



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



Return of Organization Exempt From Income Tax

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

<input type="checkbox"/>	Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization INTERACTIVE ADVERTISING BUREAU, INC. Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 116 EAST 27TH STREET, 7TH FLOOR City or town, state or country, and ZIP + 4 NEW YORK, NY 10016	D Employer identification number 13-3900517
<input type="checkbox"/>	Name change			E Telephone number (212) 380-4701
<input type="checkbox"/>	Initial return			G Gross receipts \$ 11,445,447.
<input type="checkbox"/>	Terminated			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<input type="checkbox"/>	Amended return			H(c) Group exemption number ▶
<input type="checkbox"/>	Application pending			
I Tax-exempt status		<input checked="" type="checkbox"/> 501(c) (06) ◀ (insert no)	<input type="checkbox"/> 4947(a)(1) or	<input type="checkbox"/> 527
J Website: ▶ WWW.IAB.NET				
K Form of organization	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other ▶
L Year of formation	1996	M State of legal domicile	DE	

Part I Summary

1	Briefly describe the organization's mission or most significant activities THE ORGANIZATION IS ACTING AS A TRADE ORGANIZATION FOR ITS MEMBERS TO PROMOTE ADVERTISING ON THE INTERNET OR ON OTHER INTERACTIVE TECHNOLOGIES.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	37
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	37
5	Total number of employees (Part V, line 2a)	5	32
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	46,419.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	33,551.
		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0.	0.
9	Program service revenue (Part VIII, line 2g)	11,486,547.	11,080,220.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	110,861.	44,694.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	340,275.	320,533.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,937,683.	11,445,447.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,763,095.	5,231,580.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses, Part IX, column (D), line 25	6,324,863.	5,939,603.
17	Other expenses (Part IX, column (A), lines 11a-d, 11f, 14b)	11,087,958.	11,171,183.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	849,725.	274,264.
19	Revenue less expenses Subtract line 18 from line 12	Beginning of Year	End of Year
20	Total assets (Part X, line 16)	8,775,602.	9,010,152.
21	Total liabilities (Part X, line 26)	8,722,630.	8,682,916.
22	Net assets or fund balances. Subtract line 21 from line 20.	52,972.	327,236.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here ▶ MARK GOLDMAN Signature of officer Date 11/1/2010

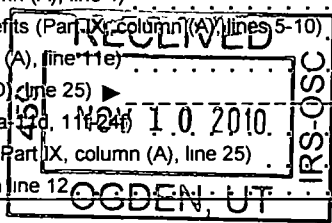
▶ MARK GOLDMAN Sr. Director of Finance Type or print name and title

Paid Preparer's Use Only	Preparer's signature <u>[Signature]</u> Date OCT 29 2010	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00183769
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CONDON O'MEARA MCGINTY & DONNELLY L ONE BATTERY PARK PLAZA NEW YORK, NY 10004-1405	EIN ▶ 13-3628255	Phone no ▶ 212-661-7777

May the IRS discuss this return with the preparer shown above? (See instructions) Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.* Form 990 (2009)

SCANNED UFC 01 2010



P
20

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
THE ORGANIZATION IS ACTING AS A TRADE ORGANIZATION FOR ITS MEMBERS TO
PROMOTE ADVERTISING ON THE INTERNET OR ON OTHER INTERACTIVE
TECHNOLOGIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)
TAX EXEMPT TRADE ASSOCIATION

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ►

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 contain various questions about organizational requirements and reporting. Includes sub-rows 12a, 14a, 14b, 17, 18, 19, 20.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24 a 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
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 A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable. 1a 24
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable. 1b 0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 32
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 2b X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. 3b X
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 X
b If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X
c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 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? 6a X
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).
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 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 7d
e Did the organization, during the year, 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 For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8
9 Sponsoring organizations maintaining donor advised funds.
a Did the organization make any taxable distributions under section 4966? 9a
b Did the 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 10a
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
a Gross income from members or shareholders 11a
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b
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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (37), 1b Enter the number of voting members that are independent (37), 2 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? (No), 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? (No), 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (No), 5 Did the organization become aware during the year of a material diversion of the organization's assets? (No), 6 Does the organization have members or stockholders? (Yes), 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (Yes), 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (Yes), 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes), b Each committee with authority to act on behalf of the governing body? (Yes), 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (No), 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? (No), 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (No), 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990, 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (Yes), 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes), 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes), 13 Does the organization have a written whistleblower policy? (Yes), 14 Does the organization have a written document retention and destruction policy? (Yes), 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes), b Other officers or key employees of the organization (No), 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No), 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? (No).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply: Own website, Another's website, Upon request (checked)
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE BUREAU 116 EAST 27TH STREET, NEW YORK, NY, 10016, 212-380-4701

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 Use Schedule J-2 if additional space is needed

- 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. 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 the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ADAM BAIN DIRECTOR	1.00	X					0	0	0	
NEIL ASHE DIRECTOR	1.00	X					0	0	0	
JOHN BATTELLE DIRECTOR	1.00	X					0	0	0	
MIKE MURPHY DIRECTOR	1.00	X					0	0	0	
BOB CARRIGAN DIRECTOR	1.00	X					0	0	0	
PETER HORAN DIRECTOR	1.00	X					0	0	0	
SCOTT HOWE DIRECTOR	1.00	X					0	0	0	
RANDY KILGORE DIRECTOR	1.00	X					0	0	0	
LEON LEVITT DIRECTOR	1.00	X					0	0	0	
CHRIS MA DIRECTOR	1.00	X					0	0	0	
KEVIN ARRIX DIRECTOR	1.00	X					0	0	0	
WARREN SCHLICHTING DIRECTOR	1.00	X					0	0	0	
JARVIS COFFIN DIRECTOR	1.00	X					0	0	0	
TINA SHARKEY DIRECTOR	1.00	X					0	0	0	
TAD SMITH DIRECTOR	1.00	X					0	0	0	
DENNIS WOODSIDE DIRECTOR	1.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SARAH CHUBB DIRECTOR	1.00	X					0.	0.	0.	
DAVID MORGAN DIRECTOR	1.00	X					0.	0.	0.	
KEVIN CONROY DIRECTOR	1.00	X					0.	0.	0.	
GREG D'ALBA DIRECTOR	1.00	X					0.	0.	0.	
SETH GOLDSTEIN DIRECTOR	1.00	X					0.	0.	0.	
KATHY KAYSE DIRECTOR	1.00	X					0.	0.	0.	
MITCH GOLUB DIRECTOR	1.00	X					0.	0.	0.	
JACK GRIFFIN DIRECTOR	1.00	X					0.	0.	0.	
GREG MCCAUSTLE DIRECTOR	1.00	X					0.	0.	0.	
JORY DES JARDINS DIRECTOR	1.00	X					0.	0.	0.	
GORDAN MCLEOD DIRECTOR	1.00	X					0.	0.	0.	
PETER NAYLOR DIRECTOR	1.00	X					0.	0.	0.	
MARTIN NISENHOLTZ DIRECTOR	1.00	X					0.	0.	0.	
1b Total CONTINUED AT SCHEDULE J-2							3,473,835	0	21,916.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **17**

- 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

Part VIII Statement of Revenue

13-3900517

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		0				
Program Service Revenue				Business Code				
	2a	MEETINGS AND EVENT		4,750,820.	4,750,820			
	b	MEMBERSHIP DUES		5,811,799.	5,811,799.			
	c	FUNDED RESEARCH PROGRAM		517,601	517,601			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		11,080,220				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 3		44,694			44,694	
	4	Income from investment of tax-exempt bond proceeds		0				
	5	Royalties		0				
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)		0.				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
d	Net gain or (loss)		0					
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a						
b	Less direct expenses	b						
c	Net income or (loss) from fundraising events		0.					
9a	Gross income from gaming activities. See Part IV, line 19	a						
b	Less direct expenses	b						
c	Net income or (loss) from gaming activities		0.					
10a	Gross sales of inventory, less returns and allowances	a						
b	Less cost of goods sold	b						
c	Net income or (loss) from sales of inventory		0					
Miscellaneous Revenue				Business Code				
11a	ADVERTISING REVENUE	541800		46,419		46,419.		
b	INDUSTRY PROD REVENUE			274,114	274,114			
c								
d	All other revenue							
e	Total. Add lines 11a-11d			320,533.				
12	Total Revenue. See instructions			11,445,447.	11,354,334.	46,419	44,694.	

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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the US See Part IV, line 21 . . .	0.			
2 Grants and other assistance to individuals in the US See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,628,380.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	2,099,023.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	28,054.			
9 Other employee benefits	223,889.			
10 Payroll taxes	252,234.			
11 Fees for services (non-employees)				
a Management	0.			
b Legal	148,331.			
c Accounting	20,400.			
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	404,557.			
12 Advertising and promotion	0.			
13 Office expenses	508,336.			
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	340,949.			
17 Travel	167,223.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	3,114,982.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	61,468.			
23 Insurance	11,285.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>SELF-REGULATING CONTRIBUTION</u>	200,000.			
b <u>INFRASTRUCTURE</u>	171,998.			
c <u>IAB RES & IND. INITIATIVE</u>	235,853.			
d <u>MARKETING & PUBLIC RELATIONS</u>	486,420.			
e <u>MISC. EXPENSE</u>	67,801.			
f All other expenses _____				
25 Total functional expenses. Add lines 1 through 24f	11,171,183.			
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	2,068,330.	1	2,020,920.
	2	Savings and temporary cash investments	1,000,000.	2	250,000.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	5,251,641.	4	6,247,507.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	223,413.	9	355,218.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 172,273.		
	b	Less accumulated depreciation	10b 86,716.	10c 181,268.	85,557.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	50,950.	15	50,950.
16	Total assets. Add lines 1 through 15 (must equal line 34)	8,775,602.	16	9,010,152.	
Liabilities	17	Accounts payable and accrued expenses	1,425,929.	17	1,239,095.
	18	Grants payable		18	
	19	Deferred revenue	7,291,400.	19	7,443,349.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	5,301.	25	472.
	26	Total liabilities. Add lines 17 through 25	8,722,630.	26	8,682,916.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	52,972.	27	109,635.
	28	Temporarily restricted net assets		28	217,601.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	52,972.	33	327,236.	
34	Total liabilities and net assets/fund balances	8,775,602.	34	9,010,152.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2009)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization INTERACTIVE ADVERTISING BUREAU, INC.	Employer identification number 13-3900517
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV		
2	Political expenditures	▶ \$	107,500.
3	Volunteer hours	▶	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955		▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955		▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	If "Yes," describe in Part IV		

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities		▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities		▶ \$
3	Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b		▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns		
	If the amount on line 1e, column (a) or (b) is:		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is:		
	20% of the amount on line 1e		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a If zero or less, enter -0-		
i	Subtract line 1f from line 1c If zero or less, enter -0-		
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities? j Total Add lines 1c through 1i. 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

Table with 3 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information. SEE PAGE 4

Series of horizontal dashed lines for providing supplemental information.

Part IV Supplemental Information (continued)

LOBBYING ACTIVITY- PAC

SCHEDULE C, PART I-A

THE IAB'S PUBLIC POLICY OFFICE, LOCATED IN WASHINGTON, DC., ADVOCATES

IAB'S MEMBERS AND PROMOTES THE VALUE OF THE INTERACTIVE ADVERTISING

INDUSTRY TO LEGISLATORS AND POLICYMAKERS. TO DO THIS, IAB ADDRESS

LEGISLATIVE AND REGULATORY ISSUES THAT AFFECT ALL PLATFORMS AND PRACTICES

WITHIN THE INDUSTRY. THEY ALSO STRIVE TO KEEP THEIR MEMBERS INFORMED

ABOUT IMPORTANT POLICY-RELATED EVENTS THROUGH PARTICIPATION IN THE PUBLIC

POLICY COUNCIL AND BY DEVELOPING TIMELY ISSUE BRIEFS AND LEGAL ANALYSIS

OF KEY PROPOSALS. THE VICE PRESIDENT OF PUBLIC POLICY AND DIRECTOR OF

PUBLIC POLICY, ALONG WITH IAB'S OUTSIDE COUNCIL, VENABLE LLP, COMPRISE

THE PUBLIC POLICY OFFICE. THE OFFICE SPENDS A SIGNIFICANT PORTION OF ITS

TIME ON REGULATORY, EDUCATIONAL, AND INDUSTRY OPERATIONS EFFORTS, BUT

ALSO LOBBIES CONGRESS REGULARLY. SUCH LOBBYING ACTIVITIES INCLUDE:

1. PROACTIVELY ENGAGE WITH MEMBER OF CONGRESS AND THEIR STAFF ON ISSUES

AFFECTING THE INTERACTIVE ADVERTISING INDUSTRY, WITH A FOCUS ON

SUPPORTING PRO-INDUSTRY LEGISLATION WHILE RAISING CONCERNS REGARDING

OVERLY BURDENSOME LEGISLATIVE PROPOSALS

2. CRAFT MEANINGFUL LEGISLATION THAT PROTECTS CONSUMERS' PRIVACY INTEREST

WITHOUT UNDULY BURDENING LIGITIMATE INTERACTIVE ADVERTISING PRACTICES.

INCLUDING DRAFTING LEGISLATIVE LANGUAGE AND AMENDMENTS AS THEY PROGRESS

THROUGH THE LEGISLATIVE PROCESS.

3. LEAD THE ADVOCACY EFFORTS OF THE IAB'S MEMBER COMPANIES AND PARTNER

Part IV Supplemental Information *(continued)*

TRADE ASSOCIATIONS AS THEY ENGAGE CONGRESS AND STATE LEGISLATURES ON KEY
POLICY ISSUES IN ORDER TO ENSURE CONTINUED GROWTH OF THE INDUSTRY.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

INTERACTIVE ADVERTISING BUREAU, INC.

Employer identification number

13-3900517

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor informed status.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

Table for Conservation Easements. Row 1: Purpose(s) of conservation easements held by the organization. Rows 2a-2d: Held at the End of the Year. Other rows include: Number of conservation easements modified, Number of states where property subject to conservation easement is located, Does the organization have a written policy regarding the periodic monitoring, Staff and volunteer hours devoted to monitoring, Amount of expenses incurred in monitoring, Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?, In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8

Table for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Rows include: If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items; If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items; If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

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

Schedule D (Form 990) 2009

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIV and complete the following table.

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment 100.0000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,445,447.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,171,183.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	274,264.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	274,264.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	10,276,407.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	10,276,407.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	1,169,040.
c	Add lines 4a and 4b	4c	1,169,040.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,445,447.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	10,002,143.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	10,002,143.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	1,169,040.
c	Add lines 4a and 4b	4c	1,169,040.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	11,171,183.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

ENDOWMENT FUNDS

PART V, LINE 4

THE BUREAU RECORDS CONTRIBUTIONS AS UNRESTRICTED REVENUE UNLESS THE DONOR STIPULATES A TIME OR LIMITS THE USE OF THE DONATED ASSETS. THE BUREAU'S POLICY IS TO RECORD CONTRIBUTIONS WITH DONOR IMPOSED RESTRICTIONS THAT ARE MET IN THE SAME YEAR THE CONTRIBUTIONS ARE RECEIVED AS UNRESTRICTED REVENUE. CONTRIBUTIONS WITH DONOR STIPULATIONS ARE REPORTED AS TEMPORARILY RESTRICTED SUPPORT. WHEN A DESIGNATED RESTRICTION EXPIRES, THAT IS, WHEN A STIPULATED TIME RESTRICTION ENDS OR PURPOSE RESTRICTION IS ACCOMPLISHED, TEMPORARILY RESTRICTED NET ASSETS ARE RECLASSIFIED TO UNRESTRICTED NET ASSETS AND REPORTED IN THE STATEMENT OF ACTIVITIES AS NET ASSETS RELEASED FROM RESTRICTIONS.

RECONCILIATION

PART XII, LINE 4B

GROSS UP OF SPONSORSHIP REVENUE \$917,995

GROSS UP OF DELEGATE REVENUE \$251,045

RECONCILIATION

PART XIII, LINE 4B

GROSS UP OF CONFERENCES, CONVENTIONS, AND MEETINGS EXPENSES \$917,995

GROSS UP OF CONFERENCES, CONVENTIONS, AND MEETINGS EXPENSES \$251,045

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

INTERACTIVE ADVERTISING BUREAU, INC.

Employer identification number

13-3900517

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

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

Schedule J (Form 990) 2009

Part III Supplemental Information

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

Area with horizontal dashed lines for supplemental information.

Continuation Sheet for Form 990

2009

Open to Public Inspection

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Department of the Treasury
Internal Revenue Service

Name of the Organization
INTERACTIVE ADVERTISING BUREAU, INC.

Employer identification number
13-3900517

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
NADA STIRRATT DIRECTOR	1.00	X						0.	0.	0.
BILL TODD DIRECTOR	1.00	X						0.	0.	0.
STEVE WADSWORTH DIRECTOR	1.00	X						0.	0.	0.
KIRK MCDONALD DIRECTOR	1.00	X						0.	0.	0.
JEFF WEBBER DIRECTOR	1.00	X						0.	0.	0.
ELISA STEELE DIRECTOR	1.00	X						0.	0.	0.
JEFF LEVICK DIRECTOR	1.00	X						0.	0.	0.
DAVID MOORE VICE CHAIR	1.00	X						0.	0.	0.
RANDALL ROTHENBERG PRESIDENT	40.00	X		X				594,248.	0.	0.
LISA UTZSCHNEIDER DIRECTOR	1.00	X						0.	0.	0.
MICHAEL THEODORE VICE PRESIDENT	40.00			X				206,536.	0.	0.
MARK GOLDMAN FINANCE	40.00			X				146,373.	0.	0.
DAVID DOTY SENIOR VICE PRESIDENT	40.00				X			327,329.	0.	0.
PATRICK DOLAN EXECUTIVE VICE PRESIDENT	40.00				X			324,285.	0.	21,916.
SHERRILL MANE SENIOR VICE PRESIDENT	40.00				X			272,258.	0.	0.
JEREMY FAIN VICE PRESIDENT	40.00				X			189,940.	0.	0.
PHILIP ARDIZZONE EVENT SALES	40.00				X			162,629.	0.	0.
MICHAEL ZANEIS VICE PRESIDENT	40.00				X			231,153.	0.	0.
JOSEPH LASZLO RESEARCH	40.00				X			159,653.	0.	0.
MARLA AARON PUBLIC RELATIONS	40.00					X		143,665.	0.	0.
JONATHAN BUSKY PROFESSIONAL DEVELOPMENT	40.00					X		124,051.	0.	0.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

INTERACTIVE ADVERTISING BUREAU, INC.

Employer identification number

13-3900517

ATTACHMENT 1

PROGRAM SERVICE ACCOMPLISHMENTS

PART III, QUESTION 2

THE INTERACTIVE ADVERTISING BUREAU, INC. HAS ESTABLISHED A
SELF-REGULATORY CAMPAIGN FUND RELATED TO PRIVACY ISSUES.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION A. - QUESTION 6

THE INTERACTIVE ADVERTISING BUREAU, INC. WAS INCORPORATED AS A MEMBERSHIP
ORGANIZATION.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION A, QUESTION 7A

MEMBERSHIP ELECTS BOARD OF DIRECTORS UPON EXPIRATION OF TERM.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION A, QUESTION 7B

THE BOARD OF DIRECTORS MAY, IN ITS DISCRETION, CREATE A MEMBERSHIP
COMMITTEE AND DELEGATE TO SUCH COMMITTEE THE POWER TO MAKE RULES
GOVERNING APPLICATIONS AND REQUIREMENTS FOR MEMBERSHIP AND TO DETERMINE
WHETHER MEMBERS MEET THE MEMBERSHIP QUALIFICATIONS ESTABLISHED IN THESE
BY-LAWS.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B. - QUESTION 11A

NO REVIEW WAS OR WILL BE CONDUCTED.

Name of the organization

INTERACTIVE ADVERTISING BUREAU, INC.

Employer identification number

13-3900517

ATTACHMENT 1 (CONT'D)

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B. - QUESTION 12C

ALL BOARD MEMBERS ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY FORM, TO BE SUBMITTED ANNUALLY.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B. - QUESTION 15

THE PROCESS OF DETERMINING COMPENSATION BY THE ORGANIZATION IS DONE BY A REVIEW BY THE BOARD VS INDIVIDUAL OBJECTIVES.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION C, QUESTION 19

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
VENABLE LLP PO BOX 630798 BALTIMORE, MD 21263	LEGAL	162,494.
REED SMITH PO BOX 10096 UNIONDALE, NY 11553	LEGAL	123,860.
HAMILTON CONSULTANTS 124 MOUNT AUBURN STREET CAMBRIDGE, MA 02138	CONSULTANTS	136,468.
JULIE THOMPSON INC. 123 WAVERLY PLACE PENTHOUSE 1 NEW YORK, NY 10011	CONSULTANTS	170,186.

Name of the organization

INTERACTIVE ADVERTISING BUREAU, INC.

Employer identification number

13-3900517

ATTACHMENT 2 (CONT'D)990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
116 ASSOCIATES LLC 116 E. 27TH STREET 3RD FLOOR NEW YORK, NY 1016	RENT	218,231.
TOTAL COMPENSATION		811,239.

ATTACHMENT 3FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST INCOME	44,694.			44,694.
TOTALS	44,694			44,694.

ATTACHMENT 4FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSE	355,218.
TOTALS	355,218.

ATTACHMENT 5FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
--------------------	------------------------------

Name of the organization

INTERACTIVE ADVERTISING BUREAU, INC.

Employer identification number

13-3900517

ATTACHMENT 5 (CONT'D)

FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
DEFERRED REV & DUES ADVANCE	7,443,349.
TOTALS	<u>7,443,349.</u>

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization INTERACTIVE ADVERTISING BUREAU, INC.	Employer identification number 13-3900517
	Number, street, and room or suite no. If a P.O. box, see instructions 116 EAST 27TH STREET, 7TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10016	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ▶ THE BUREAU
- Telephone No. ▶ 212 380-4701 FAX No ▶ 212 820-9757

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2009 or
- ▶ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Form fields for Name of Exempt Organization (INTERACTIVE ADVERTISING BUREAU, INC.), Employer identification number (13-3900517), and address (116 EAST 27TH STREET, 7TH FLOOR, NEW YORK, NY 10016).

Check type of return to be filed (File a separate application for each return).

Grid of checkboxes for return types: Form 990 (checked), Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T (sec 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870.

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

The books are in the care of THE BUREAU. Telephone No 212 380-4701, FAX No. 212 820-9757. If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN).

I request an additional 3-month extension of time until 11/15/2010. For calendar year 2009, or other tax year beginning and ending. If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period. State in detail why you need the extension: ALL THE INFORMATION NECESSARY TO COMPLETE THE RETURN IS NOT AND WILL NOT BE AVAILABLE BY THE DUE DATE. THEREFORE WE RESPECTFULLY REQUEST ADDITIONAL TIME TO COMPLETE THE RETURN.

Table with 3 rows (8a, 8b, 8c) and 2 columns (Description, Amount). 8a: tentative tax less any nonrefundable credits. 8b: refundable credits and estimated tax payments made. 8c: Balance Due.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

ACCOUNTANTS AUTHORIZED TO SIGN RETURNS AUG 09 2010

Signature Title Date

CONDON O'MEARA MCGINTY & DONNELLY L
ONE BATTERY PARK PLAZA
NEW YORK, NY 10004-1405