			Exter	nded to Nov	embe	r 16, 2020_		
Fǫ	_∰ 990-T	E	Exempt Orga				ax Return	OMB No 1545-0047
والمركبينية	•		=	nd proxy tax und	der sec	etion 6033(e))		0040
		For cal	lendar year 2019 or other tax yea	-	***	, and ending	-100	2019
	partment of the Treasury		€ 60 to www Do not enter SSN numbe •			ns and the latest informa		-Open to Public Inspection for 501(c)(3) Organizations Only
<u></u>	Check box if		Name of organization (and see instructions.)		501(c)(3) Organizations Only ployer identification number
^	address changed		Internation				[(Em	ployees' trust, see ructions)
	Exempt under section	Print	Assessment,		-1011	IOI IMPACC	,	8-1433922
	X 501(c)(3())	or	Number, street, and room		ox, see ins	structions.	E Unr	elated business activity code instructions)
	408(e)220(e)	Туре	1330 23rd S	t S, No. C	•		(000	inspections j
	408A 530(a)		City or town, state or pro-		or foreign	postal code		
ᆂ	529(a)	L		58103			541	L800
202	Book value of all assets at end of year	^2	F Group exemption numb	per (See instructions.)		504/->44		
_	Enter the number of the	organizat	6 Check organization type tion's unrelated trades or b	E X 501(C) CO	rporation 1	501(c) trust	401(a) trust	Other trust
4. 11	Litter the number of the t	UI Yailiza	qualified Spe	iusiliesses.		Describe	the only (or first) unrelate complete Parts I-V. If moi	
			ice at the end of the previou				•	
<u> </u>	business, then complete			so somenos, complete i	arts rano	in, complete a concoule	IVI TOT CACIT AUGINIONAL LIQU	6 01
			oration a subsidiary in an a	affiliated group or a pare	ent-subsid	liary controlled group?	▶ □ \	es X No
ᇳ			tifying number of the paren	t corporation. 🕨				
롲			Bridget John				ne number ▶ 701-	
⋖ ┕			e or Business Inc	ome		' (A) Income	(B) Expenses	(C) Net
ပ္က	a Gross receipts or sale			. Delene	1.1			
9g 2	b Less returns and allow Cost of goods sold (S		A line 7)	c Balance	1c 2			
3			· ·		3		_/	
_	a Capital gain net incom				4a		/	
			art II, line 17) (attach Form	1 4797)	4b		Bec.E.V.	12 0
	c Capital loss deduction			·	4c			
5	Income (loss) from a	partners	ship or an S corporation (at	tach statement)	5		12: NOV 19	ZUZU 📈
6	Rent income (Schedu	•			6		m _	
7	Unrelated debt-finance				7		OGDEN	UT
8	-		nd rents from a controlled o					
9 10	Exploited exempt activ		on 501(c)(7), (9), or (17) or	rganization (Schedule G		37,740.	5,818.	31,922.
11	Advertising income (S				10	37,740.	3,010.	31,322.
12	- ·		•		12			<u> </u>
13	Total. Combine lines	3 throug	gh 12		13	37,740.	5,818.	31,922.
P	art II Deductio	ns No	t Taken Elsewher	(See instructions	for limital	tions on deductions.)		
			e directly connected wi	····	ness inc	ome.)	" ·	
14		icers, dir	rectors, and trustees (Sche	dule K)			14_	ļ
15	•						15	
16 17	Repairs and mainten Bad debts	ance					16	
18		dule) (se	ee instructions)				18	
19	•	, (,,,				19	
20		Form 45	562)			20		
21	Less depreciation cla	aimed on	Schedule A and elsewher	e on return		21a	21b	1
22	Depletion		/				22	
23			mpensation plans				23	
24	• •	7					24	21 000
25 26	/						25	31,922.
26 27	,	•	•				26 27	
28	/		•				28	31,922.
29	,		ncome before net operating	loss deduction. Subtra	ct line 28	from line 13	29	0.
30	,		oss arising in tax years beg				1-2	
	(see instructions)	_		-			30	0.
<u>31</u>	Unrelated business t	axable in	ncome. Subtract line 30 fro	m line 29			31	0.
923	1701 03/27-20 LHA FO	r Papen	work Reduction Act Notice	, see instructions.				Form 990-T (2019)

		International Association for Impact Assessment, Inc. Total Unrelated Business Taxable Income	58	-1433	922	Page 2
32/		f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1 1			0.
	,		82			<u> </u>
23//		ts paid for disallowed fringes	83			
34		ble contributions (see instructions for limitation rules)	84			0.
35		nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtractine 34 from the sum of lines 32 and 33	35			
36	Deduct	ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36			
37	Total o	f unrelated business taxable income before specific deduction. Subtract line 36/from line 35	4 37			
38	Specifi	c deduction (Generally \$1,000, but see line 38 instructions for exceptions) 🖊 [🏌] \	38		1,0	00.
39		ted business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,	'			
		ne smaller of zero or line 37	39			0.
Part	IV	Tax Computation	1			
40		zations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40			0.
		Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	40			••
71		ax rate schedule or Schedule D (Form 1041)				
40			41			
	-	ax. See instructions	42			
43		tive minimum tax (trusts only)	43			
		Noncompliant Facility Income. See instructions	44			
		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	<u> </u>		0.
Part		Tax and Payments				
46 a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116)	╛			
b	Other o	redits (see instructions) 48b	_] '			
C	Genera	l business credit. Attach Form 3800				
đ	Credit (or prior year minimum tax (attach Form 8801 or 8827)	7			
		redits. Add lines 46a through 46d	46e			
47		ct line 46e from line 45	47			0.
48		axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48			<u> </u>
49		ax. Add lines 47 and 48 (see instructions)	49			0.
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50			0.
	-	nts: A 2018 overpayment credited to 2019	4			
þ	2019 e	stimated tax payments 51b	_ !			
C	Tax de	posited with Form 8868 . 51c				
d	Foreign	organizations: Tax paid or withheld at source (see instructions) 51d	_] :			
e	Backup	withholding (see instructions) 51e] :			
f	Credit 1	or small employer health insurance premiums (attach Form 8941) 51f	7			
		redrts, adjustments, and payments: Form 2439	7			
•		orm 4136 Other Total > 51g	1			
52		ayments. Add lines 51a through 51g	52			
53	-	ted tax penalty (see instructions). Check if Form 2220 is attached	53			
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54			
55		yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid				
			55			
56 Part		ne amount of line 55 you want: Credited to 2020 estimated tax Refunded Statements Regarding Certain Activities and Other Information (see instructions)	56			
57	-	time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
	here	► See Statement 1			Х	
58	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?				<u>X</u>
	If "Yes,	see instructions for other forms the organization may have to file.				- 1
59	Enter ti	ne amount of tax-exempt interest received or accrued during the tax year 🕒 💲				
	U	nder pepalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle	edge and l	oelief, it is true	»,	
Sign	C	orrect, and/complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				
Here	I	$\sim 11/10/11/11$		S discuss this		nth
				er shown belows)? X Ye		ا ۵۰۰
					ő	No
		Print/Type preparer's name Preparer's signature Date Check	ıf PTI	N		
Paid	1	self- employed		00405		
Prep	oarer	Lisa Chaffee, CPA Lisa Chaffee, CPA 11/16/20		<u>00193</u>		
Use	Only	Firm's name ► Eide Bailly LLP Firm's EIN ▶	<u> </u>	<u>5-025</u>	υ <u>95</u>	8
	_	1730 Burnt Boat Loop, Ste. 100				
		Firm's address ► Bismarck, ND 58503-0886 Phone no.	<u> 701-</u>	<u> 255-1</u>	091	
				- 0	AA T	

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory v	aluation ► N/A		-		<u>, </u>		
1 Inventory at beginning of year	1	·	1	Inventory at end of year	 r		6	}		
2 Purchases	2		7	Cost of goods sold. Su		ine 6		<u> </u>		
3 Cost of labor	3		7	from line 5. Enter here						
4 a Additional section 263A costs			7	line 2		,	7			
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to			Yes	No
b Other costs (attach schedule)	4b		7	property produced or a	caured	for resale) apply to		Ī		
5 Total. Add lines 1 through 4b	5		1	the organization?				ľ		
Schedule C - Rent Income (i (see instructions)	From Real	Property and	l Per	sonal Property L	ease	d With Real Prop	erty)		
1. Description of property										
(1)	•			-						
(2)										
(3)										
(4)				-4.4.4 · ·						
	2. Rent receiv	ed or accrued		· - · · ·						
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	entage of than	` of rent for	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ai		cted with the inc (attach schedule		
(1)										
(2)										
(3)										
(4)										
Total	0.	Total			0.		-			
(c) Total income. Add totals of columns a here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>			0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instru	ctions)						
			2	. Gross income from		3. Deductions directly con to debt-finance	nected ced pro	with or allocable party)	
1. Description of debt-fini	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other ded (attach ech		5
(1)									-	
(2)									_	
(3)							1	•		
(4)			\Box							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable of (column 6 x total 3(a) and	of col	
(1)				%						
(2)				%			\prod			
(3)				%						
(4)				%						
						nter here and on page 1, Part 1, line 7, column (A).		Enter here and o Part I, line 7, co		
Totals				▶		0	.			0.
Total dividends-received deductions in	cluded in column	18					•			0.
				· · · · · · · · · · · · · · · · · · ·				Form 9	90-T	

0.

0.

Form 990-T (2019)

Totals (carry to Part II, line (5))

(4)

Form 990-T (2019) Assessment, Inc.

58-14339

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col 3). If a gain, compute cots 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)							
(2)					·		
(3)					· • • • • • • • • • • • • • • • • • • •		
(4)	ŀ						-
Totals from Part I	▶	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	▶	0.	0.				0

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	_
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2019)

Form 000 ff Nome of Powering Country in Which Chatement 1	<u> </u>		
Organization has Financial Interest	Form 990-T	Name of Foreign Country in Which Organization has Financial Interest	Statement 1

Name of Country

Australia United Kingdom Canada

	I - Expenses Dir tion of Unrelate			Statement 2
Description		Activity Number	Amount	Total
Event Expenses	- Subtotal -	1	5,818.	5,818.
Total of Form 990-T, Sch	edule I, Column	3		5,818.
	I - Expenses Not uction of Unrela			Statement 3
Description		Activity Number	Amount	Total
Event Expenses	- Subtotal -	1	1,547,721.	1,547,721.
Total of Form 990-T, Sch				