

## 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



Form 990

For the 2012 calendar year, or tax year beginning

C Name of organization

Department of the Treasury Internal Revenue Service

Check if applicable

Return of Organization Exempt From Income Tax

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

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

International Association for Impact Assessment, Inc

, 2012, and ending

OMB No 1545-0047

Inspection

D Employer Identification Number

2012 Open to Public

JANNED SEP 1 0 2013

22

Part II

Address change Doing Business As 58-1433922 Number and street (or P.O. box if mail is not delivered to street addr) Name change Room/suite Telephone number Initial return 1330 23rd St. S Suite C (701) 297-7912 City, town or country State ZIP code + 4 Terminated G Gross receipts \$ 1,515,166. Amended return Farqo ND 58103 F Name and address of principal officer H(a) is this a group return for affiliates? Application pending Yes No H(b) Are all affiliates included?
If 'No,' attach a list (see instructions) No Yes Rita Leistritz 138 49th Ave. E West Fargo ND 58078 ) ◀ (insert no ) Tax-exempt status X 501(c)(3) 501(c) ( 4947(a)(1) or 527 Website: ► H(c) Group exemption number www.iaia.org Form of organization X Corporation Other > L Year of Formation 1981 M State of legal domicile ND Association Summary Briefly describe the organization's mission or most significant activities: To disseminate information on enviromental impact assessment. Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 30 Total unrelated business revenue from Part VIII, column (C), line 12 7a 67,969. Net unrelated business taxable income from Form 990-T, line 34 7b 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 272,148. 713,186. Program service revenue (Part VIII, line 2g) 659,302. 771,569. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 22,005. 18,851. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -247. 11,382. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 953,208. 1,514,988. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,850 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . 386,316. 399,905. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX column (B) Line 25) ▶ 20,187. Other expenses (Part IX, column (A), Junes (13(1)) 539,894 1,135,484. Total expenses Add lines 13-17 (Aust equal Part 3) column (A), line 25) 929,060. 1,535,389. Revenue less expenses. Subtract Time 18/11/01/19 line 12 24,148. -20,401. **End of Year Beginning of Current Year** 20 Total assets (Part X, line 16) 1,181,871. 1,149,406. 21 Total liabilities (Part X, line 26) 4,171. 5,484.

Sign Here Rita Leistritz Type or print name and title Print/Type preparer's name Date James Clifton 07/12/13 self-employed P00364492 Paid **Preparer** Firm's name James Clifton CPA **Use Only** Firm's EIN \* 45-0451651 Firm's address PO BOX 2425 58108-2425 Phone no (701)729-4858 ND Fargo Yes No

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.

May the IRS discuss this return with the preparer shown above? (see instructions)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances. Subtract line 21

Signature Block

TEEA0101 05/09/13

1,145,235.

Form 990 (2012)

1,176,387.





Form	m 990 (2012) International Association for Impact Assessment, Inc.	58-143	3922	Page 2
Par	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response to any question in this Part III		_	
1	Briefly describe the organization's mission:			
	To disseminate information on			<b></b>
	enviromental impact assessment.			
2	Did the organization undertake any significant program services during the year which were not liste	ed on the prior		
	Form 990 or 990-EZ?		Yes	No No
	If 'Yes,' describe these new services on Schedule O.		ш	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	m services?	Yes	x No
	If 'Yes,' describe these changes on Schedule Q.			<u> </u>
4	Describe the organization's program service accomplishments for each of its three largest program Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the others, the total expenses, and revenue, if any, for each program service reported.	services, as meas e amount of grant	sured by ex s and alloc	penses. ations to
	official, the total expenses, and revenue, if any, for each program service reported.			
<b>4</b> a	a (Code:) (Expenses \$ 60,576. including grants of \$ 0		17	9,231.)
	Paid publications/subscriptions and journals and Impact Ass	sessment		
	bulletin. The publications/subscription are resold to member		duced	rate.
	The Journal is distributed to all members			
4 D	b (Code) (Expenses \$1,282,457. including grants of \$			5,985.
	Issued conference announcements, brochures, collected dues,			
	arranged conferences, performed other membership			
	and_educational_services			
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4 d	C (Code) (Expenses \$including grants of \$	) (Revenue \$		
4 d	d Other program services. (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue a Total program service expenses > 1, 343, 033.	) (Revenue \$		

Pa	t IV Checklist of Required Schedules	<del></del>	Yes	No
			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	L
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
i	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
١	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		х
•	Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
(	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	х	
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	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	11 f		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a		х
1	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
I	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		x
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	1	X

20 b

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

# Form 990 (2012) International Association for Impact Assessment, Inc. Part IV | Checklist of Required Schedules (continued)

		1	162	140
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 17 If 'Yes,' complete Schedule I, Parts I and II	21		Х
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° If 'Yes,' complete Schedule I, Parts I and III.	22		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>	23		x
<b>24</b> a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
ď	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		
•	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
<b>25</b> a	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? If 'Yes,' complete Schedule L, Part I	25a		х
ŧ	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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
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		х
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).			`
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŧ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
C	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	_	х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
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? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990 (	(2012)

	Check if Schedule O contains a response to any question in this Part V				
		_		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a  1[			,
ı	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 <b>b</b> 0			
•	Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1 c	x	
2 a	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			
	of at least one is reported on line 2a, did the organization file all required federal employment		2ь	X	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see ins	F-			
3.	Did the organization have unrelated business gross income of \$1,000 or more during the year	r	3a	X	`
	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	·	3 b	X	
		· · ·	36		
	At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other financial account.)	or other authority over, a nancial account)?	4a	х	ļ
	of Yes, enter the name of the foreign country: See Foreign Countries				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fi	· · · · · · · · · · · · · · · · · · ·	_ 1	-	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	r transaction?	5Ь		X
(	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	L	5с		
6 8	Does the organization have annual gross receipts that are normally greater than \$100,000, are solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6 a		x
ŧ	If 'Yes,' did the organization include with every solicitation an express statement that such co not tax deductible?	ntributions or gifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).				
â	Did the organization receive a payment in excess of \$75 made partly as a contribution and passervices provided to the payor?	ortly for goods and	7 a		x
ŀ	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	Ì	7Ь	-	
•	Did the organization sell, exchange, or otherwise dispose of tangible personal property for where \$282?	ich it was required to file	7 c	•	х
•	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	Ţ		,
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal t	penefit contract?.	7 e	•	Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7 f		Х
	If the organization received a contribution of qualified intellectual property, did the organization	<del>(-</del>	_		
	as required?		7 g		
ı	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, he holdings at any time during the year?	organizations. Did the ave excess business	8		х
9	Sponsoring organizations maintaining donor advised funds.	Ī			
á	Did the organization make any taxable distributions under section 4966?	ſ	9 a		х
ı	Did the organization make a distribution to a donor, donor advisor, or related person?	. [	9 b		Х
10	Section 501(c)(7) organizations. Enter.	<b>[</b>	,		
ä	Initiation fees and capital contributions included on Part VIII, line 12	10a			`
t	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b			
11	Section 501(c)(12) organizations. Enter:				`
á	Gross income from members or shareholders	11 a			`
ł	Gross income from other sources (Do not net amounts due or paid to other sources		`		
	against amounts due or received from them.)	11 b		, !	
12 a	Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of	Form 1041?	12a		
ŧ	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12Ь		,	`
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				Ì
ā	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule	: O.		· (	
ŧ	Enter the amount of reserves the organization is required to maintain by the states in	, ,	; ` \		ļ (`
	which the organization is licensed to issue qualified health plans	13b		```	ļ. ` <i>`</i>
	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	. [	14a		X
ŧ	of 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	chedule O	14b		

Form 990 (2012) International Association for Impact Assessment, Inc. Page 6 58-1433922 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. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year. 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. 1 a b Enter the number of voting members included in line 1a, above, who are independent 1 b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 X 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 Х Did the organization make any significant changes to its governing documents 4 Х since the prior Form 990 was filed? Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8 b Х Is there any officer, director or 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. 12c 13 Did the organization have a written whistleblower policy? 13 14 X Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. 15a X **b** Other officers of key employees of the organization . 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)

16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		x
1	b 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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	16Ь		
Sec	tion 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) a inspection. Indicate how you make these available. Check all that apply.	vailable	for pul	olic
	Own website X Another's website X Upon request Other (explain in Schedule O	)		
19	Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements avithe public during the tax year.	aılable to		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the or	rganızatıo	n:	
•	Bridget John 1330 23rd St., Suite C, Fargo ND 58103	$(701)_{2}$	297-	7912
BAA	TEEA0106 08/08/12	Form	990 (	2012)

Form <b>990</b> (2012)	International Association for Impact Assessment, Inc.	58-1433922	Page
	pensation of Officers, Directors, Trustees, Key Employees, Highest Cor pendent Contractors	npensated Employee	s, and
Check	k if Schedule O contains a response to any question in this Part VII		

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

- 1 a 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 employees.'
- 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.

	T			((			Ė		cer, director, or truste	
(A) Name and Title	(B) Average hours per	one box offic	k, uni er an	not c	heck erson	more to s both or/trusted	an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	thé organization (W 2/1099-MISC)	related organizations (W 2/1099 MISC)	compensation from the organization and related organizations
(1) Rita Hamm	50.00	-					П			
CEO					X			94,078.	0.	0.
(2) Luis Enrique Sanchez President	2.00			х				0.	0.	0.
(3) Stephen F. Lintner	2.00									
Past President				х				0.	0.	0.
(4) Greg Radford	2.00									
President-Elect				X				0.	0.	0.
(5) Pamela Gunther	2.00									
Director/Treasurer		X		X				0.	0.	0.
	2.00	i								
Director		Х						0.	0.	0
	2.00					ļ			Į.	
Director		X						0.	0.	· 0
_(8) Ana Maria Esteves	2.00									
Director		X						0.	0.	0
(9) Sandra Mols	2.00									
Director	ļ	Х	<u> </u>					0.	0.	0.
(10) Juan Quintero	2.00					{	( (			
Director		Х						0.	0.	0
(11)					i					
(12)						-				
<u>(13)</u>										······································
(14)										

Forr	n <b>990</b> (2012) International Association for I	mpact	Asse	SSI	<u>nent</u>	. I	nc.			58-143392			ige <b>8</b>
Pa	rt VII   Section A. Officers, Directors, Trus		(ey	Em		_	es, a	nd	Highest Com	pensated Empl	oyees	(con	2
•	(A) Name and title	Average hours per week (list any hours for	box, offi	unle: cer ar	Pos heck ss pe	rson direct	than is both or/trus Highest	an tee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	ame	(F) Estimated ount of ot impensation the ganization and related	ther on n
		related organiza tions below dotted line)	or director	nstitutional trustee		Key employee	Highest compensated employee				OI	ganizatio	ns
<u>(15)</u>													
(16)													
(17)											-		
(18)													
(19)													
(20)													
(21)												<del></del>	
(22)						•						•	
(23)													
(24)													
(25)													
	Sub-total  Total from continuation sheets to Part VII, Section	 А	•	<u> </u>	•	•	<u> </u>	<b>▶</b>	94,078.	0.	-		0.
	d Total (add lines 1b and 1c)							<u> </u>	94,078.	0.	1		0.
2	Total number of individuals (including but not limite from the organization ▶	d to tho	se lis	sted	abo	ve)	who :	rec	eived more than \$	100,000 of reporta	ble cor	npensa	tion
3	Did the organization list any former officer, director	or trus	tee, I	key (	emp	oloye	e, or	hig	hest compensate	d employee		Yes	No
4	on line 1a? If 'Yes,' complete Schedule J for such it.  For any individual listed on line 1a, is the sum of re			nnei	nest.	ion :	and o	adte	r compensation fr	om	3		Х
·	the organization and related organizations greater such individual										4		х
5	Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'	compens complet	satioi te Sc	n fro hed	m a ule .	iny ι <i>J foi</i>	unrela such	atec 1 pe	organization or il erson	ndıvıdual	5		x
	ction B. Independent Contractors  Complete this table for your five highest compensa compensation from the organization. Report compe	ted inde	pend	lent	con	trac	tors t	hat	received more th	an \$100,000 of	tov vo		
	(A) Name and business addre		101 6	116	aici	1021	year	GII	(B) Description of	)		(C) censatio	 on
<u> </u>													
													<del></del>
	Total number of independent contractors (including	but not	lımıt	ed t	o th	ose	listed	d at	pove) who receive	d more than	•••••	,	
BAA	\$100,000 in compensation from the organization	·	TEEA						· · · · · · · · · · · · · · · · · · ·		For	n <b>990</b>	(2012)
	•				J.,,4	,,,					, 011		\·-/

Part V曲 | Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII . (B) (C) (D) Total revenue Related or Unrelated Revenue exempt business excluded from tax function revenue under sections 512, 513, or 514 revenue CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS 1 a Federated campaigns 1 a b Membership dues 1 b 179,231 1 c c Fundraising events d Related organizations 1 d 1 e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1 f <u>533,955</u> q Noncash contributions included in Ins 1a-1f. h Total. Add lines 1a-1f 713,186 PROGRAM SERVICE REVENUE **Business Code** 900099 0. 2a Administration Fees 49,320 49,320 0 0. Conference Income 900099 715,985 648,016 67,969 0. 900099 4,232 4,232 0 Miscellaneous Income 0. 1,672 0 Career Central Revenue 900099 1,672 Non-Conference Training 900099 250 250 0 0. f All other program service revenue 110 0 0. 110 g Total. Add lines 2a-2f 771,569 Investment income (including dividends, interest and other similar amounts) 10,627. 0 0 10,627 Income from investment of tax-exempt bond proceeds Royalties 14,777 14,777 0 0. (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory 8,402 0 **b** Less: cost or other basis and sales expenses 178 c Gain or (loss) 8,402 -178d Net gain or (loss) 224 8,402. 78 8a Gross income from fundraising events OTHER REVENUE (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses . c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 900099 448 448 Foreign Currency Translation 0 900099 <u>53</u> Cash Short & Over d All other revenue e Total. Add lines 11a-11d -3.395Total revenue. See instructions 67,969 514,988 714,804 19,029

Part IX | Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a r			iust compiete column (A)	·
	Check if Schedule O contains a t	(A)	(B)	(C)	(D)
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16			<u> </u>	,
4	Benefits paid to or for members .				
5	Compensation of current officers, directors, trustees, and key employees.	94,078.	54,405.	35,825.	3,848.
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	Other salaries and wages	267,528.	182,437.	74,144.	10,947.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	12,072.	8,398.	3,659.	15.
10	Payroll taxes	26,227.	17,034.	8,077.	1,116.
	Fees for services (non-employees):	20,22.0			
	Management			{	
	Legal				<del></del>
	: Accounting	15 027		15 027	
		15,237.	0.	15,237.	0.
	Lobbying				<del></del>
	Professional fundraising services. See Part IV, line 17			·	
	Investment management fees				
	Other. (If line 11g amt exceeds 10% of line 25, col- umn (A) amt, list line 11g expenses on Sch 0) Advertising and promotion				
13	· · · · · · · · · · · · · · · · · ·	56.017	25.040	17.000	
14	Information technology	56,217.	36,942.	17,032.	2,243.
15	Royalties	31,783.	20,886.	9,629.	1,268.
	Occupancy				
16 17	Travel	13,200.	8,674.	3,999.	527.
		238,971.	238,971.	0. _	0.
18	expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	771,617.	771,617.	0.	0.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	5,582.	3,668.	1,691.	223.
23	Insurance	2,877.	0.	2,877.	0.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses			, ,	
	of line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		-	# # #	,
а	· '			<del>-</del>	<u> </u>
b	, <del></del>			······································	<del></del>
_					
d	<del></del>	· · · · · · · · · · · · · · · · · · ·			
_	` <del>-</del>				
	All other expenses	<del></del>			····
	Total functional expenses. Add lines 1 through 24e	1,535,389.	1,343,032.	172,170.	20,187.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2012)

BAA

**Balance Sheet** 

Check if Schedule O contains a response to any question in this Part X . (B) (A) Beginning of year End of year 1 Cash - non-interest-bearing 119,272 128,129. 2 Savings and temporary cash investments 424,717 382,653. 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 886 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 a 48,398 b Less: accumulated depreciation 10b <u>35,33</u>7 16,726 10 c 13,061. investments - publicly traded securities 587,805 11 658,028 Investments - other securities See Part IV, line 11 12 12 13 Investments -- program-related See Part IV, line 11 13 14 intangible assets 14 Other assets See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,149,406 1.181.871. 16 Accounts payable and accrued expenses 17 17 4.171 5,484 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . 25 4,171 26 Total liabilities. Add lines 17 through 25 5,484 Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34. Unrestricted net assets ,126,169 27 155,082. 27 28 Temporarily restricted net assets 21,305. 28 19,066 Permanently restricted net assets 29 29 B Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. FUZD 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 33 1,145,235 1,176,387. Total liabilities and net assets/fund balances 34 1.149.406 1,181,871

TEEA0111 01/03/13

Form	m 990 (2012) International Association for Impact Assessment, Inc. 58-143392	:2	Pa	ige 12				
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI			X.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1,5	14,9	988.				
2	Total expenses (must equal Part IX, column (A), line 25)	1,5	35,3	389.				
3	Revenue less expenses. Subtract line 2 from line 1		20,4	101.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1,1	45,2	235.				
5	Net unrealized gains (losses) on investments		51,5	553.				
6								
7	Investment expenses 7							
8	Prior period adjustments . 8		<u> </u>					
9	Other changes in net assets or fund balances (explain in Schedule O)							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	1,1	76,3	387.				
Pai	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question 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,' explain in Schedule O							
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	х					
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			<u>, , , , , , , , , , , , , , , , , , , </u>				
	X Separate basis Consolidated basis Both consolidated and separate basis							
t	b Were the organization's financial statements audited by an independent accountant?	2Ь	******	X				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
•	c if 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c	х					
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
3 8	3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?							
۱	b 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	3 b						
BAA		Form	990	(2012)				

#### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545-0047

2012

Department of the Treasury Internal Revenue Service

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. ► See separate instructions.

Open to Public Inspection

Name of	the	organization	· · · · · · · · · · · · · · · · · · ·						Employer	identificati	on number		
Inte	err	ational Assoc	iation for Im	pact Assessment	t, Ind	:.			58-14	33922	<u> </u>		
Part				All organizations mi			this pa	rt)Se	e instru	uctions			
1 444 4				t is: (For lines 1 through									
1	$\check{\sqcap}$			tion of churches describe									
2	H			i). (Attach Schedule E.)									
3	H			organization described in	section	170(Ь)	(1)(A)(iii)	L					
4	H			conjunction with a hosp					1)(A)(iii).	Enter th	ne hospital's	;	
·	Ш	name, city, and state:		,							-		
5		. 3.	ted for the benefit of a	a college or university ow	vned or o	perated	by a go	vernmei	ntal unit	describe	d in section		<del>-</del>
6	П	A federal, state, or loc	al government or gove	ernmental unit described									
7		in section 170(b)(1)(A	(Complete Part			a goverr	mental ı	unit or f	rom the	general p	oublic descri	bed	
8				(b)(1)(A)(vi). (Complete									
9	×	related to its exempt for unrelated business taxo (Complete Part III.)	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
10		An organization organ	ized and operated exc	clusively to test for public	safety	See sec	tion 509	(a)(4).					h
11	Ш	supported organization	zed and operated excluns described in section on and complete lines	sively for the benefit of, to 509(a)(1) or section 509 11e through 11h.	perform 9(a)(2).	the fund See <b>sec</b>	ctions of, tion 509(	or carry a)(3). Cl	out the p heck the	box that	of one or me describes t	ne typ	e of
		a Type i b	Type II c	Type III - Function	ally integ	rated	d	[ ] T	Гуре III ~	- Non-fu	nctionally in	tegrat	ed
е		By checking this box, other than foundation section 509(a)(2).	l certify that the organ managers and other t	nization is not controlled han one or more publicly	directly o	or indire ed orga	ctly by or nizations	ne or m describ	ore disqu oed in se	ialified p ction 509	ersons 9(a)(1) or		
f		If the organization rec check this box		nination from the IRS tha				• •		•	zation,		
g		Since August 17, 2006	6, has the organization	accepted any gift or co	ontributio	n from	any of th	e follow	ing perso	ons?	,		
								<b></b> .	()		, <del></del>	Yes	No
		below, the gove	rning body of the supp		ether wit	n perso	ns descri	bea in (	(II) and (I	111)	11 g (i)		
		(ii) A family member	er of a person describe	ed in (i) above?							11 g (ii)	_	
		(iii) A 35% controlle	d entity of a person de	escribed in (i) or (ii) abov	ve?						11 g (iii)		]
h		Provide the following	information about the	supported organization(s	s).	<u> </u>							
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		tion in the organization in the organization column (i) or suppor		(vi) Is the organization in column (i) organized in the US?		(vii) Amount sup	of mone	etary
					Yes	No	Yes	No	Yes	No			
(A)						İ	l						
(B)						ĺ	1	}					
(C)							1						
(D)			ł	1	1	i	ì		l				
<u>(E)</u>					<u> </u>			ļ	ļ				
Total							1		<u> </u>	1			
BAA	Foi	Paperwork Reduction	Act Notice, see the l	nstructions for Form 99	0 or 990	-EZ.			Schedule	e A (For	m 990 or 99	0-EZ)	2012

International Association for Impact Assessment, Inc. 58-1433922

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

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

	, ,						
Sec	tion A. Public Support						
Cale Degl	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3.						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5		· · · · · · · · · · · · · · · · · · ·		,		
500	from line 4 tion B. Total Support	<u> </u>	1	1	<u> </u>	1	<u> </u>
Cale	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(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 IV.)						
11	Total support. Add lines 7 through 10					<b>!</b>	
12	Gross receipts from related activ	ities, etc (see ins	tructions)		•	12	
13	First five years. If the Form 990 organization, check this box and	s for the organiza	ation's first, secon	d, third, fourth, or	r fifth tax year as	a section 501(c)(3)	· _
Sec	tion C. Computation of Pul	olic Support P	ercentage				,
	Public support percentage for 20	- · ·	•	e 11, column (f))		14	%
	Public support percentage from 2	•	•			. 15	<u>%</u>
16	a 33-1/3% support test — 2012. If and stop here. The organization	the organization of qualifies as a pul	did not check the t blicly supported or	box on line 13, an ganization	d the line 14 is 33	3-1/3% or more, ch	neck this box
1	b 33-1/3% support test — 2011. If the and stop here. The organization	he organization d qualifies as a pu	id not check a boo blicly supported oi	k on line 13 or 16a rganization	a, and line 15 is 3	3-1/3% or more, o	heck this box
17 8	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-	and-circumstances	s' test, check this	box and stop here	e. Explain in Part I	V how
	b 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts- d-circumstances'	and-circumstances test. The organiza	s' test, check this ation qualifies as a	box and stop hen publicly supporte	e. Explain in Part led organization .	V how the
18	Private foundation. If the organize	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	box and see inst	ructions -
O A A	······································					1 . 1 . 1 . 5 . 5	200 57 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support						
	ar year (or fiscal yr beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	738,193.	528,077.	164,758.	272,148.	706,137.	2,409,313.
,	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	861,737.		789,225.	644,442.	716,735.	
	Gross receipts from activities that are not an unrelated trade or business under section 513		, , , , , , , , , , , , , , , , , , , ,				
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge.						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	1,599,930.	1,239,843.	953,983.	916,590.	1,422,872.	6,133,218.
	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						
C.	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						6,133,218.
<u>Sect</u>	ion B. Total Support	·				· · · · · · · · · · · · · · · · · · ·	
Calend	ar year (or fiscal yr beginning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
	Amounts from line 6	1,599,930.	1,239,843.	953,983.	916,590.	1,422,872.	6,133,218.
b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511	14,279.	4,336.	17,807.	22,005.	33,806.	92,233.
	taxes) from businesses acquired after June 30, 1975		444.	98.	14,860.	58,310.	73,712.
	Add lines 10a and 10b	14,279.	4,780.	17,905.	36,865.	92,116.	165,945.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	11/2/3.	1,,001	17,700.	39,000.	32,110.	200/310.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add Ins 9, 10c, 11, and 12)					1,514,988.	
	First five years. If the Form 990 organization, check this box and	stop here .	<u> </u>	, third, fourth, or	fifth tax year as a	section 501(c)(3)	<b>▶</b> □
	ion C. Computation of Pul						
	Public support percentage for 20	•	•	13, column (f))	•	15	97.37 %
	Public support percentage from 2				·_	. ( 16	98.28 %
	ion D. Computation of Inv			<del> </del>		1 22	
	Investment income percentage for			-	ın (t)) .	17	2.63 %
	Investment income percentage fi					18	1.72 %
	33-1/3% support tests — 2012. If is not more than 33-1/3%, check	this box and stop	here. The organiz	ration qualifies as	a publicly suppor	ted organization	. ► 🗷
	33-1/3% support tests — 2011. If line 18 is not more than 33-1/3%	, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly	supported organi	ization
20 BAA	Private foundation. If the organi	zation did not che	ck a box on line 14			see instructions	

Scheanie A	(Form 990 or 990-EZ) 2012 International Association for Impact Assessment, Inc. 58-1433922 Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
<del>-</del>	
- <del></del>	
<del></del> -	
- <b></b>	
<del>-</del> -	

#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection
Employer identification number

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

	national Assoc	ciation for Impac	t Assessment, Inc.	58-143	
Part III Organizations Mainta	ining Collecti	ons of Art, Histor	rical Treasures, or	Other Similar Asse	ts (continued)
3 Using the organization's acquisititems (check all that apply):	ion, accession, ai			that are a significant us	e of its collection
a Public exhibition		<b>⊢</b> —I	or exchange programs		
<b>b</b> Scholarly research		e Other			<del></del>
c Preservation for future gener					
4 Provide a description of the orga Part XIII.	ınızatıon's collect	ions and explain how	they further the organiz	ation's exempt purpose	e in
5 During the year, did the organiza to be sold to raise funds rather to	han to be maintai	ined as part of the or	ganization's collection?		Yes No
Part IV Escrow and Custodial reported an amount o	<b>Arrangements</b> n Form 990, F	Complete if the cart X, line 21.	organization answere	ed 'Yes' to Form 990	, Part IV, line 9, or
1 a is the organization an agent, true on Form 990, Part X?	stee, custodian, o	or other intermediary	for contributions or othe	r assets not included	Yes No
b If 'Yes,' explain the arrangement	in Part XIII and	complete the followin	g table:	F - T	Amount
c Beginning balance				1 c	Athoun
• •				1 d	
d Additions during the year				1 e	<u> </u>
e Distributions during the year .				1 1 1	
f Ending balance	mount on Form (	000 Dort V Ima 212	•	. [ 11]	Yes No
2a Did the organization include an a				a Dad VIII	∐ res
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. Che	ck nere if the explan	tion has been provided t	n Part XIII	
Part V Endowment Funds. C	omplete if the	organization and	swered 'Yes' to For	m 990, Part IV, line	e 10.
	(a) Current	(b) Prior yea	ar (c) Two years	(d) Three years	(e) Four years
1 a Beginning of year balance . b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
<ul> <li>Other expenditures for facilities and programs</li> </ul>					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentag	e of the current y	ear end balance (line	e 1g, column (a)) held a	s:	
a Board designated or quasi-endov	wment ►	8			
<b>b</b> Permanent endowment ►	8				
c Temporarily restricted endowme	nt ►	8			
The percentages in lines 2a, 2b,	and 2c should ed	qual 100%.			
3a Are there endowment funds not organization by.	in the possession	of the organization	that are held and admin	stered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b if 'Yes' to 3a(ıı), are the related	organizations liste	ed as required on Scl	hedule R?		3b
4 Describe in Part XIII the intender	-	· · · · · · · · · · · · · · · · · · ·		·	<u> </u>
Part VI Land, Buildings, and					
Description of property		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		(occinomy	5555 (54151)		
<b>b</b> Buildings				inny amagama ami	
c Leasehold improvements	· · · ·  -	<del></del>	<del></del>	·	<del></del>
d Equipment	<u> </u>		40 200	25 227	12 061
e Other	• -		48,398.	35,337.	13,061.
Total. Add lines 1a through 1e. (Colum	nn (d) must eaus	I Form 990 Part V o	olumn (R) line 10(c) )		12 061
BAA	iii (u) iiiusi equal	r onn sso, r arc X, C	oranin (D), ilile 10(C).)		13,061. fule <b>D</b> (Form 990) 2012
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Schedule I	D (Form 990) 2012	International Ass	ociat	ion for Impact Ass	essment, Inc	58	3-1433922_	Page 3
Part VII	Investments -	Other Securities.						
	(a) Description of s	security or category me of security)		(b) Book value		(c) Method of va end-of-year r		
(1) Finance	ial derivatives			· · · · · · · · · · · · · · · · · · ·		<del></del>		
	y-held equity interes	sts						
(3) Other	, , ,							
$\frac{(A)}{(B)}$				·-·	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
(C)		~			- <del> </del>			
(D)								<del></del>
(E)								
(F)				<del></del>	<del>                                     </del>			
<u>(G)</u>		<del>-</del>					<del></del>	
(H)					<del> </del>			
(1)					<del> </del>		<del></del>	
			2.)	<u> </u>	<del> </del>			<del></del>
		990, Part X, column (B) line 12 - Program Related		Form 990 Part Y	lino 13	<u> </u>		<del></del>
Fart VIII	(a) Description of		<u>. ၁৮৮  </u>	(b) Book value	13.	(c) Method of va	lustion Cost or	
	(a) nescribiton of	шлезинени гура		(W) DOOK VAILE		end-of-year r		
(1)	*				1			
(2)						<del>,,</del>		
(3)	<del></del>	<del>-, , , , , , , , , , , , , , , , , , , </del>						
(4)								
(5)	<del></del>	· · · · · · · · · · · · · · · · · · ·						
(6)								
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(8)		· · · · · · · · · · · · · · · · · · ·			<u> </u>			
(9)								
(10)								
	nn (b) must equal Form S	990, Part X, column (B) line 1	3.)				***************************************	***************************************
Part IX		See Form 990, Pa		ine 15.				
				scription			<b>(b)</b> B	look value
(1)								
(2)								
(3)								
(4)								
(5)								
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(8)								
(9)								
(10)								
Total. (Co	olumn (b) must equa	al Form 990, Part X, col	lumn (B	), line 15.)				
Part X	Other Liabilitie	es. See Form 990,	Part >	(, line 25.				
	(a) Descrip	otion of liability		(b) Book value	• [	-		•
(1) Fede	eral income taxes					`		
(2)						•		,
(3)								
(4)					<del></del>   `		1000	` , , , , , , , , , , , , , , , , , , ,
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(11)						· · · · · · · · · · · · · · · · · · ·	` , ` ;	
	mn (h) must enual Form	990, Part X, column (B) line 2	5)	<b>•</b>			-	
		t XIII, provide the text of the f			statements that ren	ports the organization's	liability for uncertai	n tax positions
under FIN 48	(ASC 740) Check here if	the text of the footnote has b	een provi	ded in Part XIII				
BAA				TEEA3303 12/23/12			Schedule D (F	orm 990) 2012

Schedule D (Form 990) 2012 International Association for Impact Assessment, Inc. 5	8-1433922	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn	
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:		
a Net unrealized gains on investments		
b Donated services and use of facilities 2b	_	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)	-	
e Add lines 2a through 2d		
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)	-	
c Add lines 4a and 4b	- 4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	
Total expenses and losses per audited financial statements	11	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments	-	
c Other losses . 2c		
d Other (Describe in Part XIII.)	-[	
e Add lines 2a through 2d	_   2e	
3 Subtract line 2e from line 1	3	
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 XIII.)	-	
c Add lines 4a and 4b	- 4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part XIII Supplemental Information	<del></del>	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	, lines 1b and 2b, Par additional information	art V, on.
BAA	Schedule <b>D</b> (Form	990) 2012

Schedule [	(Form 990) 2012	International Association for Impact Assessment, Inc.   Information (continued)	58-1433922	Page 5
Part XIII	Supplementa	I Information (continued)		
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#### Schedule F (Form 990)

(8)

(9)

Statement of Activities Outside the United States

 Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. See separate instructions.

International Association for Impact Assessment, Inc.

OMB No 1545 0047

Open to Public Inspection

58-1433922

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No x Yes 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (b) Number of (f) Total (d) Activities conducted in (e) If activity listed in (a) Region offices in the employees, expenditures for region (by type) (e.g., (d) is a program agents, and and investments region fundraising, program service, describe independent services, investments, in region specific type of contractors in grants to recipients service(s) in region region located in the region) 0 (1) Europe 0 Program Service Conference 26,892. (2) South America 0 Conference 2,188. 0 Program Service (3) North America 0 287,529. 0 Program Service Conference (4) Europe 0 0|Program Service Conference 994,252. 0 (5) Europe 0 Program Service Conference 57,162. (6) (7)

(10)	 			
(11)				 
(12)				
(13)				
(14)				
(15)				
(16)				
(17)	 			
3a Sub-total	 			
<b>b</b> Total from continuation sheets to Part I		i poliment i approminament i strat	m <sub>e e</sub> (se ellenfire) - illia	

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

C Totals (add lines 3a and 3b)

11, 3668, 0223\_ Schedule F (Form 990) 2012

Page 2

Part II Grants and Other Assistance to Organization for Impact Assessment, Inc.

990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

-	(a) Name of organization	Section (if ag	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)
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3 Enter total number of other organizations or entities BAA

Schedule F (Form 990) 2012

Page 3

58-1433922

Schedule F (Form 990) 2012 International Association for Impact Assessment, Inc.

Fart III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(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 non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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ВАА			01/15/04			Schedule F	Schedule F (Form 990) 2012

Sche	edule <b>F</b> (Form 990) 2012 International Association for Impact Assessment, Inc.	58-1433922	Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' 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)	<i>the</i>	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization marequired to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Ce 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)		x No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Ce Foreign Corporations. (see Instructions for Form 5471)		X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qual 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)		x No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)		X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instruction for Form 5713)	ns []Yes	X No

TEEA3505 12/17/12

Schedule F (Form 990) 2012

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Schedule F	(Form 990) 2012	International As	sociation fo	r Impact /	Assessment, Inc.	58-1433922	Page 5
Part V	Supplemental			2			
	column (f) (ac	counting method:	amounts of i	investmer	nts vs expenditur	(monitoring of funds); Par es per region); Part II, line n (c) (estimated number of ional information (see insti	1
Pt_I_L	ine 2	Substantiatin	ıq documen	tation	is required	l for all	
		expenditures.	This inc	ludes_r	eceipts and	bank statements.	
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BAA			TEEA3504	12/17/12		Schedule F (Fo	rm 990) 2012

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number 58-1433922 International Association for Impact Assessment, Inc. Pt VI, Line 6 IAIA has individuals and businesses that pay dues to be members Pt VI, Line 7a The governing body is elected by the members Pt VI, Line 11b The form 990 is reviewed by the finance officer and the CEO. A copy of provided to the governing board. Pt\_VI, Line 15a A cost of living adjustment identical for all staff is approved by the finance committe and then by the full board of directors. Pt XI Unrealized Loss on Securites