u> </u>		
0000	on A. doronning body and management	-	Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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		×		
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		×		
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?. Did the organization have members or stockholders?	5 6	×	×		
b	one or more members of the governing body?	7a	×			
8	stockholders, or persons other than the governing body?	7b	×			
а	the year by the following: The governing body?	8a	×	<u> </u>		
9 9	Each committee with authority to act on behalf of the governing body?	8b 9	_ X _	×		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)			
			Yes	No		
10a b	Did the organization have local chapters, branches, or affiliates?	10a	×	×		
11a						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		×		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	_		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		×		
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		×		
13	Did the organization have a written whistleblower policy?	13		×		
14 15	Did the organization have a written document retention and destruction policy?	14		×		
а	The organization's CEO, Executive Director, or top management official	15a	×	├─┤		
b		15b	×			
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
	with a taxable entity during the year?	16a		×		
Ь	If "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?	16b				
Secti	on C. Disclosure	,				
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501	c)(3)s	only)		
19	☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	terest	policy	,, and		
20	State the name, address, and telephone number of the person who possesses the organization's books and re Bridget John, 1330 23rd St., Suite C, Fargo, ND 58103 (701)297-7912	cords	:▶			

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Form 990 (2017)

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization (A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted	(do n box, office or directo	do not che ox, unless		ition more	than on the state of the state	one n an tee)	(D) Reportable compensation	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	line)	trustee	al trustee		уве	Highest compensated employee				organizations
(1) Jill Baker CEO	36.00				×	×		96,455.	0.	0.
(2) Ana Maria Esteves Past President	2.00			×				0.	0.	0.
(3) Marla Orenstein President	2.00			×				0.	0.	0.
(4) Sara Bice President-Elect	2.00			×				0.	0.	0.
(5) Myungjin Kim Director	2.00	×						0.	0.	0.
(6) Yaw Amoyaw-Osei Director	2.00	×						0.	0.	0.
(7) Susan Joyce Director	2.00	×						0.	0.	0.
(8) Maria da Cunha Director	2.00	×						0.	0.	0.
(9) Aaron Goldschmidt Director	2.00	×						0.	0.	0.
(10) Morgan Hauptfleisch Treasurer	2.00			×				0.	0.	0.
(11)										
(12)		<u> </u>					<u> </u>	 		
(13)										
(14)		<u> </u>		-		-	-			
		<u> </u>	1		<u></u>	<u></u>		<u> </u>	<u> </u>	

REV 10/16/18 PRO

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C)													
	(A) Name and title	(B) Average			Pos eck	tion more	than c		(D) Reportable	(E) Reportable			(F) mated	
		hours per week (list any hours for related organizations below dotted line)	office of Individua or directo				Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation related organization (W-2/1099-MI	from ns	amo compo froi orgar and	ount of ther ensation m the nization related nizations	1
(15)														-
(16)														
(17)														
(18)				-										
(19)														
(20)								\vdash						
(21)														
(22)										<u> </u>				
(23)														
(24)														
(25)				ļ		<u></u>								
1b c	Sub-total	VII, Sectio	n A					> >	96,455.		0.			0.
d 2	Total (add lines 1b and 1c)	t not limited						≥ e) w	96,455. ho received m	ore than \$10	0. 0,000 c	ıf		0.
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high		nsated	3	Yes -	No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater that	an \$	150,	000)? /:	f "Ye	s,"	complete Sch			4		
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsa	tion	fro	m any	/ un	related organia			5		×
Section	on B. Independent Contractors								<u> </u>					
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	tress							(B) Description of s	services	Co	(C) ompens		
								-						
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed ab	ove) who				

Part	VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
		Check if Conedia C Contains a r	esponse of note w	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
हैं है	1a	Federated campaigns 1	а			-						
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues 1	b 187,064.	,								
S, E	C	Fundraising events 1	ا تا	,								
ar Jar	đ	Related organizations 1	d									
iE,	0	· · · · · · · · · · · · · · · · · · ·	е		İ							
tion er S	f	All other contributions, gifts, grants,										
the library		and similar amounts not included above	if 333,571.	-	,							
Contribution and Other	g	Noncash contributions included in lines 1a-1f:	\$									
	h	Total. Add lines 1a-1f		520,635.								
Program Service Revenue			Business Code									
ver	2a	Administration Fees	900099	33,640.	33,640.	0.	0.					
»Be	b	Conference Income	900099	842,834.	797,066.	45,768.	0.					
<u>vi</u>	C	Career Central Revenue	900099	250.	250.	0.	0.					
Ser	d	Prof. Dev. Program	900099	17,470.	17,470.	0.	0.					
Ē	е	Royalties from Impact Publication		24,174.	24,174.	0.	0.					
ğ	f	All other program service revenue		30,471.	125.	30,346.	0.					
<u>-</u>	9	Total. Add lines 2a-2f		948,839.								
	3	Investment income (including di and other similar amounts)	vidends, interest,	71,420.	0.	0.	71,420.					
	4	Income from investment of tax-exemp	t bond proceeds ▶									
	5	Royalties	<u> ▶</u>									
		(i) Real	(ii) Personal									
	6a	Gross rents										
	b	Less: rental expenses										
	С	Rental income or (loss)										
	d	Net rental income or (loss)	<u> </u>				<u> </u>					
	7a	Gross amount from saies of assets other than inventory (i) Securities	(ii) Other	٠.			• '					
	b	Less: cost or other basis and sales expenses .]								
		Gain or (loss)										
	C d	Net gain or (loss)										
a)												
Other Revenue	8a	Gross income from fundraising events (not including \$					٠					
ě		of contributions reported on line 1c).			-							
<u>~</u>	1	See Part IV, line 18										
ŧ	ь	Less: direct expenses		İ								
0	C											
		Gross income from gaming activitie										
		See Part IV, line 19		j		,						
	ь	Less: direct expenses		ا .			-					
	C	Net income or (loss) from gaming										
	10a	Gross sales of inventory, les	ss									
		returns and allowances	а									
	ь	Less: cost of goods sold	b	1								
	C	Net income or (loss) from sales of										
		Miscellaneous Revenue	Business Code				· .					
	11a	Foreign Currency Translation	on 900099	2,212.	2,212.	0.	0.					
	b											
	С											
	d	All other revenue										
	е	Total. Add lines 11a-11d		2,212.			,					
	12	Total revenue. See instructions.	<u> </u>	1,543,106.	874,937.	76,114.	71,420.					

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).

Section	on 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se or note to any lir			
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	15,868.	15,868.		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	96,455.	74,383.	17,249.	4,823.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	326,625. 12,752.	261,620. 10,125.	62,214.	2,791.
9	Other employee benefits	20,041.	15,913.	3,951.	177.
10	Payroll taxes	26,547.	21,253.	5,067.	227.
11	Fees for services (non-employees):		22,233.	3,007.	227,
а	Management				
b	Legal				
С	Accounting	12,765.	158.	12,604.	3.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	16,215.	0.	16,215.	0.
9	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	11,604.	0.	0.	11,604.
13	Office expenses	32,707.	26,035.	6,672.	0.
14	Information technology	41,955.	23,527.	18,428.	0.
15	Royalties	12.000	10 553	0.605	
16 17	Occupancy	13,200. 92,925.	10,573.	2,627. 6,999.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	92,925.	85,926.	6,999.	0.
19	Conferences, conventions, and meetings .	882,023.	859,698.	2,735.	19,590.
20	Interest				· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	4,118.	3,298.	820.	0.
23	Insurance	4,155.	50.	4,105.	<u> </u>
24	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.)	•		-	g .
а	Prof. Dev & CC programs	22,697.	22,697.	0.	0.
b	Miscellaneous	1,802.	1,722.	80.	0.
C					
d	•••••				
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,634,454.	1,432,846.	162,280.	39,328.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				
					E 000 mos 7

32

33

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X . (B) Beginning of year End of year 421,148. 1 256,756. 1 2 2 Savings and temporary cash investments 379,400. 207,869. 3 3 4 4 119. Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(t)(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 7 Inventories for sale or use 8 8 9 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 41,150. **b** Less: accumulated depreciation 10b 28,977. 11,468. 12,173. 1,208,168. 1,572,170. 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 2,020,303 2,048,968. 16 17 Accounts payable and accrued expenses 17 5,575. 3,410. 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, بضاعت iabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties . . . 23 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 3,410. 26 5,575. Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔯 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 1,996,145. 27 1,987,424. 28 20,748. 28 55,969. 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and cue - > complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . .

2,048,968. Form 990 (2017)

2,043,393.

32

33

34

2,016,893.

2,020,303.

Retained earnings, endowment, accumulated income, or other funds.

Total liabilities and net assets/fund balances

		_					
Part							
	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	1,5	43,1	06.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,6	1,634,454.			
3	Revenue less expenses. Subtract line 2 from line 1	3	-	91,3	48.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,0	2,016,893.			
5	Net unrealized gains (losses) on investments	5	1	17,8	48.		
6	Donated services and use of facilities						
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))	10	2,0	43,3	93.		
Part	XII Financial Statements and Reporting		·				
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain i	n , ,]		
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	×			
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled o	r				
	reviewed on a separate basis, consolidated basis, or both:		l				
	⊠ Separate basis □ Consolidated basis □ Both consolidated and separate basis		İ				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		×		
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	a				
	separate basis, consolidated basis, or both:				3		
	☐ 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 or	ersigh	ıt 🗀				
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c	x			
	If the organization changed either its oversight process or selection process during the tax year, ex	plain II	n				
	Schedule O.	•					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n				
	the Single Audit Act and OMB Circular A-133?		3a		×		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo th					
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b				

Form **990** (2017)



SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

	rnational Association					58-1433922			
Par							ns.		
	rganization is not a private found						$\triangle Q$		
1 2	☐ A church, convention of church ☐ A school described in section						1)01		
3	A hospital or a cooperative ho						0 1		
4	A medical research organization						iii). Enter the		
•	hospital's name, city, and stat	•	,			, , , , , , , , , , , , , , , , , , , ,	,.		
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in		
6 7	A federal, state, or local gover An organization that normally described in section 170(b)(1	receives a subs	tantial part of its supp				the general public		
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
9				-	erated in	conjunction with a la	and-grant college		
	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:								
10	An organization that normally receives: (1) more than 33½% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
11	☐ An organization organized and		-		-	·			
12	An organization organized and	l operated exclus	ively for the benefit of	f, to perfo	orm the fu	unctions of, or to car	ry out the purposes		
	of one or more publicly supp								
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
а	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving								
	the supported organization supporting organization. Y	ou must comple	ete Part IV, Sections	A and B	'				
b	☐ Type II. A supporting orga								
	control or management of organization(s). You must				persons	that control or mana	age the supported		
_	Type III functionally integ	•			onnoctica	a with and functions	illy intograted with		
С	its supported organization						my integrated with,		
đ	Type III non-functionally	integrated. A su	pporting organization	operated	d in conne	ection with its suppo	rted organization(s)		
	that is not functionally inte						d an attentiveness		
	requirement (see instruction	•	•						
е	 Check this box if the organ functionally integrated, or 						e II, Type III		
f	Enter the number of supported				_				
g	Provide the following information						<u> </u>		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the d	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
		_		Yes	No				
(A)									
(B)							·		
(C)									
(D)	·								
(E)									
Tota	<u> </u>	 							

Part							
	(Complete only if you checked th						alify under
Sacti	Part III. If the organization fails to on A. Public Support	quality unde	er the tests iis	sted below, p	iease comple	ete Part III.)	/
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017 /	(f) Total
1	Gifts, grants, contributions, and	(4) 2010	(5) 2014	(0) 2010	(4) 2010	(0,20.1	(i) Total
·	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)	,				ŭ	
_6	Public support. Subtract line 5 from line 4			<u> </u>	<u> </u>		
	on B. Total Support	 -				,	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	/ (c) 2015	(d) 2016	(e) 2017	(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			1			
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for th	e organization	n's first, secon	id, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3)
04	organization, check this box and stop her	e ./	<u> </u>	· · · · ·	· · · · ·		· · P []
Section 14	on C. Computation of Public Suppor	<u></u>		14 (6)		14	<u>%</u>
	Public support percentage for 2017 (line 6	/	-			15	
15 16a	Public support percentage from 2016 Sch 331/3% support test—2017. If the organia			 x on line 13. ai			
	box and stop here. The organization qual						> 🗆
b	331/3% support test—2016. If the organization	zation did not	check a box o	on line 13 or 16	Sa, and line 15		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization	ets the "facts	-and-circumst umstances" te	ances" test, cl	heck this box a ization qualifie	and stop here .	. Explain ın
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets th	e "facts-and-	circumstances	" test, check	this box and	stop here.
18	Private foundation. If the organization di instructions						-
*****				 			0 or 990-EZ) 2017

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 tes	sts listed bei	ow, piease co	mplete Part	1.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						_
	received. (Do not include any "unusual grants.")	914,213.	616,875.	529,961.	467,856.	520.635.	3,049,540.
2	Gross receipts from admissions, merchandise	721,220	010,0101			,	7.2.2.7.2.2.
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	• • • • • • • • • • • • • • • • • • • •	1,000,997.	833,518.	874,181.	740,687.	848,551.	4,297,934.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
9			1				
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	1,915,210.	1,450,393.	1,404,142.	1,208,543.	1,369,186.	7,347,474.
7a	Amounts included on lines 1, 2, and 3]					[
	received from disqualified persons .]					
h	Amounts included on lines 2 and 3						
	received from other than disqualified	[
	persons that exceed the greater of \$5,000			!			
	or 1% of the amount on line 13 for the year			!			
	•						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		٠, ،				
	line 6.)	<u> </u>	, ,	, .			7,347,474.
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	1,915,210.	1,450,393.	1,404,142.	1,208,543.	1,369,186.	7,347,474.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	57,648.	92,822.	60,739.	79,521.	95,594.	386,324.
L.	•	37,040.	32,022.	00,733.	79,321.	90,094.	360,324.
D	Unrelated business taxable income (less	1					
	section 511 taxes) from businesses						
	acquired after June 30, 1975	77,709.	77,577.	57,722.	62,164.	76,114.	351,286.
C	Add lines 10a and 10b	135,357.	170,399.	118,461.	141,685.	171,708.	737,610.
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or		<u> </u>				
	loss from the sale of capital assets						
	(Explain in Part VI.)	-12,574.	521.	-10,044.	-3,328.	2,212.	-23,213.
13	Total support. (Add lines 9, 10c, 11,	-12,5/4.	321.	-10,044.	-3,320.	2,414.	23,213.
13		0.005					0 061 053
44							8,061,871.
14	First five years. If the Form 990 is for the	_					
	organization, check this box and stop he			· · · · ·	· · · · ·		🕨 🗌
Secti	on C. Computation of Public Suppo			 			
15	Public support percentage for 2017 (line		•			15	91.14 %
16	Public support percentage from 2016 Sc			<u> </u>	<u> </u>	16	92.05 %
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2017			y line 13, colu	mn (f))	17	9.15 %
18	Investment income percentage from 201	•		-		18	8.31 %
19a	331/3% support tests—2017. If the organ						
ıJa	17 is not more than 33½%, check this box						
p	331/3% support tests—2016. If the organi		-			-	_
b							
	line 18 is not more than 331/3%, check this	-	-	· ·	•	• •	
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ictions 🕨 🗌

Part IV 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.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	ļ	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
•	organization was described in section 509(a)(1) or (2).	2	ļ	_
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		F	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	-		
_	Did the organization support any foreign supported organization that does not have an IRS determination	4b	 	
С	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	 	-
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .			
_		6	-	ļ .
7	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		ļ <u>.</u>	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	 	
8	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		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	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		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	55	 	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		1
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		,
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720. to	IVA	├	

10b

determine whether the organization had excess business holdings.)

11 Has the organization accepted a gift or contribution from any of the following persons? 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? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (b) above? d A 35% controlled entity of a person described in (p) a (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 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 organizations directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations effectively operated, supervised, or controlled the organizations and what conditions or restrictions, if any, applied to such powers during the tax year and advantage organizations and what conditions or restrictions, if any, applied to such powers during the tax year allowed organization operate for the benefit of any supported organization of the thin the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization is supported organization or trustees of each of the organization's supported organization of the supported organization's supported organization's and in the supported organization's supported organization's and in the supported organization's supported organization's and in the supported organization's supported organization's and in the supported organization's supported organization's and in the organization is supported organization's and in the organization is supported organization's and in t	Part I	Supporting Organizations (continued)			
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c. 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. Section B. Type I Supporting Organizations 1. Did the directors, fustees, or membarship of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or thistees at all times during the controlled the organization of select an exported organization's directors or thistees at all times during the controlled the organization's activities. If the organization had more than one supported organization, observed organization operate for the benefit of any supported organization of the than the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2. Did the organization operate for the benefit of any supported organization of the than the supported organizations when the powers of controlled the supporting organization. 3. Section C. Type II Supporting Organizations 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 directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees of the supporting organization or trustees of each of the organization was vested in the same persons that controlled or managed the supported organization's directors or trustees of the support provided during the prior tax year. (i) a copy of the Form 990 that was most recently field as of the date of notification, or the organization's activities during the province organization's province organization's province organization's province organization's province organization's province organization's province organization marked a close and continuous working relationship with the supported organization's activities during the tax year' if "Yes," describe in Part VI there the theory organization's activities	h		-		
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		۔ ندد دی دروا	- 9 - v=z
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	<u> </u>		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	a	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly int	tegrated Type III supporti	ng organization (see

Schedule A (Form 990 or 990-EZ) 2017

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızatıons	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			<u> </u>
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	th the organization is res	ponsive	
	(provide details in Part VI). See instructions.	· · · · · · · · · · · · · · · · · · ·		
9	Distributable amount for 2017 from Section C, line 6			L
10	Line 8 amount divided by line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.	٠		~ , , , ,
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			ı.
d	From 2015	, -a - a	, , , , , , , , , , , , , , , , , , ,	. a . 5
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			a
4	Distributions for 2017 from	-	æ 3	-
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.	-3 %pp		
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3 _j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013	-	3 /	
b	Excess from 2014			
C	Excess from 2015		<u> </u>	
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

101116 0	i ilie organization		Linpidy	i identification number
Inte	ernational Association for Impact A			433922
Par				Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year) .			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor	advisors in writing that the assets he	eld in c	lonor advised
_	funds are the organization's property, subject to the			
6	Did the organization inform all grantees, donors, a	_		
•	only for charitable purposes and not for the bene			
	conferring impermissible private benefit?			
Pari	Conservation Easements.			
	Complete if the organization answered	"Yes" on Form 990 Part IV line 7		
1	Purpose(s) of conservation easements held by the			
•	Preservation of land for public use (e.g., recrea		Fa bisto	recelly important land area
	Protection of natural habitat	·		fied historic structure
		☐ Preservation of	a ceru	ned historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization he	old a qualified concentation contribution	n in the	form of a consoniation
2	easement on the last day of the tax year.	sio a quaimed conservation contribution	יוויות ד	Held at the End of the Tax Year
	•		F	
а	Total number of conservation easements		٠٠	2a
b	Total acreage restricted by conservation easemen			2b
C	Number of conservation easements on a certified		-	2c
d	Number of conservation easements included in		1	
_	•		L	2d
3	Number of conservation easements modified, tran	sterred, released, extinguished, or terr	ninated	by the organization during the
	tax year >			
4	Number of states where property subject to conse			· <i>.</i>
5	Does the organization have a written policy re			
_	violations, and enforcement of the conservation ea			
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing o	conserva	ation easements during the year
	-			
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conserv	ation easements during the year
	\$			
8	Does each conservation easement reported on line		section	170(h)(4)(B)(ı)
	The state of the s			· · · · 🔲 Yes 🗌 No
9	In Part XIII, describe how the organization reports			
	balance sheet, and include, if applicable, the text of		ancial s	statements that describes the
	organization's accounting for conservation easem			
Part				Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SF			
	works of art, historical treasures, or other similar	•		
	public service, provide, in Part XIII, the text of the	footnote to its financial statements tha	t descri	bes these items.
b	If the organization elected, as permitted under S			
	works of art, historical treasures, or other similar	r assets held for public exhibition, ed	ducation	n, or research in furtherance of
	public service, provide the following amounts relat	ing to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1			. ▶ \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art			
	following amounts required to be reported under S			2
а	Revenue included on Form 990, Part VIII, line 1			. • \$
	Assets included in Form 990 Part Y			b ¢

Page	2

Part	Organizations Maintaining	Collections of	Art, Historical	Treasures, c	r Other Similar	Assets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	·	her records, che	ck any of the	following that are a	significant use of its
а	☐ Public exhibition		d 🗌 Loa	n or exchange	programs	
b	☐ Scholarly research		e 🗌 Oth	∍r		
С	☐ Preservation for future generations	3				
4	Provide a description of the organizat XIII.	tion's collections a	and explain how	they further th	e organization's ex	empt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather					nilar . 🔲 Yes 🗌 No
Part	IV Escrow and Custodial Arra	ingements.		•		
	Complete if the organization 990, Part X, line 21.				·	
1a	included on Form 990, Part X?	 .				not .
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the following	table:		Amount
C	- 5				1c	
d	5 ,				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount					•
	If "Yes," explain the arrangement in P	art XIII. Check here	e if the explanati	on has been pr	ovided on Part XIII	<u> </u>
Par						
	Complete if the organization			•		
		(a) Current year	(b) Pnor year	(c) Two years t	ack (d) Three years b	ack (e) Four years back
1a	Beginning of year balance	1,208,168.	1,176,573	1,143,3	58. 737,50	0. 658,202.
b	Contributions	175,000.			398,90	5. 31,340.
С	Net investment earnings, gains, and losses	189,002.	31,595	33,2	15. 6,95	3. 48,132.
d	Grants or scholarships					
θ	Other expenditures for facilities and programs					
f	Administrative expenses					174.
g	End of year balance	1,572,170.	1,208,168	1,176,5	73. 1,143,35	8. 737,500.
2	Provide the estimated percentage of t	he current year en	d balance (line 1	g, column (a)) l	neld as:	
а	Board designated or quasi-endowmen	nt ▶	%			
b	Permanent endowment ▶	%	-			
С	Temporarily restricted endowment ▶	%				
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.			
3a	Are there endowment funds not in the	e possession of th	e organization ti	nat are held ar	d administered for	the
	organization by:					Yes No
	(i) unrelated organizations					. 3a(i) ×
	(ii) related organizations					. 3a(ii) ×
b	If "Yes" on line 3a(ii), are the related o	rganızations listed	as required on S	Schedule R? .		. 3b
_4	Describe in Part XIII the intended uses	s of the organization	n's endowment	funds.		
Part	VI Land, Buildings, and Equip	ment.				
	Complete if the organization	answered "Yes'	" on Form 990,	Part IV, line	l1a. See Form 99	0, Part X, line 10.
	Description of property	(a) Cost or ot (investment)		or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				a	
b	Buildings				· · · · · · · · · · · · · · · · · · ·	
C	Leasehold improvements			1		
d	Equipment			41,150.	28,977.	12,173.
e	Other				<u> </u>	
	Add lines 1a through 1e. (Column (d) n		90. Part X. colum	n (B), line 10c.) .	12,173.

Part VII	Investments — Other Securities. Complete if the organization answered	d "Yes" on Fo	rm 990. Part IV. lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Meti	hod of valuation -of-year market value
(1) Financia	derivatives				
(2) Closely-I	neld equity interests				
(3) Other					
(~)					
(B)					
(C)					
(D)				· · · · · · · · · · · · · · · · · · ·	
(E)					
(F)					
(G)					
(H)			<u> </u>		
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶			l	
Part VIII	Investments — Program Related. Complete if the organization answered	d "Yes" on Fo	rm 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		hod of valuation -of-year market value
(1)		· · · · · · · · · · · · · · · · · · ·			***************************************
(2)					
(3)		·			······································
(4)					
(5)		···			
(6)				ļ	· · · · · · · · · · · · · · · · · · ·
(7)	 				
(8)					
(9)	(b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX	Other Assets.			L	
	Complete if the organization answered	d "Yes" on Fo	rm 990. Part IV. lin	e 11d. See Form	990. Part X. line 15.
	(a) Desc		,		(b) Book value
(1)	1				
(2)					
(3)				·	
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					. ".
	ımn (b) must equal Form 990, Part X, col. (B)	line 15.)	· · · · · · ·	.	
Part X	Other Liabilities. Complete if the organization answered line 25.	d "Yes" on Fo	rm 990, Part IV, lin	e 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value	γ		
(1) Federal II		(b) Dook value	 	, -	•
(2)	noonio taxos		 		
(3)	***************************************				
(4)					
(5)		•	 		
(6)					
(7)					· ·
(8)			 		
(9)		-	=		Marie d
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶				
	r uncertain tax positions. In Part XIII, provide the	text of the footr	note to the organization	n's financial stateme	ents that reports the
	's liability for uncertain tax positions under FIN 4				

Part				
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a	•	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		_
d	Other (Describe in Part XIII.)	2d		,
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
_	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Part	·			
	Complete if the organization answered "Yes" on Form 990,		•	
1	Total expenses and losses per audited financial statements		· · ·	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ۔ ا		
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c 2d		
d	Other (Describe in Part XIII.)	L	2e	
е 3	Subtract line 2e from line 1		3	—
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i . i		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	· · · · · · · · · · · · · · · · · · ·		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			
Part	XIII Supplemental Information.		<u> </u>	
Provid	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines	1b and 2b; Part V, line 4; Part X, I	ine
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any ac	dditional information.	

Schedule D (For			 		Page 5
Part XIII	Supplemental Information	(continued)	 		
			P		
			,		
-			 		
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,					

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. \blacktriangleright Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number 58-1433922

International Association				58-1433	
Part I General Information Form 990, Part IV, line	on Activiti 14b.	es Outside t	he United States. Comp	olete if the organization ansv	
1 For grantmakers. Does the					
assistance, the grantees' elegrants or assistance?				criteria used to award the	
grants or assistance?					⊠Yes □No
2 For grantmakers. Describe	e in Part V t	the organization	on's procedures for monit	oring the use of its grant	s and other
assistance outside the Unite		J	•		
3 Activities per Region. (The fo					
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) North America	1	2	Program Service	Planning/Conference	1,002,849.
(2) Europe	0	0	Program Service	Conference	3,790.
(3) East Asia and Pacific	o	0	Program Service	Conference	85,071.
(4) Sub-Saharan Africa	0	0	Program Service	Conference	225,810.
(5)			Trogram Bartage		223,0200
(3)					<u></u>
(6)	ļ				
<u>(7)</u>				264-1-1	
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)	-			<u> </u>	1,317,520.
3a Sub-total	1	2		, E eq.	1,311,320.
c Totals (add lines 3a and 3b)	T	2	G 14		1,317,520.

Page 2

Schedule F (Form 990) 2017

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. Part II

(a) Name of (b) HS code organization section and EIN (fi applicable)							4			
(ff applicable)										
(c) Region		1		1	1	1		i		
(d) Purpose of grant										
(e) Amount of cash grant										
(f) Manner of cash disbursement										
(g) Amount of noncash assistance										
(n) Description of noncash assistance										
(i) Method of valuation (book, FMV, appraisal, other)										

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

Enter total number of other organizations or entities က

Schedule F (Form 990) 2017

Page 3

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. Schedule F (Form 990) 2017

Part III Grants al

rait III call de duplica	rait III call de duplicated II additional space is needed.	יום וופכתכת.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Paid for airfare and research North America	North America	4	10,010.	wire			
(2) scholarship and registration North America	North America	1	2,000.	wire	1,008.	Registration	FMV
(3) Paid for conference North America	North America	2			1,560.	Registration	FMV
(4) Paid for conference North America	North America	2			1,290.	Registration	FMV
(5)							
(9)							
ω							
(8)							
(6)							
(10)							
(11)				,			
(12)							
(13)						-	
(14)							
(15)							
(16)			,				
(17)							
(18)							
ВАА		REV 10/16/18 PRO	0			os	Schedule F (Form 990) 2017

Page	4

BAA

Schedul	e F (Form 990) 2017		Page 4
Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		⊠ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	t	ĭ 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)		⊠ 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).		🗷 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)		⊠ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)		⊠ No
BAA	REV 10/16/18 PRO	Schedule F (I	Form 990) 2017

Part \	Supplemental Information	
	Provide the information required by Part I, line 2 amounts of investments vs. expenditures per reg Part III, column (c) (estimated number of recipien	? (monitoring of funds); Part I, line 3, column (f) (accounting method; gion); Part II, line 1 (accounting method); Part III (accounting method); and ats), as applicable. Also complete this part to provide any additional
	Information. See instructions.	
Pt I	Line 2: Substantiating documentation	n is required for all expenditures.
This	includes receipts and bank statemen	ts.
		
	(

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

Interna	tional Association for Impact Assessment, Inc.	58-1433922							
	Line 10b: IAIA has individuals and businesses that pay due								
Pt VI, Line 7a: The governing body is elected by the members									
Pt VI,	Pt VI, Line 11b: The form 990 is reviewed by the finance officer.								
Pt VI,	Line 15a: A Cost of living adjustment identical for all st	aff is approved							
by the	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 members									
Pt VI, Line 15b: A Cost of living adjustment identical for all staff is approved									
by the	finance committee and then by the full board of directors	3							
	······································								
	·								