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Form **990**

OMB No 1545-0047 2013

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

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 980 and its Instructions is at www.irs.gov/form990.

Open to Public inspection

Depa	rtment of	the Treasury use Service		1			octal Secur ut Form 99										Open to Inspe	o Public ection	;
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BAA For Paperwork Reduction Act Notice, see the separate Instructions.

Form 990 (2013)

TEEA0101 11/08/13

	nal Association for 1		inc.	58-14	433922	Page 2
	ogram Service Acco	•	11			
	contains a response or note	e to any line in this Part I	<u> </u>			· · · L
Briefly describe the organization						
To disseminate in		. 				
enviromental impa	<u>ict assessment.</u>					
		. 				
	 					
2 Did the organization underta					г г	٦
Form 990 or 990-EZ?					· Yes	X No
If 'Yes,' describe these new						-
3 Did the organization cease of	-	ant changes in how it co	nducts, any progra	ım services?	· Yes	X No
If 'Yes,' describe these chan	-					
4 Describe the organization's Section 501(c)(3) and 501(c others, the total expenses, a)(4) organizations and secti-	on 4947(a)(1) trusts are	required to report	n services, as measur the amount of grants a	ed by expenses. and allocations to	•
4 a (Code:) (Exper	nses \$ 63,885	5. including grants of	\$	0.)(Revenue	\$ 206,	742.)
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	nses \$ 1,431,02			0.) (Revenue		978.)
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arranged conf	erences, performe	ed other member	ship			
and_education	al services.					
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4 c (Code) (Expe	nses \$	including grants of	\$) (Revenue	\$)
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4 d Other program services. (D						
(Expenses \$	including gr	-,) (F	evenue \$)	
4 e Total program service exp	penses ► 1,4	94,908.				
BAA		TEEA0102 07/02/13			Form 9	90 (2013)

, c a	is a to a constant of the control of		V	N.
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	ts the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		х
20	a Did the organization operate one or more hospital facilities? If Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV Checklist of Required Schedules (continued) Yes No 21 Х 22 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х 23 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? If 'Yes,' answer lines 24b through 24d and Х 24b 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 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time duπng the year? 24d Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25h Χ Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

If so, complete Schedule L, Part II Х 26 Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If Yes,' complete Х 28b Х 28c Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N. Part II . . . 32 Х 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 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, Х 34 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Х 35b Х 36 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Note. All Form 990 filers are required to complete Schedule O

BAA

Check if Schedule O contains a response or note to any line in this Part V			<u>. [</u>
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	2 b	X	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		Х	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	$\frac{\hat{x}}{x}$	
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 a 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)?	4 a	х	
b If 'Yes,' enter the name of the foreign country: ► See Foreign Countries			ĺ
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			<u> </u>
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		<u> </u>
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			
not tax deductible?	6 b		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
services provided to the payor?	7 a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7с		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, hoats, airplanes, or other vehicles, did the organization file a			
Form 1098-C?	7 h	<u> </u>	-
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		Х
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a		X
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		X
10 Section 501(c)(7) organizations. Enter:			\vdash
a Initiation fees and capital contributions included on Part VIII, line 12			ļ
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		1	
11 Section 501(c)(12) organizations. Enter:			1
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources		ļ	1
against amounts due or received from them.)	40-		ļ
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	<u> </u>	├
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	45		
a Is the organization licensed to issue qualified health plans in more than one state?	13 a	 	
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand		1	<u> </u>
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b	<u> </u>	<u>L</u>

Part	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes a	, and n	for	
	Schedule O. See instructions.			₩.
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI	· · · ·	: : :	. X
Seci	tion A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year		163	NO
2	Enter the number of voting members included in line 1a, above, who are independent	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		х
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
	Did the organization have members or stockholders?	6	Х	
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	
	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		х
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8 a 8 b	X	-
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OB		├
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9	a da	x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10 a	163	X
	of Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
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
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		,	
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		х
	Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13		X
14 15	Did the organization have a written document retention and destruction policy?	14		X
а	a The organization's CEO, Executive Director, or top management official	15a	X	1
	Other officers of key employees of the organization	15 b		Х
16 a	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
	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?	16 b		
<u>Sec</u>	ction C. Disclosure			
17				
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 inspection. Indicate how you make these available. Check all that apply. Own website X Another's website X Upon request Other (explain in Schedule O)	for pu	ıblic	
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements availathe public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization bridget John 1330 23rd St., Suite C, Fargo ND 58103 (7		297-	·7912
		· <u></u> -		(0040

Form 990 (2013)							58-143		Page 7
Part VIII Com	pensation of Control	Officers, Directors	ctors, Tru	ıstees, Key	Employees	, Highest	Compensated	Employ	rees, and
			or note to a	ny line in this P	art 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 employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and Title	(B) Average hours per week (list	offic	er an	not c ess p d a di	, heck erson	more the is both r/trustee	an 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	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Rita Hamm CEO	50.00				Х			101,448.	0.	0.
(2) Greg_Radford President	2.00			Х				0.	0.	0.
(3) Luis Enrique Sanchez Past President	2.00			Х				0.	0.	0.
(4) Miguel Coutinho President-Elect	2.00	L	,	х				0.	0.	0.
	2.00	х		х				0.	0.	0.
	2.00	х		<u> </u>				0.	0.	0.
	2.00	Х						0.	0.	0.
	2.00	Х						0.	0.	0.
(9) Sandra Mols Director	2.00	Х						0.	0.	0.
(10) <u>Karin Isaksson</u> Director	2.00	Х						0.	0.	0.
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Tr	(B)	l l	<u>1_11</u>	(C		5 8, 6	2110	7 mgnest con	ipensated Emp	loyees	(COINIII	ueuj
(A) Name and title	Average hours per week (list any	offi	unler	ss pe	more rson i lirecto	than or s both or/truste	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estin amount comper from	nsation the	r
	hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	mer				zation elated zations	
(15)												
(16)									· -· · · · · · · · · · · · · · · · · ·			
(17)												
(18)												
(19)												
(20)												-
(21)	_											
(22)	_											
(23)												
(24)											•	
(25)											· · ·	
1 b Sub-total			٠ا	• •	• •		>	101,448.	0.			0.
c Total from continuation sheets to Part VII, Sect							^	101 440		-		
d Total (add lines 1b and 1c)							ive	101,448. d more than \$100,0	0. 000 of reportable co	mpensatio	n	0.
from the organization 1	<u>. </u>										Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such a										. 3	х	
For any individual listed on line 1a, is the sum of rethe organization and related organizations greater such individual	than \$150,	,000?	If 'Y	es'	com	plete	Scl	hèdule J for		4		X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	compensat	tion fr	om a	any	unre	lated	org	anization or indivi	dual			X
Section B. Independent Contractors						•						
1 Complete this table for your five highest compensation from the organization. Report comp	ated indepe ensation fo	ender or the	t cor	ntra nda	ctors r yea	that ar en	rec	eived more than \$ with or within the	100,000 of organization's tax ye	ear.		
(A) Name and business add		,						(B Description o)	(C) Compen		
	····											
2 Total number of independent contractors (including	g but not lir	nited	to th	ose	liste	ed ab	ove) who received mo	re than			
\$100,000 of compensation from the organization	<u> </u>	TEEA						· · · · · · · · · · · · · · · · · · ·		Form 0		

		Check if Schedule O contains a respons	se or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 3		Federated campaigns 1a					
ž ž		Membership dues 1 b	206,742.	Ì			
% ¥		Fundraising events 1 c		1			
뜅뜅		Related organizations 1 d	454.	1			
Š	е	Government grants (contributions) 1 e					
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS		All other contributions, gifts, grants, and similar amounts not included above	707,017.				
	_	Noncash contributions included in lines 1a-1f \$					
<u> </u>	h	Total. Add lines 1a-1f		914,213.			·
훒	۰.	 -	Business Code				
2	Z a		00099	82,651.	82,651.	0.	0.
8	0		000099	987,978.	915,269.	72,709.	0.
₹	C		00099	1,535.	1,535.	0.	0.
SE	a		000099	1,312.	1,312.	0.	0.
KA	e	Non-Conference Training 9 All other program service revenue	100099	100.	100.	0.	0.
စ္အျ		Total. Add lines 2a-2f		5,130.	130.	5,000.	0.
-				1,078,706.			
	3	Investment income (including dividends, in other similar amounts)	iterest and	34,045.	0.	0.	34,045.
	4	Income from investment of tax-exempt bor	nd proceeds 🕈	<u></u>			31/013.
	5	Royalties	▶	23,603.	23,603.	0.	0.
}		(ı) Real	(ii) Personal				
	6 a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)			· · · · · · · · · · · · · · · · · · ·		
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory.	(II) Other				
	b	Less cost or other basis and sales expenses					
	C	Gain or (loss)					
	d	Net gain or (loss)	▶				
OTHER REVENUE	8 a	Gross income from fundraising events (not including \$					
Ĕ		of contributions reported on line 1c).	}		}		
ER		See Part IV, line 18 a			İ		
튽		Less: direct expenses b	<u>'</u>				
	C	Net income or (loss) from fundraising ever	nts ▶				
		Gross income from gaming activities. See Part IV, line 19 a					
		Less: direct expenses b					
	C	Net income or (loss) from gaming activities	s			, <u>-</u>	
		Gross sales of inventory, less returns and allowances a					
		Less: cost of goods sold b				·	
	C	: Net income or (loss) from sales of inventor Miscellaneous Revenue					
	44		Business Code				
	_	Foreign Currency Translation S	900099	-12,574.	-12,574.	0.	0.
	b	<u> </u>	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
	0 ر	All other revenue					
		Total, Add lines 11a-11d		-12,574.			
	_	Total revenue. See instructions		2,037,993.	1 012 026	77,709.	34 045
		I VIGITE VERTUE. DEC MONDOMONO		<u>∠,∪3/,993.</u>	1,012,026.	11,/09,	34,045.

Part IX Statement of Functional Expenses

Do r 6b, 7	o not include amounts reported on lines b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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		II		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	101 440	F0 ((0	00.00	
6	trustees, and key employees	101,448.	58,668.	38,631.	4,149.
7	Other salaries and wages	269,371.	183,965.	74,066.	11,340.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits	26,867.	22,928.	3,781.	158.
10	Payroll taxes	27,155.	17,664.	8,319.	1,172.
11	Fees for services (non-employees).				
_	Management		 		
	Legal	1,000.	0.	1,000.	0.
	Accounting	11,479.	0.	11,479.	0.
	Lobbying				
	Professional fundraising services See Part IV, line 17				
g	Investment management fees Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
	Advertising and promotion	151.	151.	0.	0.
13	Office expenses	32,207.	21,105.	9,779.	1,323.
14	Information technology	52,581.	34,455.	15,966.	2,160.
15	Royalties				
16	Occupancy	12,100.	7,929.	3,674.	497.
17 18		325,898.	325,898.	0.	<u> </u>
10	Payments of travel or entertainment expenses for any federal, state, or local public officials		****		
	Conferences, conventions, and meetings	818,405.	818,405.	0.	0.
	Interest		,		
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization Insurance	5,708.	3,740.	1,733.	235.
24		3,200.	0.	3,200.	0.
a k	Miscellaneous	175.	0.	175.	0.
c					
(: ' : ' : ' : ' : ' : ' : ' : '				
6	All other expenses				
25	Total functional expenses. Add lines 1 through 24e. •	1,687,745.	1,494,908.	171,803.	21,034.
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)				

Balance Sheet

(A) (B) Beginning of year End of year 298,740. 128,129. 2 2 382,653 447,699. 3 3 4 5 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 6 7 7 8 9 82,684. 10 a 10 a 10 b 41.044. 13.061 10 c 10,839. 11 737,500. 11 658,028 Investments - other securities. See Part IV, line 11 12 12 13 13 14 14 15 15 16 16 1,181,871 1,577,462 17 17 5,484 2,689 Grants payable................................... 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, 22 23 23 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 25 26 26 Total liabilities. Add lines 17 through 25........... 5,484 2,689 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets....... 27 1,155,082 27 1,549,741 28 21,305 28 25,032. 29 29 Q R Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34. 30 30 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 33 1,176,387 1,574,773. 34 1,181,871 1,577,462 BAA Form 990 (2013)

Form	n 990 (2013) International Association for Impact Assessment, Inc. 58	-1433 <u>9</u>	922	P	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	037,	993.
2	Total expenses (must equal Part IX, column (A), line 25)		1,	687,	745.
3	Revenue less expenses. Subtract line 2 from line 1	3		350,	248.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	176,	387.
5	Net unrealized gains (losses) on investments	5		48,	138.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	140			770
D -	column (B))	10	<u></u>	5/4,	<u>773.</u>
Га	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	• • • •		· · ·	<u>: ; </u>
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both'	а			
	X Separate basis Consolidated basis Both consolidated and separate basis				
	b Were the organization's financial statements audited by an independent accountant?		2	b	Х
	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 aureview, or compilation of its financial statements and selection of an independent accountant?	dit,	2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singl Audit Act and OMB Circular A-133?	e 	3	а	Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>		b	
BA	A		Fo	m 990	(2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

International Association for Impact Assessment, Inc. 58-1433922 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 lх 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 organized and operated exclusively to test for public safety. See section 509(a)(4), An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III - Functionally integrated |Type | Type II ď Type III - Non-functionally integrated c By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s). h (ii) EIN (iii) Type of organization (v) Did you notify (vii) Amount of monetary (i) Name of supported (iv) is the (vi) Is the organization organization in described on lines 1-9 above or IRC section organization in e organization in SUDDORT column (i) of your column (I) organized in the US? column (i) listed in your governing document? Yes No Yes No Yes (A) (B) (C) (D) (E) Total

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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

reappoint constant ion organizations bescribed in occitons in o(b)(1)(A)(14) and in o(b)(1)(A)(
(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.)

Sect	tion A. Public Support						
begir	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale: begir	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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.)						
	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc (see instru	ctions)	• • • • • • • • •			
13	First five years. If the Form 990 is organization, check this box and s						
	tion C. Computation of Pu						
	Public support percentage for 201						<u>%</u>
	Public support percentage from 20						<u></u>
16 a	33-1/3% support test — 2013. If and stop here. The organization of	the organization di qualifies as a publi	id not check the bo cly supported orga	ox on line 13, and the nization	the line 14 is 33-1/3	3% or more, check to	his box
b	33-1/3% support test — 2012. If t and stop here. The organization of	he organization did qualifies as a publi	d not check a box of cly supported orga	on line 13 or 16a, inization	and line 15 is 33-1/	3% or more, check	this box
17 a	10%-facts-and-circumstances to or more, and if the organization method the organization meets the facts-and the organization meets the facts-and the facts-a	eets the 'facts-and	-circumstances' te	st, check this box	and stop here. Exp	plain in Part IV how	F1
t	10%-facts-and-circumstances to or more, and if the organization m organization meets the facts-and-	eets the 'facts-and	l-circumstances' te	st, check this box	and stop here. Exp	plain in Part IV how	the
18	Private foundation. If the organiz	ation did not check	k a box on line 13,	16a, 16b, 17a, or	17b, check this box	x and see instruction	ns ▶ 🗍
BAA			· · · · · · · · · · · · · · · · · · ·		0-1	hadula A (Farm 000	000 57\ 0040

58-1433922

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						
	far year (or fiscal yr beginning in) >	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees						
	received. (Do not include	E00 077	164 350	070 140	706 107	014 010	0 505 000
	any 'unusùal grants.') Gross receipts from admis-	528,077.	164,758.	272,148.	706,137.	914,213.	2,585,333.
	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	711,766.	700 225	644 442	716 725	1 105 201	4 057 550
	Gross receipts from activities	/11,/66.	789,225.	644,442.	/16,/35.	1,195,391.	4,057,559.
	that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
R	Total. Add lines 1 through 5	1,239,843.	953,983.	916,590.	1,422,872.	2,109,604.	6,642,892.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	1,239,643.	933, 963.	916, 390.	1,422,672.	2,109,604.	0,042,892.
b	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.)						6,642,892.
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·			<u>'</u>	<u>' </u>	1 0/012/0521
	dar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	1,239,843.	953,983.	916,590.	1,422,872.	2,109,604.	6,642,892.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,336.	17,807.	22,005.	33,806.	57,648.	135,602.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	444.	98.	14,860.	58,310.	77,709.	151,421.
c	Add lines 10a and 10b	4,780.	17,905.	36,865.	92,116.	135,357.	287,023.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total Support. (Add Ins 9,10c, 11 and 12)	1,244,623.	971,888.	953,455.	1,514,988.	2,244,961.	6,929,915.
14	First five years. If the Form 990 is organization, check this box and s	s for the organization		hird, fourth, or fifth	tax year as a sec	tion 501(c)(3)	
Sec	tion C. Computation of Pu				· · · · · · · · · · · · · · · · · · ·		
15	Public support percentage for 201			, column (f))		15	95.86 %
16	Public support percentage from 20)12 Schedule A, Pa	ırt III, line 15			16	97.37 %
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	;			
17	Investment income percentage for	2013 (line 10c, co	lumn (f) dıvided by	line 13, column (f))	17	4.14 %
18	Investment income percentage fro	m 2012 Schedule	A, Part III, line 17			18	2.63 %
19 a	33-1/3% support tests - 2013. If is not more than 33-1/3%, check to	the organization di	d not check the boere. The organizat	ox on line 14, and lion qualifies as a j	line 15 is more tha publicly supported	n 33-1/3%, and lir	ne 17 ► [X]
b	33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%,	the organization d	d not check a box stop here. The or	on line 14 or line ganization qualifie	19a, and line 16 is es as a publicly sup	more than 33-1/3	%, and
20	Private foundation. If the organiz	ation did not check	a box on line 14,	19a, or 19b, check	this box and see	instructions	▶ 📋

Schedule A	(Form`990 or 990-EZ) 2013	International	Association f	or Impact	Assessment, Inc.	58-1433922	Page 4
Part IV	Supplemental Inform or 17b; and Part III, lir (See instructions).	nation. Provide t ne 12. Also compl	he explanation ete this part fo	s required r any addi	by Part II, line 10; tional information.	Part II, line 17a	
							 -
			-				
							-
	- -						
			 				
					-		
							·

SCHEDULE D (Form 990)

Supplemental Financial Statements

► 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.

OMB No. 1545-0047 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Scriedile D (1 oill 330) 2013 Intern	ational Associat	ton for impact	Assessment, inc.	38-143.	3922	Page
Part III Organizations Maintai	ning Collection	s of Art, Histor	rical Treasures, or	r Other Similar Ass	ets (contin	ued)
3 Using the organization's acquisition items (check all that apply):	, accession, and oth	er records, check a	ny of the following that	are a significant use of its	collection	
a Public exhibition		d Loan or	exchange programs			
b Scholarly research		e Other				
c Preservation for future generat						
4 Provide a description of the organiz Part XIII.						
5 During the year, did the organization to be sold to raise funds rather than	n solicit or receive d n to be maintained as	onations of art, histo part of the organiz	orical treasures, or othe ation's collection?	r similar assets	Yes	No
Part IV Escrow and Custodia line 9, or reported an ar				wered 'Yes' to Form	990, Part I	V,
1 a Is the organization an agent, truste on Form 990, Part X?	e, custodian, or othe	r intermediary for co	ontributions or other ass	sets not included	Yes	No
b If 'Yes,' explain the arrangement in	Part XIII and comple	te the following tab	le:			
					Amount	
c Beginning balance						
d Additions during the year						
e Distributions during the year						
f Ending balance				\		T T.
2 a Did the organization include an am b If 'Yes,' explain the arrangement in					Yes	No
	Tart XIII Oneok Her	e ii tile explantion ii	as been provided in the			<u></u> i
Part V Endowment Funds. C		10				
	(a) Current year	(b) Prior year	(c) Two years back		(e) Four year	
1 a Beginning of year balance	658,202					,334
b Contributions	31,340	. 18,84	4. 20,93	7. 112,483.	200	,000
c Net investment earnings, gains, and losses	48,132	. 51,55	-32 , 77	7. 19,101.	58	728
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses	174	•		1.		
g End of year balance	737,500	658,20	587,80	5. 599,645.	468	,062
2 Provide the estimated percentage	of the current year e	nd balance (line 1g,	column (a)) held as:	· · ·		
a Board designated or quasi-endown	nent ► 9	7.00%				
b Permanent endowment ►	0.00%					
c Temporarily restricted endowment		00 %				
The percentages in lines 2a, 2b, ar						
3 a Are there endowment funds not in organization by:			are held and administer	ed for the	Yes	No
(i) unrelated organizations					. 3a(i)	x
(ii) related organizations					. 3a(ii)	
b If 'Yes' to 3a(ii), are the related org.					3b	 ^
		·=		• • • • • • • • • • • • • • • • • • • •	. 30	
<u> </u>		on a endownient Id	iuo.			
Part VI Land, Buildings, and Complete if the organiz	• •	'Yes' to Form 99	90, Part IV. line 11a	a. See Form 990. Pa	art X, line 10	0.
Description of property	(a) Co	st or other basis	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	
1 a Land			sucio (ouici)	<u>aopicoladon</u>		
b Buildings						
c Leasehold improvements				'`` 	· · · · · · · · · · · · · · · · · · ·	
d Equipment			51,883.	41,044.	11	0,839
e Other.			51,005.	11,011.		., UJ3
·		990. Part X. colum	n (B), line 10(c)	·	11	0,839
	14) musi squar i Om	, 556, 1 art X, 66/arr	12), 10(0).)			
Total, Add lines 1a through 1e. (Column		n 990, Part X, colum	n (B), line 10(c).)		1 (lule D (Form 9	

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

(a) Description of Hability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain

Schedule D (Form 990) 2013 International Association for Impact Assessment, Inc.	58-1433922	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)	 '	
e Add lines 2a through 2d	2 e	
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		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Pnor year adjustments		
	 	
	—— <u> </u>	
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 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		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part XIII Supplemental Information.	*	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a Pt V Line 4 The temporary endowments are for ongoing funded provided provided in the provided provid	additional information.	
I T T THE I T T THE CONDEND TO THE TOT OWNER THE TOTAL OF THE TREE TO THE TREE TREE TO THE TREE TREE TO THE TREE TREE TO THE TREE TREE TREE TREE TREE TREE TREE	-21622	
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BAA	Schedule D (Form	990) 2013

Schedule D	(Form 990) 2013	International Association for Impact Assessment, Inc.	58-1433922	Page 5
Part XIII	Supplemental	International Association for Impact Assessment, Inc. Information (continued)		
	. 			
	· 			
				-

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Schedule **D** (Form 990) 2013

Schedule F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.
 ► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

International Associ				58-14339	
Part I General Informati on Form 990, Part	on on Activition IV, line 14b.	es Outside the	e United States. Complet	e if the organization	answered 'Yes'
For grantmakers. Does the the grantees' eligibility for the control of the c	organization main e grants or assistai	tain records to sub nce, and the selec	stantiate the amount of its grant tion criteria used to award the gr	s and other assistance, rants or assistance?	XYes No
2 For grantmakers. Describe United States.	ın Part V the orgar	nization's procedur	res for monitoning the use of its g	grants and other assistant	ce outside the
3 Activities per Region. (The fo	ollowing Part I, line	3 table can be du	plicated if additional space is ne	eded.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Europe	0	0	Program Service	Conference	1,775.
(2) South America	0		Program Service	Conference	185,782.
(3) North America	0	0	Program Service	Conference	1,272,908.
(4)					
(5)					· · · · · · · · · · · · · · · · · · ·
(6)					
(7)					
(8)					· · · · · · · · · · · · · · · · · · ·
(9)					
10)					
11)		· · · · · · · · · · · · · · · · · · ·			
12)	· · · · · · · · · · · · · · · · · · ·				
13)					
14)					
15)					
(16)					
(17)					
3 a Sub-total	0	0		-	1,460,465.
b Total from continuation sheets to Part I					· · · · · · · · · · · · · · · · · · ·
c Totals (add lines 3a and 3b) .	0	00	<u> </u>		1,460,465.

Schedule F (Form 990) 2013 International Association for Impact Assessment, Inc.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, PMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(9)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	itions listed above that a section 501(c)(3) equiva	are recognized as chalency letter	arities by the fore	eign country, recogni	ized as tax-exempt	by the IRS, or for w	rhich	
3 Enter total number of other organizations or entities BAA	s or entities						Schedule F	Schedule F (Form 990) 2013

Page 3

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International Association for Impact Assessment, Inc.

Schedule F (Form 990) 2013

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

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2013 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance 9 (38) (38) £ (2) ල € (2) 3 8 9 (10) (11) (12) (13) **E** (12) 9 (17)

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	•		
		8-1433922	Page 4
Pa	创义。Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	· · · Tyes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)		X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	· · · · Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	· · · · Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	· · · Tyes	X No
BAA	TEEAREN DEPENA	Schedule E (Form	990) 2013

	F (Form 990) 2013		Association fo:	r Impact Asse	essment, Inc.	5	8-1433922	Page 5
Part V	Supplementa Provide the in (accounting n method); Part applicable. Al	al Information formation required nethod; amounts of Ill (accounting moso so complete this p	d by Part I, line of investments ethod); and Pa part to provide a	2 (monitoring vs expenditur rt III, column any additiona	g of funds); P res per regior (c) (estimated I information	art I, line 3, i); Part II, lin d number of (see instruct	column (f) e 1 (accounting recipients), as tions).	
Pt_I_	Line_2	Substantiati	ng_document	tation_is	required	for_all_		
		expenditures	. This incl	<u>ludes rece</u>	ipts and b	ank state	ements.	
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SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

Attach to Form 990. See separate instructions.

Information about Set Water In Grown 990, and its instructions is

at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Schedule J (Form 990) 2013

Department of the Treasury Internal Revenue Service Name of the organization

International Association for Impact Assessment, Inc
Part I Questions Regarding Compensation

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

Employer Identification number

58-1433922

rait	ti Questions Regarding Compensation			
1.	a Check the appropriate box(es) if the organization provided any of the following to or for	a person listed in Form 000 Part	Ye	S No
ıa	VII, Section A, line 1a. Complete Part III to provide any relevant information regarding t	hese items.	1	
	First-class or charter travel Housing allowand	ce or residence for personal use		
	Travel for companions Payments for bus	siness use of personal residence		
	Tax indemnification and gross-up payments Health or social c	club dues or initiation fees		
	Discretionary spending account Personal services	s (e.g., maid, chauffeur, chef)		
_	If any of the boxes on line 1a are checked, did the organization follow a written policy re	agarding navment or		
D	reimbursement or provision of all of the expenses described above? If 'No,' complete P		b	ļ
	Did the organization require substantiation prior to reimbursing or allowing expenses in	sourced by all afficers, directors	-	_
	trustees, and officers, including the CEO/Executive Director, regarding the items check	red in line 1a? 2	<u> </u> x	_
3	Indicate which, if any, of the following the filing organization used to establish the comp CEO/Executive Director. Check all that apply. Do not check any boxes for methods use establish compensation of the CEO/Executive Director, but explain in Part III.	pensation of the organization's ed by a related organization to		
	Compensation committee Written employment	ent contract		
	Independent compensation consultant Compensation su	ırvey or study		
	Form 990 of other organizations	poard or compensation committee		
4	Dunng the year, did any person listed in Form 990, Part VII, Section A, line 1a with resor a related organization:	pect to the filing organization		
а	a Receive a severance payment or change-of-control payment?	4	a	Х
	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		b	Х
C	c Participate in, or receive payment from, an equity-based compensation arrangement?	 	c	Х
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each	th item in Part III.		
	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 contingent on the revenues of:	accrue any compensation		
а	a The organization?		а	Х
b	b Any related organization?	5	b	Х
	If 'Yes' to line 5a or 5b, describe in Part III.	1	1	-
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or contingent on the net earnings of:	accrue any compensation		
а	a The organization?		а	X
b	b Any related organization?		ь	Х
	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 provid payments not described in lines 5 and 6? If 'Yes,' describe in Part III	le any non-fixed		x
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a control	 	1	
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III	· · · · · · · · · · · · · · · · · · ·		x
_			+	 ^
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure section 53.4958-6(c)?	described in Regulations		

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International Association for Impact Assessment, Inc.

Schedule J (Form 990) 2013

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Parily Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

		(B) Breakdown of	Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement	(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title	1	(I) Base compensation	(ii) Bonus and Incentive compensation	(III) Other reportable compensation	and other deferred compensation	benefits	columns(b)(l)-(U)	deferred as Form 990
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16								
BAA			TEEA4102 07/08/13	<u> </u>			Schedule J	Schedule J (Form 990) 2013

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is

OMB No. 1545-0047 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service at www.irs.gov/form990. Name of the organization Employer identification number International Association for Impact Assessment, 58-1433922 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 Pt VI, Line 19 Upon request the documents are copied and sent out.

International Association for Impact Assessment, Inc.	58-1433922	1
Form 990, Page 5, Line 4b Foreign Countries		
CA IIK		·

Supporting Statement of:

Form 990 p 2/Line 4a Revenue

Description	Amount
Membership Dues	206,742.
Total	206,742.

Supporting Statement of:

Form 990 p 2/Line 4b Revenue

Description	Amount
Total Conference Income (Part VIII Line 2b)	987,978.
Total	987,978.

Supporting Statement of:

Form 990 p 9/Line 3 Column D

Description	Amount
Interest Income	2,751.
Dividend Income	4,478.
Gain on Sale of Securities	26,816.
Total	34,045.

Supporting Statement of:

Form 990 p 11/Line 27, column (B)

Amount
700,000.
849,741.

Total 1,549,741.