#### Form **990**

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.

OMB No. 1545-0047 2011

Open to Public Inspection

Department of the Treasury

For the 2011 calendar year, or tax year beginning 2011, and ending Check if applicable: D Employer Identification Number Address change International Association of Business 03-4080669 Communicators Name change E Telephone number 601 Montgomery Street #1900 Initial return (415) 544-4711 San Francisco, CA 94111 Terminated Amended return G Gross receipts \$ 6,021,129 F Name and address of principal officer: Application pending John Clemons H(a) is this a group return for affiliates? Yes Same As C Above H(b) Are all affiliates included? Yes If 'No,' attach a list. (see instructions) Tax-exempt status 501(c)(3) X 501(c) (6 ) ◀ (insert no.) 4947(a)(1) or 527 Website: ► http://www.iabc.com/ H(c) Group exemption number Form of organization: X Corporation Trust Association Other ► L Year of Formation: 1948 M State of legal domicile: PA Part I Summary 1 Briefly describe the organization's mission or most significant activities: <u>IABC enables a global network of</u> communicators working in diverse industries and disciplines to identify, share and Activities & Governance apply the world's best communication practices while helping members to succeed in their jobs and their careers.\_\_\_\_\_ Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a)..... Number of independent voting members of the governing body (Part VI, line 1b)..... 4 5 Total number of volunteers (estimate if necessary)..... 31 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . 200 7 a Ō. **b** Net unrelated business taxable income from Form 990-T, line 34...... 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 5,690,423. 5,762,300. Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 10 103,730. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 30,554. 115,211. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).... 162,275. 5,909,364 5,955,129. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 14 Benefits paid to or for members (Part IX, column (A), line 4)..... 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . 2,530,077 2,789,521. 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 2,961,621 2,991,671. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 5,491,698. 5,781,192. Revenue less expenses, Subtract line 18 from line 12..... 417,666. 173,937. Beginning of Current Year End of Year 20 Total assets (Part X, line 16)..... 3,166,740. 21 Total fiabilities (Part X, line 26) . . . . . 3,433,025 2,165,697 2,306,652. Net assets or fund balances. Subtract line 21 from line 20. 1,001,043 Part II 1,126,373. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Christopher Sorek Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Date Paid John M. Kikuchi self-employed P00009948 Preparer ► RK Taylor & Associates Firm's name Use Only ► 2890 North Main St., Suite 305 Firm's address Firm's EIN ► 68-0422725 Walnut Creek, CA 94597 (925) 944-7662May the IRS discuss this return with the preparer shown above? (see instructions). Yes

Fo	orm 990 (2011) International Association of Business	03-4080669	
P	an III Statement of Program Service Accomplishments	03 4080009	Page
	Check if Schedule O contains a response to any question in this Part III	*****	X
	Briefly describe the organization's mission:		21
	IABC enables a global network of communicators working in di	verse industries and	
	are or principle to fucilities, sliding and apply the world's boot so	manage and a set of a	
	while helping members to succeed in their jobs and their car	eers.	
•	2 Did the organization undertake any significant program services during the year which were not I Form 990 or 990-EZ?	isted on the prior	
	If 'Yes,' describe these new services on Schedule O.	Yes X	No
:	3 Did the organization cease conducting, or make significant above a significant above in the si		
	3 Did the organization cease conducting, or make significant changes in how it conducts, any prograft 'Yes,' describe these changes on Schedule O.	ram services? Yes X	No
4	Describe the organization's program service accomplishments for each of its three largest program		
	Describe the organization's program service accomplishments for each of its three largest program service section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report others, the total expenses, and revenue, if any, for each program service reported.	m services, as measured by expe t the amount of grants and allocat	enses.
	others, the total expenses, and revenue, if any, for each program service reported.	and discourse and another	10115 (0
4	4a (Code: 1 022 562		
	4a (Code:) (Expenses \$ 1,832,563. including grants of \$ Conferences Seminars and Avanda.	) (Revenue \$	)
	Conferences, Seminars and Awards. IABC sponsors an annual in	<u>nternational</u>	
	conference—an annual business and professional development imembership. IABC also hosts smaller conferences and seminars	neeting for worldwide	
	Communications Conference, Research and Measurement Conference	s, such as an Employe	e
	Conference. IABC offers a variety of opportunities for profe	de and Social Media	
	internationally recognized for their achievements, honoring t	assionals to be	
	celebrating best practices that advance the profession	-me_mdividual_and	
4	b (Code: 913,329. including grants of \$	) (Revenue \$	\
	Sommatication world maddzine (LW) IARC publishes a magazin	30 0ma	rv
	TADE -		=
	- 2000 Practices and Diovides Step-by-step instruction reading		
	<u> </u>	t catalog of manuals,	,
	books, templates and reports.		
4 c	(Code:) (Expenses \$ 242,596. including grants of \$	\ \( \frac{1}{2} \)	
	Leadership and international development Provide leadership	) (Revenue \$	)
	development to IABC chapter and region leaders.	b_and_broressionar	
4 d	Other program services. (Describe in Schedule O.)  See Schedule O.		
	(Eyponose C 2 0.42 026		
	Total program service expenses 5 2,843,936. including grants of \$ 242,000.) (Revenue	<u> </u>	

			Yes	No
,	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete		1	
:	2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	-	X
;	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.			X
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.		-	X
Ę	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		-	<b> </b>
ε	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 Leart I.	o,		X
7		6		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III			X
9	Did the organization report an amount in Part X, line 21; 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		X
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		X
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	X	
į	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		X
	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? <i>If 'Yes,' complete Schedule D, Part IX</i>	11 d		X
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D. Part X	11 e	Χ	
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	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		X
	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, XII, and XIII is optional.	12b	Х	
15	is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule F	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	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	1.41		
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	14b	X	
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	15		<u>X</u>
1/	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, complete Schedule G, Part I (see instructions).	16		<u>X</u>
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.	17		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'			<u>X</u>
LU a	bid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	19 20	_	<u>X</u> X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	$\dashv$	

2	1 Did the organization report more than \$5,000 of annual to the		Yes	No
	1 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
2		22	<del> </del>	X
23			37	^
	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	23	X	V
	but the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	+	X
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	a bid the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule I. Part II.	26		Х
27	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
	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): <b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>			
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete  Schedule L, Part IV	28a		<u>X</u>
29	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.  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.	28b 28c 29		X X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  Did the organization liquidate to the distributions of art, historical treasures, or other similar assets, or qualified conservation			
31	the diganization injudate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.	30		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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V,	34	Х	
35 a	The the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	$\uparrow$	
b	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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Х	
BAA			22 (0	-

# Form 990 (2011) International Association of Business Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V.

			Yes	··· L
•	1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	5 3 3	res	No
	better the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	9		
2	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return	10	- 19 No. 1 S	X
	bit at least one is reported on line 2a, did the organization file all required federal employment toy returns?		37	
	wote. If the suff of lines to and 2a is greater than 250, you may be required to a file (see instructions)	2b	X	2
3	a Did the organization have unrelated business gross income of \$1,000 or more during the control	20000		1
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3a 3b		X
4	financial account in a foreign country (such as a bank account, securities account or other authority over, a		Х	
	Canada	74		
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1		50 1900 37030
ວ	a was the organization a party to a prohibited tax shelter transaction at any time during the tax years.	5a	1000	Х
	and any taxable party notify the organization that it was or is a party to a prohibited tay shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		-
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?	6a	Х	
	not tax deductible?			
7	Organizations that may receive deductible contributions under section 170(c).	6b	X	- 3 - 1 - 1
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	tes, and the organization notify the donor of the value of the goods or services provided?	7a		
		7b		
		7 c	İ	
	unities, indicate the number of Forms 8282 filed during the year	, ,	11.000-1	
,	but the organization receive any funds, directly or indirectly, to pay premiums on a porcent bornett and the	7e		ar v h
	but the organization, during the year, pay premiums, directly or indirectly, on a personal handit contract?	7f		
,	as required?	7g		
i	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business			(\$15/9) (31/9)
9	Sponsoring organizations maintaining donor advised funds.	8		
ä	a Did the organization make any taxable distributions under section 4966?		A. 200	
•	, but the organization make a distribution to a donor, donor advisor, or related person?	9a		
	occusing 501(c)(7) organizations. Enter:	9b	5,54,5	1424
a	Initiation fees and capital contributions included on Part VIII, line 12			
٠.	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
D	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in liquid Form 10413	12a		NAME OF
~	The ros, enter the amount of tax-exempt interest received or accrued during the year	124		sty if
13	Section 501(C)(29) qualified nonprofit health insurance issuers.			144
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Total occurrent instructions for additional information the organization must report on Schedule O	150		- 4
	which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	i i		
14 a	Did the organization receive any payments for indoor tanning services during the tay year?	14a	-	X
d a a c	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14b	_	77

land:	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or cha Schedule O. See instructions.	nges	in	
~	Check if Schedule O contains a response to any question in this Part VI			. X
2	ection A. Governing Body and Management			· ·   \( \text{\ti}\\\ \text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\texi}\text{\text{\text{\text{\texi{\text{\texi}\text{\text{\text{\texi}\text{\text{\text{\text{\texi}\titi\tint{\tiint{\text{\texit}\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\tet
	1.5.		Yes	No
	1a Enter the number of voting members of the governing body at the end of the tax year.       1a       1         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.       1a       1	3		1.00
	<b>D</b> Enter the number of voting members included in line 1s. shows the second se			
	2 Did any officer director trustee or key ampleyes have a facility of the control	14,300	1010	
	<ul> <li>2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other</li> <li>3 Did the organization delegate evaluation.</li> </ul>	2		X
	<ul> <li>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?</li> <li>Did the organization make any significant changes to its governing documents</li> </ul>	3		X
	Since the prior Form 990 was filed?	_		
	5 Did the organization become aware during the year of a significant diversion of the organization become	<u> </u>	ļ	X
	6 Did the organization have members or stockholders?See. Schedule 0	5	177	X
•	7a 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?See.Schedule.O		X	
	b Are any governance decisions of the expenientian	7 a	X	
5	<ul> <li>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?</li> <li>B. Did the organization contemporare could be a supported by the contemporare could be a supported by the organization contemporare could be a supported by the contemporare contempora</li></ul>	7b	Х	
•	the following:			
	a The governing body?  b Fach committee with sufferity to and the last of the	8a	X	
	<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	X	
	organization's mailing address? If 'Yes' provide the names and addresses in Scholinka who cannot be reached at the	9		Х
	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		····	
10	a Did the organization have local chapters have been been been a		Yes	No
-	<b>a</b> Did the organization have local chapters, branches, or affiliates?	10a	Χ	
11	b If '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?	10b	Х	1
* 1	That the organization provided a complete copy of this form 990 to all members of its governing body before filling the form?	11a	Χ	
12	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O	USWA	jarak.	110
-	<b>a</b> Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	12a	Χ	
	b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12b	Х	
13	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Did the organization have a written which to be used to be a provided to be a written which to be used to be a provided to b	12c	Х	
14	and the organization have a written whistleplower policy?	13	Х	
	bit the organization have a written document retention and destruction policy?	14	X	***************************************
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
i	The organization's CEO, Executive Director, or top management official. See Schedule O	15a	Х	
	b Other officers of key employees of the organization	15b		X
	res to fine 15a of 15b, describe the process in Schedule O. (See instructions.)	4300		100
	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a	V	X
i	of the tree, did the organization follow a written policy or procedure requiring the organization to evaluate its			
Sec	organization's exempt status with respect to such arrangements?tion C. Disclosure	16 b		
17	List the states with which a copy of this Form 990 is required to be filed ► CA			
18	Section 6104 requires an organization to make its Forms 1993 (v. 1994)			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) average inspection. Indicate how you make these available. Check all that apply.  X Own website  X Another's website  X Upon request	ailable	for p	ublic
19	Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial abstract.	ble to		
20				
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	nizatio	n:	

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

Check if Schedule O contains a response to any question in this Part VII.

## 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
- 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	ion nor any	relate	ed o	rgar	nizat	ion co	mpe	ensated any current of	fficer director or true	too
<b>(A)</b> Name and title	(B) Average hours per week	(do no	Position (do not check more the unless person is both and a director/tru		nan one h an offi	box.	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from	(F) Estimated amount of other	
	(describe hours for related organiza- tions in Schedule O)	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) Shelley A. Bird	_									
Chair	11	X						0.	0.1	0.
(2) Peter Penny	_									
Board Member	1 1	X						0.	0.	0.
_(3) Michelle Bernhart	4									
Board Member	1 1	X						0.	0.	0.
_(4) Barbara Fagan-Smith	_									
Board Member	1	X						0.	0.	0.
_(5) Kerby Meyers	4									
Board Member	1 1	X						0.	0.	0.
_(6) Jeffrey Ory	_									
Board Member	1 1	X						0.	0.1	0.
<u>(7) Adrian Cropley</u> Vice Chair	1	Х						0.		
(8) Kristen Sukalac								<u> </u>	0.	0.
Board Member	1 1	Х		ĺ	İ			0.	0	•
(9) Marilyn T. Keyes							-		0.	0.
Research Fdn Ch	1 1	Х						0.	0.	^
(10) Erika Ruiz Ramos				$\neg \neg$	$\neg$		$\neg \dagger$	<del></del>	U.	0.
Board Member	1 1	Х						0.	0.	•
(11) Paulo Henrique Soares	T -		$\neg \uparrow$	_			$\dashv$	0.	<u> </u>	0.
Board Member	1 1	Х						0.	0.	•
(12) Jeff Bishop				_			-	0.1	<u> </u>	0.
Board Member	1 1	Х					ĺ	0.	0.	0
(13) Mark Schumann			$\dashv$					· .	U.	0.
Past Chair	1 1	Х						0.	0.	^
(14) Julie Freeman			$\dashv$	+	_		_		<u> </u>	0.
President	40			Х				186,492.	0.	22,513.

Section A. Officers, Directors, Trus	tees,	Key	/ En	npl	oye	es,	an	d Highest Con	npensated Em	ployees (cont)
				(	(C)					
(A) Name and title	(do not check more than on box, unless person is both a		one		(E)	(F)				
Name and title		offi	k, unle	ess pe	direct	or/trus	stee)	compensation from	Reportable compensation from	Estimated amount of other
	per week (describ	02 20	Sul	Officer	X <sub>e</sub>	em	Fo	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
	e hours	17.5	Į,	cer	/ em	ploye	Former			organization and related
	for related	1 3	na		Key employee	com				organizations
	organi- zations		Institutional trustee		8	pens				
	Sch O)		e e			Highest compensated employee				
(15) Natasha Nicholson	<del> </del>	$\vdash$	<del> </del>	<u> </u>	-	<u> </u>	-			
VP	40					Х		110 463		
(16) Lee Anne Snedeker	1 -			<del> </del>	<del> </del>	\\ \triangle \( \triangle \)		110,463.	0.	12,423
SR VP	40					X		116,630.	0.	10 510
(17) Maureen Lennon								110,050.	<u> </u>	12,516.
VP Finance/HR	40					Χ		106,286.	0.	18,370.
(18) Christopher B. Hall										10,570.
Sr VP	40					Х		135,642.	0.	15,230.
(19)										13,230.
(20)										
(20)						ŀ				
(21)				-					· · · · · · · · · · · · · · · · · · ·	
(22)			$\dashv$							
							l			
(23)										
										7
(24)										
(25)										
1 b Sub-total										
c Total from continuation sheets to Part VII, Section A							-	0.	0.	0.
d Total (add lines 1b and 1c)	4					'	<b>A</b>	655,513.	0.	81,052.
Total number of individuals (including but not limited from the organization	to the	co li	ctod	o b c		ا نن	<b>&gt;</b>	655,513.	0.	81,052.
from the organization > 5	to tho	Se 11:	sieu	abc	ve)	WHO	rec	ceived more than S	\$100,000 of reporta	able compensation
										T. I I
3 Did the organization list any <b>former</b> officer, director on line 1a? If 'Yes,' complete Schedule I for such in	nr trusti	ا مم	(0)/ (	ama	lovo		r bio	shoot		Yes No
on line 1a? If 'Yes,' complete Schedule J for such in	dividua	l		-111p				Jilest compensate	a employee	3 X
4 For any individual listed on line to in the									om	
the organization and related organizations greater th	an \$15	0,00	0? /:	f 'Ye	es' c	omp	lete	Schedule J for	OTT	
5 Did any person listed on line 12 receive or seems			,							4 X
The organization: II Tes. Co	mplete	Scl	hedu	ile J	ny u ' for	inreia such	ated 1 <i>pe</i>	organization or it erson	ndividual	5 X
occion b. independent Contractors										
Complete this table for your five highest compensate compensation from the organization. Report compensation.	d inder sation t	oend for th	lent i	cont	ract	ors t	that	received more that	an \$100,000 of	
(A)			10 00	aron	uui	ycai	T		the organization's	
Name and business address								<b>(B)</b> Description of	services	<b>(C)</b> Compensation
	<del></del>									
							-			
2 Total number of independent contractors (including b	it not !	imi4	24 ±-			i.a.t	<u> </u>		, pen	
\$100,000 in compensation from the organization • (	ac 110t 1 )	mint	eu (C	J LITC	use I	15(0)	ı ab	ove) wno received	more than	
	1000-00-00-00-00-00-00-00-00-00-00-00-00			-			-			

						(A) Total revenue	exempt function	(C) Unrelated business revenue	(D)  Revenue excluded from ta under sections
TS	S	1:	Federated campaigns.			zestaturožalgoja sesti	revenue		512, 513, or 514
RAN	5	ì	Membership dues						
S, G	8		Fundraising events			7			
Ŀ,	AR		Related organizations.		<del></del>				
S,	Ī		Government grants (contribut						
CONTRIBUTIONS, GIFTS, GRANTS	THERS		All other contributions, gifts, similar amounts not included	grants and					
N.	2	ç	Noncash contributions include	ed in Ins 1a-1f: \$					
<u>ੂ</u>	₹	h	Total. Add lines 1a-1f.						
PROGRAM SERVICE REVENUE					Business Code				
ΛEI		2a	Membership Dues &	Assessments		3,104,271	. 3,104,271		
ERE		b	Conference/seminar	rs		1,944,011			
₹			Award programs			431,655			
SEF		d	Chapter and other	program		254,746			
ΑM		е	Info Resources & P	ubs		27,617			
og		f	All other program service	ce revenue			27,017	•	
78	_	g	Total. Add lines 2a-2f			5,762,300			
		3	Investment income (incother similar amounts).	ludina dividende	interest and	30,554			20 554
		4	Income from investmen	it of tax-exempt	bond proceeds	-	•		30,554.
		5	Royalties	<u> </u>		-			
			į	(i) Real	(ii) Personal				A Association Reviews to the
			Gross rents						
			Less: rental expenses.						
			Rental income or (loss)						
		d	Net rental income or (lo	ss)					
	:	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory Less: cost or other basis						
		D	and sales expenses						
			Gain or (loss)						
			Net gain or (loss)		<u> </u>				
NUE	8	3a	Gross income from fund (not including. \$						
NE.			of contributions reported	on line 1c)					
OTHER REVE			See Part IV, line 18						
14.		b I	Less: direct expenses	a		0.000			
5			Net income or (loss) from		anka 🕨				
	9	a (	Gross income from gami See Part IV, line 19	ing activities	ents	0.00	radia di Santa di Sa		
		b l	ess: direct expenses	b					
			Net income or (loss) fror	F	es			The second secon	<ul> <li>A section of the street of the deposit \$</li> </ul>
-		ć	Gross sales of inventory, and allowances	a	228,275.				
			ess: cost of goods sold		66,000.				
-		<u>c                                    </u>	let income or (loss) fron			162,275.	162,275.	er i i i i ja maks kalenda ja kalenda ja kalenda (j. 1820-182). Tarangan	e see vas tikulija et hija kija ja kija jih ni
F			Miscellaneous Revenue		Business Code				
	11						550		
		b _							
		ر <sup>-</sup>							
			Il other revenue						
	, ,	e i	otal. Add lines 11a-11d						
<u>.</u>	14		otal revenue. See instru	uctions		<u>5,955,</u> 129.	5,924,575.	0.	30.554

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a re		<b>(D)</b>		
66	o not include amounts reported on lines o, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
7	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				CARGO CONTRACTOR OF THE CONTRA
2				100 mg	
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	= - to the para to of for frictingers.				
5	Compensation of current officers directors				Entropy (ISO) 15 (INC. 151-pt. provide a 163)
	trustees, and key employees.	186,492.	0.	0.	
6	disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	(
7	Other salaries and wages	2,123,800.		· ·	
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions).				
9	Other employee benefits	297,338.			
10	Payroll taxes	181,891.			
11	Fees for services (non-employees):				
;	a Management				
	<b>b</b> Legal	12,439.			
	C Accounting	42,966.			
	d Lobbying.	42,300.			···
	Professional fundraising services. See Part IV, line 17				
	Investment management fees.				
•	g Other	105 771			
	Advertising and promotion.	195,771.			
3	Office expenses	653.			
4	Information technology	50,719.			
15	Information technology				
	Royalties.				
6	Occupancy				
17	Travel	236,947.			
8	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	37,675.			
3	Insurance	47,263.			
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).				
а	Conference programs	922,637.	<ul> <li>maskerse were state a tell weeds.</li> </ul>		
b	Printing and Publications	507, 983.			
	G&A	331,740.			
	Equipment purchase & Maint				
	All other expenses	73,531.			
	Total functional expenses. Add lines 1 through 24e	106,562.			
		5,781,192.	0.	0.	0
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				A STATE OF THE STA
	Check here ► if following				
	SOP 98-2 (ASC 958-720)				

——————————————————————————————————————		(A) Beginning of year		(B) End of year
	1 Cash — non-interest-bearing.		1 1	
	2 Savings and temporary cash investments	1,919,539		1,071,213
	3 Pledges and grants receivable, net		3	1,011,210
	4 Accounts receivable, net	27,614.		40,237
	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	10,237
	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).		6	
A S S E T S	7 Notes and loans receivable, net		7	
Ē	8 Inventories for sale or use	92,882.	8	78,194
s	Prepaid expenses and deferred charges.	123,836.	9	190,750
1	Da Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	123,630.	9	190,750
	b Less: accumulated depreciation. 10b 547,717.	75,241.	10.	70 661
1		927,628.	10 c	
1:	2 Investments – other securities. See Part IV, line 11.	921,628.	11	1,981,970
1:	Investments – program-related. See Part IV, line 11.		12	
1	Intangible assets		13	
1!	Other assets. See Part IV, line 11.		14	
10	Total assets. Add lines 1 through 15 (must equal line 34).	0 100 510	15	
17	Accounts payable and accrued expenses.	3,166,740.	16	3,433,025
18	Grants payable	470,751.	17	493,284
19	Deferred revenue	1,665,259.	18	1 714 007
_ 20	Tax-exempt bond liabilities	1,005,259.	19	1,714,987.
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		20	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
23	Secured mortgages and notes payable to unrelated third parties		22	
24	Unsecured notes and loans payable to unrelated third parties.	·	23	
25	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.	29,687.	24 25	98,381.
26	Total liabilities. Add lines 17 through 25	2,165,697.	26	2,306,652.
N	Organizations that follow SFAS 117, check here ► X and complete lines			2,300,032.
1	27 through 29 and lines 33 and 34.	a Ellinada		
28	Unrestricted net assets.	1,001,043.	27	1,126,373.
28	Temporarily restricted net assets	2/001/010.	28	1,120,575.
1 20	Permanently restricted net assets.		29	
	Organizations that do not follow SFAS 117, check here ▶ and complete		Siries.	e 2012 in St. August Vanzalle St. albert a. e.
30	lines 30 through 34.			
30	Capital stock or trust principal, or current funds	mente de la selectuje di nervi bija da ekula gibeggi 🛣	30	
31	Paid-in or capital surplus, or land, building, or equipment fund.		31	
32	Retained earnings, endowment, accumulated income, or other funds.		32	
33	Total net assets or fund balances.	1,001,043.		1 100 252
31 32 33 34	Total liabilities and net assets/fund balances	3,166,740.	33	1,126,373.
AA		J, 100, /4U.	34	3,433,025. Form <b>990</b> (2011)

Form **990** (2011)

Form 990 (2011) International Association of Business	03-4080669	9 Page <b>12</b>
Part 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	5,955,129.
2 Total expenses (must equal Part IX, column (A), line 25)	2	5,781,192.
Revenue less expenses. Subtract line 2 from line 1	3	173,937.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1	1,001,043.
5 Other changes in net assets or fund balances (explain in Schedule O) See Schedule . O	5	-48,607.
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))		
Part XII Financial Statements and Reporting		1,126,373.
Check if Schedule O contains a response to any question in this Part XII.		
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Yes No
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		
<b>b</b> Were the organization's financial statements audited by an independent accountant?		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigneries, or compilation of its financial statements and selection of an independent accountant?	ght of the audit,	2b X 2c X
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we separate basis, consolidated basis, or both:  Separate basis  X Consolidated basis  Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single	3a X
b   f 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits. AA	he required audit	3b A

Form **990** (2011)

BAA

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# **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. ► See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number

International Association of Rusiness

<u>Cc</u>	ommunicators of Business		03. 4000000
Pa	art I Organizations Maintaining Donor Advised Funds or Othe	er Similar Funds or Acc	03-4080669
	the organization answered 'Yes' to Form 990, Part IV, line	6.	Complete if
	(a) Donor advised	funds (b)	Funds and other accounts
1	Total number at end of year		diffus and other accounts
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the funds are the organization's property, subject to the organization's exclusive	assets held in donor advised	
6	Did the organization inform all grantees, donors, and donor advisors in writing used only for charitable purposes and not for the benefit of the donor or donor purpose conferring impermissible private benefit?	g that grant funds can be	
Pa	rt II Conservation Fasements Complete if the experiention		Yes No
1	rt II Conservation Easements. Complete if the organization are Purpose(s) of conservation easements held by the organization (check all the	swered 'Yes' to Form 9	990, Part IV, line 7.
	Preservation of land for public use (e.g., recreation or education)		
	Protection of natural habitat	Preservation of an historic	ally important land area
	Preservation of open space	Preservation of a certified	historic structure
2	Complete lines 2a through 2d if the organization held a qualified conservation last day of the tax year.	n contribution in the form of	a conservation easement on the
	a Total number of conservation easements.	2a	ield at the End of the Tax Year
	b Total acreage restricted by conservation easements	2h	
•	c Number of conservation easements on a certified historic structure included i	n (a) 2c	
•	d Number of conservation easements included in (c) acquired after 8/17/06, an structure listed in the National Register	d not on a historic	
3	Number of conservation easements modified, transferred, released, extinguis	hed, or terminated by the or	ganization during the
4			gament daring the
5	Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the posicial results in	<b>&gt;</b>	
6	Does the organization have a written policy regarding the periodic monitoring and enforcement of the conservation easements it holds?	, inspection, handling of viol	ations, ······ Yes No
	b	nservation easements during	g the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conser ► \$	vation easements during the	year
8	Does each conservation easement reported on line 2(d) above satisfy the req 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	uirements of section	
9	In Part XIV, describe how the organization reports conservation easements in its reinclude, if applicable, the text of the footnote to the organization's financial st conservation easements.	venue and expense statement, atements that describes the	and balance sheet, and organization's accounting for
Par	Organizations Maintaining Collections of Art, Historical T Complete if the organization answered 'Yes' to Form 990, I	(A.C. C. L.	ilar Assets.
1 a	If the organization elected as permitted under SEAC 115 (AGO 050)		
	in Part XIV, the text of the footnote to its financial statements that describes t	hese items	ance of public service, provide,
	If the organization elected, as permitted under SFAS 116 (ASC 958), to report historical treasures, or other similar assets held for public exhibition, education following amounts relating to these items:	i, or research in furtherance	or public service, provide the
	(i) Revenues included in Form 990, Part VIII, line 1.	*******	►\$
	(ii) Assets included in Form 990, Part X		<b>►</b> ¢
~	amounts required to be reported under SFAS 116 (ASC 958) relating to these	similar assets for financial ga	ain, provide the following
а	Revenues included in Form 990, Part VIII, line 1		▶\$
IJ	Assets included in Form 990. Part X		▶\$
RAA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	TEEA3301L 05/25/11	Schedule <b>D</b> (Form 990) 2011

Part III Organizations Maintainin	Collections (A. I.)	of Business	03-40	8066	9	Pag
Part III Organizations Maintainin	g Collections of Art, His	storical Treasures,	or Other Similar As	sets	(conti	nued)
3 Using the organization's acquisition, a items (check all that apply):				use of	its coll	ection
a Public exhibition	<b>d</b> Loa	an or exchange program	าร			
<b>b</b> Scholarly research	e Oth					
c Preservation for future generation	S					
4 Provide a description of the organization Part XIV.						
5 During the year, did the organization s	solicit or receive donations of	art, historical treasures	, or other similar			
5 During the year, did the organization s assets to be sold to raise funds rather	than to be maintained as pa	rt of the organization's	collection?	Ye	S	N
Part IV Escrow and Custodial Arr line 9, or reported an amo	unt on Form 990, Part >	if the organization a <pre></pre> , line 21.	answered 'Yes' to Fo	orm 99	90, Pa	art IV
1a is the organization an agent, trustee, or included on Form 990, Part X?	custodian, or other intermedia	ary for contributions or o	other assets not	Ye		
<b>b</b> If 'Yes,' explain the arrangement in Pa	art XIV and complete the folio	wing table:			5	N
c Beginning balance				Amou	nt	
c Beginning balanced  Additions during the year	************	• • • • • • • • • • • • • • • • • • • •	1c		· · · · · · · · · · · · · · · · · · ·	
d Additions during the year	********************		1d			
e Distributions during the year			<u>1e</u>			
f Ending balance			1f		***************************************	
2a Did the organization include an amoun	t on Form 990, Part X, line 2	1?		Ye	s	No
in res, explain the arrangement in Pa	rt XIV			I		<b>L</b>
art V Endowment Funds. Comple	ete if the organization ar	nswered 'Yes' to Fo	orm 990, Part IV, Iin	e 10.		
L (a	) Current year (b) Prior ye	ear (c) Two years ba			Four year	ars hac
1 a Beginning of year balance				7 8 8 8		aro bao
<b>b</b> Contributions				N. E. G.	i Nei di	
c Net investment earnings, gains, and losses						
<b>d</b> Grants or scholarships				10,100		7475A
e Other expenditures for facilities and programs						
f Administrative expenses				1 (4-4)/4		a Debel 1
g End of year balance						
2 Provide the estimated percentage of the	e current year and balance (	i		La savena		1000
a Board designated or quasi-endowment	• carrent year end balance (I	ine ig, column (a)) nelo	d as:			
<b>b</b> Permanent endowment ►						
c Temporarily restricted endowment ►	°					
The percentages in lines 2a, 2b, and 2c						
<b>3a</b> Are there endowment funds not in the r		n that are held and adm	ninistered for the			
					Yes	No
(i) unrelated organizations				3a(i)		
(ii). related organizations				2 (1)		<b> </b>
bit les to sa(ii), are the related organiza	ations listed as required on S	chedule R?		3b		<del> </del>
				00		
Describe in Fall XIV the intended uses	of the organization's endown	ient funds.				
art VI Land, Buildings, and Equip	of the organization's endown	ent funds. art X. line 10.		·		
Int VI Land, Buildings, and Equip  Description of property	ment. See Form 990, P.  (a) Cost or other basis (investment)	art X, line 10.  (b) Cost or other	(c) Accumulated	(d) [	3ook va	alue
Description of property  a Land.	ment. See Form 990, P.  (a) Cost or other basis (investment)	art X, line 10.	(c) Accumulated depreciation	(d) [	Book va	alue
Description of property  a Land. b Buildings.	ment. See Form 990, P.  (a) Cost or other basis (investment)	art X, line 10.  (b) Cost or other		(d) [	Book va	alue
Description of property  a Land. b Buildings. c Leasehold improvements.	ment. See Form 990, P.  (a) Cost or other basis (investment)	art X, line 10.  (b) Cost or other basis (other)	depreciation	(d) [		
Description of property  a Land.  b Buildings.  c Leasehold improvements.	ment. See Form 990, P.  (a) Cost or other basis (investment)	art X, line 10.  (b) Cost or other basis (other)  136,861.	depreciation 120,889.	(d) [	15	, 972
Description of property  a Land.  b Buildings.  c Leasehold improvements. d Equipment.	ment. See Form 990, P.  (a) Cost or other basis (investment)	art X, line 10.  (b) Cost or other basis (other)  136,861. 327,730.	120,889. 304,111.	(d) E	15 23,	,972 ,619
Description of property  a Land. b Buildings. c Leasehold improvements.	ment. See Form 990, P.  (a) Cost or other basis (investment)	art X, line 10.  (b) Cost or other basis (other)  136, 861. 327, 730.	120, 889. 304, 111.	(d) [	15, 23, 31,	, 972

Part VII Investments — Other Securities.	See Form 990, Part X, I	ne 12. N/A	03-4080669
(a) Description of security or category (including name of security)	<b>(b)</b> Book value	(c) Metho	od of valuation:
1) Financial derivatives		Cost or end-o	f-year market value
2) Closely-held equity interests		***************************************	· · · · · · · · · · · · · · · · · · ·
3) Other			
A)		The state of the s	
B)			· · · · · · · · · · · · · · · · · · ·
C)			
D)			
<u></u>			
1)			
<u> </u>			· · · · · · · · · · · · · · · · · · ·
otal. (Column (b) must equal Form 990 Part X, column (B) line 12.).			
Part VIII Investments — Program Related.	See Form 990, Part X, I	ne 13. N/A	EARL PARTIESTS
(a) Description of investment type	(b) Book value	(c) Method	d of valuation:
(1)		Cost or end-of	year market value
(2)			
(3)			······································
(4)			
(5)			
(6)			
(7)			
(8)			W-170-00-00-00-00-00-00-00-00-00-00-00-00-0
(9)			
0)			
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.).	. •		
tal. <i>(Column (b) must equal Form 990, Part X, column (B) line 13.)</i> . art IX Other Assets. See Form 990, Part	X, line 15. N/A		
art X Other Assets. See Form 990, Part . (a)	1000		(b) Book valu
art IX   Other Assets. See Form 990, Part (a)	X, line 15. N/A		(b) Book valu
art IX   Other Assets. See Form 990, Part (a)	X, line 15. N/A		(b) Book valu
art X Other Assets. See Form 990, Part (a) (1) (2) (3)	X, line 15. N/A		(b) Book valu
art X   Other Assets. See Form 990, Part (a) (1) (2) (3) (4)	X, line 15. N/A		(b) Book valu
art X   Other Assets. See Form 990, Part (a) (1) (2) (3) (4) (5)	X, line 15. N/A		(b) Book valu
art X   Other Assets. See Form 990, Part (a) (1) (2) (3) (4)	X, line 15. N/A		(b) Book valu
art X   Other Assets. See Form 990, Part (a) (1) (2) (3) (4) (5)	X, line 15. N/A		(b) Book valu
art X   Other Assets. See Form 990, Part (a) (1) (2) (3) (4) (5) (6) (7)	X, line 15. N/A		(b) Book valu
(a) (a) (b) (c) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	X, line 15. N/A Description		(b) Book valu
(a) (a) (a) (a) (a) (a) (a) (a) (a) (a)	X, line 15. N/A  Description  n (B), line 15.)		
(a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	X, line 15. N/A  Description  n (B), line 15.)		(b) Book valu
(a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	X, line 15. N/A  Description  n (B), line 15.)		
(a) (b) (c) (d) (d) (d) (d) (d) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	X, line 15. N/A Description  n (B), line 15.)		
(a)  (b)  (c)  (d)  (d)  (d)  (d)  (e)  (e)  (f)  (e)  (f)  (f)  (g)  (h)  (g)  (h)  (h)  (h)  (h)  (h	X, line 15. N/A Description  n (B), line 15.)		
(a) (a) (a) (a) (a) (a) (a) (a) (a) (a)	X, line 15. N/A Description  n (B), line 15.)		
(a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	X, line 15. N/A Description  n (B), line 15.)		
(a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	X, line 15. N/A Description  n (B), line 15.)		
(a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	X, line 15. N/A Description  n (B), line 15.)		
(a) (a) (a) (a) (a) (a) (a) (a) (a) (a)	X, line 15. N/A Description  n (B), line 15.)		
(a) (a) (a) (a) (a) (a) (a) (a) (a) (a)	X, line 15. N/A Description  n (B), line 15.)		
(a) (a) (a) (a) (a) (a) (a) (a) (a) (a)	X, line 15. N/A Description  n (B), line 15.)		
(a) (b) (c) (a) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	X, line 15. N/A Description  n (B), line 15.)		(b) Book valu
(a) (b) (c) (a) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	X, line 15. N/A  Description  (B), line 15.)		
(a) (b) (c) (a) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	X, line 15. N/A  Description  n (B), line 15.)		<b>&gt;</b>

Schedule D (Form 990) 2011 International Association of Busi Part XI Reconciliation of Change in Not Accept from Form 900 by the First	ness	0	<u>3-408066</u>	9 Pag
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Final	ncial Staten	nents		
1 Total revenue (Form 990, Part VIII, column (A), line 12)				5,955,12
- 10th oxpenses (10th 990, Fait IX, Column (A), line 25)				5,781,192
Added of (deficity for the year, Subtract line 2 from line 1				173,93
tiot directing directions (1055es) on investments				-52,389
Torraced services and use of facilities				
- mivestificat expenses				
. The period adjustments				3,782
other (Describe III Fall XIV.)				
o rotal adjustments (net). Add lines 4 through 8.				-48,607
LACCOS OF (UCTICIT) TOT THE VEST NET STIRLING tipping of statements. Compliment	2 (2			125,330
Reconcination of Revenue per Audited Financial Statemen	ntc With E	POVODUO DOE D	A	
statements				5,917,429
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			q'hata	0/31//123
a Net unrealized gains on investments.	2a	-52,389.		
b Donated services and use of facilities	2h		<b>-</b>	
c Recoveries of prior year grants	20		-	
d Other (Describe in Part XIV.). See Part XIV	24	14,689.		
e Add lines 2a through 2d	<del></del>		2e	- 27 700
Cubildet life Ze nom life L				-37,700 5,955,129
7 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	5,955,129
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIV.)	1h			
C Add lines 4a and 4b	h			
Total revenue. Add lines 3 and 4C. (This must equal Form 990 Part I line 12)			4c	F 0.55
Treconcination of Expenses per Audited Financial Stateme	ante With	Evnance	5	5,955,129
rotal expenses and losses per audited financial statements	STICS VVICII	Expenses per		m non on
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		* * * * * * * * * * * * * * * * * * * *	1 .	5,795,881
a Donated services and use of facilities	امدا			
<b>b</b> Prior year adjustments.	24	· · · · · · · · · · · · · · · · · · ·		
c Other losses	2b		SESSEC	
d Other (Describe in Part XIV.) See . Part .XIV.	2c			
e Add lines 2a through 2d.	2d	14,689.		
3 Subtract line 2e from line 1.			2e	14,689
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	T. 1		3 5	5,781,192.
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIV.).				
C Add lines 4a and 4b	4b			
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			4c	
Supplemental information				5,781,192.
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines and additional information.	art III, lines 1 nes 2d and 4	a and 4; Part IV, 4b. Also complete	lines 1b and this part to p	2b; provide
	·	~		
	· — —			
		·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··		
				_ *** *** _ *** _

Schedule D (Form 990) 2011 International Association of Business  Part XIV Supplemental Information (continued)	03-4080669	Page !
	~	

2011	Schedule D, Part XIV - Supplemental Informa	ition	Page 6
Client 13941	International Association of Business Communicators		03-4080669
Schedule D, Pa	art XII, Line 2d e Included In F/S But Not Included On Form 990		
cost of good	ds sold	Total	14,689. 14,689.
Schedule D, Pa	art XIII, Line 2d		
	es And Losses Per Audited F/S ds sold		
good good	JOIG	Total <u>\$</u>	14,689. 14,689.
			ACCOMPANY COMPANY COMP
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			A STATE OF THE STA
			and state of
			SUSTILIZATION
			1101010101010101010101010101010101010101

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#### Schedule F (Form 990)

## Statement of Activities Outside the United States

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, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

International Acces				Employer identif	ication number
International Assoc	tion on Activity	usiness ica Outsida U		03-40806	69
Part I General Informa to Form 990, Pa	rt IV, line 14b.	ies Outside ti	ne United States. Comple	te if the organizatio	n answered 'Yes'
5 3 × mg 12	g.a./ 0/ 400	istance, and the	substantiate the amount of its selection criteria used to award	the grants or assistance	e? Yes No
2 For grantmakers. Describe United States.	e in Part V the org	ganization's proc	edures for monitoring the use o	of its grants and other as	sistance outside the
3 Activities per Region. (Th	e following Part I.	line 3 table can t	pe duplicated if additional space	n is monday)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments,	(e) If activity listed in (d) is a program service, describe	(f) Total expenditures for and investments
		contractors in region	grants to recipients located in the region)	specific type of service(s) in region	in region
Sub-Saharan			Remit dues for		
(1) Africa			program support		14,918
(2) North America			Remit dues for		
			Program support Remit dues for		272,904
(3) Europe			program support		10,189
East			Remit dues for		10,169.
(4) Asia/Pacific			program support		21,456.
(5)					
(6)					
(7)	The same of the sa				
(8)					
_(9)					
(10)					
(11)					
(12)			·		
(13)					
(14)					
(15)					**************************************
(16)					
(17)					
<b>3a</b> Sub-total					319,467.
<b>b</b> Total from continuation sheets to Part I					

0

c Totals (add lines 3a and 3b).

319,467.

0

International Association of Business Schedule F (Form 990) 2011

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000... Part II can be duplicated if additional space is needed.

Page 2

×

(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, FMV, appraisal, other)
(0)								
(2)								
(3)								
(4)								
(5)								
(9)								
<i>ω</i>								Parking
(8)								
(6)								
(10) (10)								
(11)								
18 (12)								
(13)								
(14)						- Control of the Cont		
(15)		To a second second						
(QD)								

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.

3 Enter total number of other organizations or entities.

BAA

Schedule F (Form 990) 2011

International Association of Business Schedule F (Form 990) 2011

Part 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.

Page 3

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2011 (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 Ξ 2 3 € (2) 9 8 8 6 (10) (11) (12) (14) (13) BAA (15)(16) (17) (18)

TEEA3503L 05/26/11

Sch	nedule <b>F</b> (Form 990) 2011 International Association of Business 0	3-4080669	Page 4
2.000	is the proof of the second of		
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)	e 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 Certa 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).	าเก	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 Certa Foreign Corporations. (see Instructions for Form 5471).	in Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualifie 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).	d 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).	· · · · · Yes	X No
BAA	TEEA3505L 01/17/12	Cobodula F /F	0001.0011

Schedule **F** (Form 990) 2011

TEEA3505L 01/17/12

	) 2011 Internation			03-4080669	Page <b>5</b>
Complet 3, colum (account recipient	e this part to provide n (f) (accounting me ing method); Part III s), as applicable. Al	e the information rea thod; amounts of ir (accounting metho so complete this pa	quired by Part I, line livestments vs expen d); and Part III, colui rt to provide any add	2 (monitoring of funds); Part ditures per region); Part II, lin mn (c) (estimated number of litional information (see instru	I, line le 1
- <b></b>					
					No
					·

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 ► Attach to Form 990. ► See separate instructions.

Name of the organization

International Association of Business

Part I Questions Regarding Compensation

Employer identification number

03-4080669

	1a Check the appropriate hovies) if the graphical and it is		Yes	No
	1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			1000
	First-class or charter travel  Housing allowance or residence for personal use	1000		
	Payments for husiness use of parsonal residence			
	Health or social club dues or initiation foce			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
				214 M.
	<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	. 1b		100.71 100.71
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?			
:	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.			er
	X Compensation committee Written employment contract			
	Independent compensation consultant			
	X Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization			
	a Receive a severance payment or change-of-control payment?			
	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a		<u>X</u>
	a transpare in, or receive payment from, an equity-based compensation arrangement?	4b		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		X
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
	a The organization?	ANN SERVICE	faria)	
	27 my related organization?	5a 5b		
	If 'Yes' to line 5a or 5b, describe in Part III.	OD		staline).
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
i	a The organization?			
ì	b Any related organization?	6a		
	If 'Yes' to line 6a or 6b, describe in Part III.	6b	g : - 1,5 d -	· 1816
7				
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.	8		······
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	9		
		1 21	ŀ	

Page 2 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. Schedule J (Form 990) 2011 International Association of Business

Part II 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 individua

	L	(B) Breakdown (		ISC compensation	(C) Retirement and (D) Nontaxable (E) Total of columns (C)	(D) Nontaxable	(E) Total of columns	
(A) Name		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	( <b>E)</b>	(r) Compensation reported as deferred in prior Form 990
Julie Freeman	Θ	186,492.	0			13 188	200 000	
	<u>(E)</u>	0.	0				1	
Christopher B.	Θ	135,642.	0.			8 448		
2 Hall	Œ	0.	0			-05-70	-7/0/057	
	€							
3	L	l						
	(i)	The state of the s						
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	Θ							
5	(ii)							
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9	(ii)							
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7	(ii)							* ***
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8	(ii)							
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	€				The state of the s			
	(ii)							
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15	(E)							
	1							
9	(E)							
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Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 Attach to Form 990. See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

(g) Sec 512(b)(13) controlled entity? (f) Direct controlling ŝ  $\bowtie$ Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had entity Yes Employer identification number Int'l Assn of Communicators (f)
Direct controlling
entity 03-4080669 Business (e) End-of-year assets Public charity status (if section 501(c)(3)) **Part I** Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) 509(a)(1) (d) Total income (d) Exempt Code section 501(c)(3) (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) CA(b) Primary activity one or more related tax-exempt organizations during the tax year.) Business Communicators research and publication Educational (b) Primary activity BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN of disregarded entity (a) Name, address, and EIN of related organization International Association of | The IABC Foundation | 601 Montgomery Street | San Francisco, CA 94111 | 0 2 ල <u>@</u>

Schedule **R** (Form 990) 2011

TEEA5001L 09/08/11

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 03-4080669 because it had one or more related organizations treated as a partnership during the tax year. Schedule R (Form 990) 2011 International Association of Business Communicators Par ≡

Page 2

34

(k) Percentage ownership (h) Percentage ownership Schedule **R** (Form 990) 2011 **Part IV** Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (i) General or managing partner? ž (g) Share of end-of-year assets Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total income Dispropor-tionate allocations? ŝ Ξ Yes (g)
Share of end-of-year assets Legal domicile Direct Type of entity (State or foreign controlling entity (C corp, S corp, country) (f) Share of total income TEEA5002L 05/24/11 (e)
Predominant
income (related,
unrelated, excluded from tax under sections 512-514) Primary activity Direct controlling entity ਉ (c) Legal domicile (state or foreign country) (a) Name, address, and EIN of related organization Primary activity (a) Name, address, and EIN of related organization BAA 0 (C) 3 3 3

Schedule R (Form 990) 2011 International Association of Business Communicators

03-4080669 Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)

Page 3

(d) Method of determining × × Schedule **R** (Form 990) 2011 amount involved Yes × <u>م</u> <u>~</u> <u>ر</u> 9 <u>ه</u> 1 g Ξ 논 2 = 0 ٥ \_\_ 0 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. **b** Gift, grant, or capital contribution to related organization(s). **c** Gift, grant, or capital contribution from related organization(s)..... e Loans or loan guarantees by related organization(s). d Loans or loan guarantees to or for related organization(s) **h** Exchange of assets with related organization(s). Performance of services or membership or fundraising solicitations by related organization(s). o Reimbursement paid to related organization(s) for expenses. k Performance of services or membership or fundraising solicitations for related organization(s)..... **m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)..... Sharing of paid employees with related organization(s). g Purchase of assets from related organization(s). Sale of assets to related organization(s)..... (c) Amount involved 132,797 Reimbursement paid by related organization(s) for expenses. Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity. During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (b) Transaction type (a-r) ,\ TEEA5003L 05/24/11 Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. (a) Name of other organization r Other transfer of cash or property from related organization(s). q Other transfer of cash or property to related organization(s). (1) The IABC Foundation BAA 3 ල 4 9 9

Page 4

03-4080669

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

reveride) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	lanization. See insti	ructions regarding	exclusion for cert	ain investmen	partnerships.	ian iive percent	or its activities	s (measured by to	ital assets or	gross
Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant	(e) Are all partners	Share of	<b>(g)</b> Share of	(h) Dispropor-	(O) Code V-UBI	(i) General or	(k) Percentane
		country)	(related, unre- lated, excluded from fax inder	section 501(c)(3) organizations?	total income	end-of-year assets	tionate allocations?	10 (1)		ownership
			section 512-514)	Yes No			Yes No	Form (1065)	Voc No	
(μ)				,						
(2)										
				*******						
(3)										
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	M-1			No.						
(8)										
BAA										
, ; ;			IEEA	TEEA5004L 05/24/11				Schedu	Schedule R (Form 990) 2011	0) 2011

Schedule R Part VII	(Form 990) 2011 Supplemental Information Page 5
rait VII	Supplemental Information  Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
	(see instructions).

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

Open to Public Inspection

Name of the organization International Associations (C.D.)	ali Speciion
Communication Association of Business	Employer identification number 03-4080669
Form 990, Part I, Line 6	
The 13 individuals who comprise the board of directors serve in	a volunteer
capacity. The organization has other volunteers who serve on be	oard_committees,_as
well as numerous volunteers who assist with conferences and ever	nts
Form 990, Part IV, Line 12	
The organization issues a consolidated GAAP financial statement	that includes
International Association of Business Communicators as well as	The IABC Research
Foundation.	
Form 990, Part III, Line 4d - Other Program Services Description	

Name of the organization Theorems ti one 1 Theorems to 1 T	Page
Name of the organization International Association of Business Communicators	Employer identification number 03-4080669
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement	
The organization annually distributes the conflict of inte	
directors.	
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for C	CEO, Exec. Dir., or Top Matment
The IABC board conducts an annual performance review of th	
review process includes input from subordinates. IABC has	
policy_with_regard_to_compensation:	
The following policy applies to determining compensation o	f the President of IABC
and to other Key Employees. For IABC's purposes, Key Emplo	
employee holds the title of President, Senior Vice Preside	
whose compensation exceeds \$100,000 annually.	
Responsibility for Oversight. The IABC International Execu	utive Board shall delegate
responsibility for oversight of the process of determining	compensation to the
Personnel Committee. The three-member Personnel Committee	is normally chaired by
the Immediate Past Chair, and includes the Chair and Vice (	
members of the Board may be appointed to serve on the commi	
member shall serve on the committee if they have a conflict	of interest.
Compensation Oversight. The overall approach to compensation	
defined above shall be reviewed and approved annually by th	e Personnel Committee and
recommended to the IEB.	
Use of Data in Determining Compensation. The compensation	
be reviewed and approved, using data as to comparable compe	
qualified persons in functionally comparable positions at s	imilarly situated

2011

# Schedule O - Supplemental Information International Association of Business Communicators

Page 3

**Client 13941** 

03-4080669

Form 990, Part XI, Line 5	
Other Changes in Net Assets or Fund Balar	ices

Net Unrealized Gains or Losses on Investments Prior Period Adjustment	\$ -52,389.
1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =	3,782.
Total	\$ -48,607.

#### 2011

# **Federal Supplemental Information**

Page 1

**Client 13941** 

International Association of Business Communicators

03-4080669

The 13 individuals who comprise the board of directors serve in a volunteer capacity. The organization has other volunteers who serve on board committees, as well as numerous volunteers who assist with conferences and events.

The organization issues a consolidated GAAP financial statement that includes International Association of Business Communicators as well as The IABC Research Foundation.