

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



# **Return of Organization Exempt From Income Tax**

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

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

_	For the	2009 calend	dar vear. o	or tax year beginning	<b>T</b>	. 2009	9, and ending	<u> </u>					
В	Check if a		lar year, c	lc	•	,	-, un-		) Employ	er Identii	fication Numb	ber ber	
		•	Please use	ELECTRONIC 1	ואחווכידע כדיו	TZENSHTP		İ	26-	1417	796		
	$\vdash$	ess change	IRS label or print	COALITION,		LIZENDIIII		-  -	Telepho				
	$\vdash$	change	or type. See	1155 15TH ST	REET. NW #5	500		"					
	Inital	return	specific Instruc-	WASHINGTON,					202	-530-	-5910		
	Termi	ınation	tions.										
	Amer	ided return			·				Gross r	eceipts \$	1,1	52,	<u> 228.</u>
	Applic	cation pending		and address of principal of	fficer			H(a) Is this a q			liates?	Yes	X No
			SAME A	AS C ABOVE				H(b) Are all af	filiates incl tach a list		tructions)	Yes	∐ No
l	Tax-ex	xempt statu	ıs 🛛 501	l(c) (6 ) <b>∢</b> (ır	nsert no )	4947(a)(1) or	527	., ,,,,		(000	,		
J	Websi	ite:► WW	W.EICC	C.INFO	_			H(c) Group ex	emption n	umber 🏲	•		
K	Form of	organization	Corpor	ation Trust X A	ssociation Other	L	Year of Format	ion 2007	M s	State of le	egal domicile	DC	
	ert.	Summ	ary		' '	•			•				
				ganization's mission	or most significan	it activities: T	'HROUGH '	THE APP	LICAT	ION	OF SHA	RED	
				TOOLS, EICC									
Ĕ				OUTCOMES FOR									
ŞĘ.		T. T-49 (3.67.)	<u> </u>	. 44144.114	& & 4.0.		_42224	4405 -40	~ ~~~	. <u>2-6-</u> 6			
DFC I @ 2010 Activities & Governance	2 C	neck this bo	ox ►	if the organization of	discontinued its op	erations or disp	osed of mor	e than 25%	of its a	ssets			
్లర				bers of the governing						3			7
e≃ δ	4 No	umber of in	dependen	nt voting members of	f the governing bo	dy (Part VI, line	e 1b)			4			7
ပ္≝ီ				yees (Part V, line 2						5			0
노 f				eers (estimate if ned						6			0
_				ousiness revenue fro						7a			0.
	b Ne	et unrelated	d business	s taxable income fro	m Form 990-T, line	<u>e 34</u>				7b			0.
SCANNED								Pri	or Year		Curre	nt Ye	ar
<b>Z</b>	8 C	ontributions	and gran	nts (Part VIII, line 1h	)								
	9 Pr	rogram serv	vice reven	nue (Part <u>VIII, Jine 2</u> 0	3)				889,9		1,1		682.
	10 in	vestment ir	ncome (Pa	art VIII, column (AD)	mesparation and a	) ]				52.			963.
Œ	11 0	ther revenu	ie (Part Vi	III, column (A <del>), l</del> ines	5,5d,8c,9c,10d	<b>ுற்</b> (11e)				200.			583.
	12 To	otal revenue	e – add li	nes 8 through 11 (m	ust equal Part VII	I <b>, 60 (</b> umn (A), II	ne 12)		891,1	.97.	1,1	L52,	228.
				ounts paid (Fart X)									
	14 B	enefits paid	to or for	members (Part IX, o	column (A), line 4)	S							
_	15 S	alaries, oth	er comper	nsation, employee b	enerits (Part IX, c	olumn (A), lines	5-10)						
Expenses	16a Pi	rofessional	fundraisin	members (Part IX, on nsation, employee b ng fees (Part IX, coli		i							
De L	b. T.	atal fundras	cina avna	nses (Part IX, colum	on (D) June 25) ▶								
ă	0 10								482,9		1 .		602
		-	-	IX, column (A), lines						_			<u>682.</u>
		•		nes 13-17 (must equ		n (A), line 25)			482,9				<u>682.</u>
_		evenue less	s expense	s Subtract line 18 f	rom line 12			<u> </u>	408,2	88.	-2	216,	<u>454.</u>
Net Assets or Fund Balancos								Beginn	ing of Y			of Yea	
ž a	<b>20</b> To	otal assets	(Part X, II	ne 16)					737,9				<u>061.</u>
Z Z	<b>21</b> To	otal liabilitie	s (Part X	, line 26)					149,2	209.	2	283 <u>,</u>	<u>801.</u>
_	<u>22</u>   N	et assets o	r fund bala	ances Subtract line	21 from line 20				588,7	14.	3	372,	260.
	art II	Signat	ure Blo	ck							-		
		Under penaltic	es of penury.	, I declare that I have exar e Declaration of preparer	nined this return, includ	ing accompanying so	chedules and sta	atements, and t	to the best	of my kr	nowledge and	belief,	ıtıs
		true, correct,	and complete	e Declaration of preparer	(other than officer) is ba	sed on all information	on of which prep	arer has any k	nowledge	•	-		
Si	gn		Carri	0					11/12	lin.			
	ere	Signature	of officer	., 00				Date	1				
		<b>•</b>	Carr	o Hottma	-								
		Type or p	rint name ar	nd title	<del>-</del> -	<del></del>							
		_					Date	Che	ck if	Pre	eparer's ident	fying ri	umber
Pa	id			<b>.</b>	$\overline{}$		1	self-		(se	e instructions	5)	
Pr		Preparer's signature	<b>•</b>	HAR ours	H-, COID		Blut		yeu		0029721	R	
pa	rer's		or LYD	ON FETTEROLF	CORYDON, P	.A.	111	<del>''`</del>		11.			
Ų		Firm's name ( yours if self-	or <u>1111</u> ▶ 940					<sub></sub>		2_11	85156		
Oı	nly	employed), address, and			0850			EIN	_			110	
		ZIP + 4						Pho	ne no	(301		440	
<u>M</u> a	y the IRS	o discuss tr	is return	with the preparer sh	own above? (see	instructions)					X Yes		No

	990 (2009) ELECTRONIC INDUSTRY CITIZENSHIP	26-1417/9	<u> </u>	Page 2
	Statement of Program Service Accomplishments			
	Briefly describe the organization's mission:  SEE SCHEDULE O	·		- <del></del> -
				- <b></b> -
	Did the organization undertake any significant program services during the year which were not listed on the			
	Form 990 or 990-EZ? SEE SCHEDULE 0  If Yes,' describe these new services on Schedule O.	X	Yes	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	?	Yes X	No
	If 'Yes,' describe these changes on Schedule O	_		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo expenses, and revenue, if any, for each program service reported.	expenses Section ocations to others,	501(c)(3) the total	
4a	(Code:) (Expenses \$	HAT DESIGN, LECTRONICS	MARKE	T
4b	(Code: ) (Expenses \$	AND CONTEN	T, <u>I</u> T	
4 c	(Code) (Expenses \$ including grants of \$) (R	evenue \$		)
4 d	Other program services (Describe in Schedule O.)			
	(Expenses \$ including grants of \$ ) (Revenue \$		)	
4 e	Total program service expenses			

<i>M</i> inn	annum -			
	•		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u>
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? If 'Yes,' complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
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		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	, (	Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	············	X
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI			
•	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			
•	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? <i>If 'Yes,' complete Schedule D, Part VIII</i>			
	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			
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	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? If 'Yes,' complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
12	A Was the organization included in consolidated, independent audited financial statement for the tax  year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
k	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		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, Part III	16		<u> </u>
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	17		<u> </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	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

		1		
			Yes	No
	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		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
•	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		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25 a		
ŀ	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		_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
8	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule $M$	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		_X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	X	
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900	Otatements regulating other mornings and rax compilance						
	•			Yes	No		
1	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	1a 5					
I	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0					
(	c Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1c		X		
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return						
21	b If at least one is reported on line 2a, did the organization file all required federal employment	tax returns?	2ь				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this retu	rn. (see instructions)					
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year this return?	covered by	3a		Х		
I	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3b		ļ <u>.</u>		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
1	b If 'Yes,' enter the name of the foreign country.						
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Financial Accounts	oreign Bank and					
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	-	5a		Х		
ı	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	r transaction?	5b		X		
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Ent Tax Shelter Transaction?	ity Regarding Prohibited	5c				
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, ar solicit any contributions that were not tax deductible?	nd did the organization	6a		X		
ı	of 'Yes,' did the organization include with every solicitation an express statement that such condeductible?	ntributions or gifts were not	6ь				
7	Organizations that may receive deductible contributions under section 170(c).						
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and pa provided to the payor?	artly for goods and services	7a				
ı	b if 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for wh	ich it was required to file					
	Form 8282?	· I I	7c				
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d					
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premium benefit contract?	•	7e				
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7f				
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as re	•	7g				
	n For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form	•	7h				
0	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, had holdings at any time during the year?	ave excess business	8				
9	Sponsoring organizations maintaining donor advised funds.						
i	a Did the organization make any taxable distributions under section 4966?		9a				
ı	Did the organization make any distribution to a donor, donor advisor, or related person?		9b				
10	Section 501(c)(7) organizations. Enter						
á	a Initiation fees and capital contributions included on Part VIII, line 12	10a					
ı	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	106					
11	Section 501(c)(12) organizations. Enter						
	a Gross income from other members or shareholders	11a					
ı	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	116					
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of I		12a		<u> </u>		
- 1	of tyes, enter the amount of tax-exempt interest received or accrued during the year	126					

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Form 990 (2009)

Form 990 (2009) ELECTRONIC INDUSTRY CITIZENSHIP 26-1417796 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body **b** Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors or trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its organizational documents 4 since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 X 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the Х 7 a governing body? 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X a The governing body? X b Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule Q 9 Х Section B. **Policies** (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Does the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10<sub>b</sub> 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 Х 四里面 1 T. 11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c 13 Does the organization have a written whistleblower policy? 13 X X 14 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a **b** Other officers of key employees of the organization X 15<sub>b</sub> If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) ģ. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16: b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16<sub>b</sub> Section C. **Disclosures** List the states with which a copy of this Form 990 is required to be filed ► NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website |X| Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public SEE SCHEDULE O 19

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State the name, physical address, and telephone number of the person who possesses the books and records of the organization NAVISTA, INC 1155 15TH STREET, NW, SUITE 500 WASHINGTON DC 20005 202-530-5910

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

### 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 organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

 $\overline{\mathrm{X}}$  Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)	(c)						(D)	(E)	(F)		
Name and Title	Average hours	Posi	tion (		k all t	hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other compensation from the organization and related organizations		
	per week	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)			
JOHN GABRIEL									-			
CHAIRMAN	0	X						0.	0.	0.		
RICHARD WONG												
VICE CHAIR	0	X						0.	0.	0.		
ERIC AUSTERMANN	]								-			
TREASURER	_0	X						0.	0.	0.		
BRIAN GLAZEBROOK	]											
DIRECTOR	0	X						0.	0.	0.		
DEBORAH ALBERS												
DIRECTOR	0	X						0.	0.	0.		
KATE CACCIATORE, PHD												
DIRECTOR	0	X						0.	0.	0.		
STEVE VIERA					'							
DIRECTOR	0	X						0.	0.	0.		
	_							:				
				_								

Section A. Officers, Directors, Trus	1	\ey				:65	, ar	i		
· (A)	(B) Average	Post	ton (		c) k all t	hat a	nnhA	(D)	(E)	(F)
Name and Title •	hours per week	Individual or director	Institution	Officer		Highest compensated employee	_	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estmated amount of other compensation from the organization and related organizations
		trustee	al trustee		yee	mpensated				organizations
		_			_					
	<u></u>							0		
1 b Total		a 1.a	A					0.	0.	0
2 Total number of individuals (including but not limited from the organization ► 0	i to trios	e iis	tea	abo	ve)	wrio	rece	eived more trian \$		
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	ndıvıdual	1	-							Yes No
4 For any individual listed on line 1a, is the sum of repetitive organization and related organizations greater the individual.	oortable nan \$150	com 0,000	iper 02 /	nsatı f 'Ye	on a es' a	and o	othe olete	er compensation fr Schedule J for su	om uch	4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompensa nedule J	atior	fro sucl	m a	ny u rsor	inrel	atec	d organization for :	services	5 X
Complete this table for your five highest compensation from the organization.	ed indep	end	ent	con	tract	tors	that	received more th	an \$100,000 of	
(A) Name and business addres	ss							(B) Description	) of Services	(C) Compensation
NAVISTA, INC 1155 15TH STREET, NW , SUITE 50	0 WASH	ING'	TON	, D	C 2	000	5	MANAGEMENT		312,500
2 Total number of independent contractors (including \$100,000 in compensation from the organization.		limite	ed t	o the	ose	liste	d at	oove) who receive	d more than	

2	Statement of Revenue						
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
\$ 0	1a Federated campaigns	1a					
ANT	<b>b</b> Membership dues	1 b					
N GR	c Fundraising events	1c					
R A	<b>d</b> Related organizations	1 d					
S, G	e Government grants (contributions)	1 e					
S S							
EE	f All other contributions, gifts, grants, and similar amounts not included above	1f					
NT O	g Noncash contribns included in Ins 1a-1f:	\$					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	h Total. Add lines 1a-1f		<b></b>				
UE		Business Code	,				
VEN	2a MEMBERSHIP DUES & ASSESSMI	ENTS		920,343.	920,343.		
RE	b PROGRAM SERVICE			230,339.	230,339.		
AIC.	с						
SER	d						
PROGRAM SERVICE REVENUE	e						
SGR	f All other program service revenue	e					
<u>#</u>	g Total. Add lines 2a-2f		•	1,150,682.			
	3 Investment income (including divi	dends, interest and					
	other similar amounts)		•	963.			963.
	4 Income from investment of tax-ex	cempt bond proceeds					
	5 Royalties	. 1	•				
	(i) Re	eal (ii) Personal	_				
	6a Gross Rents						
	b Less. rental expenses						
	c Rental income or (loss)		_				
	d Net rental income or (loss)						
	/a Gross amount from sales of	intes (ii) Other					
	assets other than inventory						
	b Less cost or other basis						
	and sales expenses c Gain or (loss)						
	d Net gain or (loss)		_				
	• • •						
Ä	8a Gross income from fundraising even (not including \$	vents					
OTHER REVENU	of contributions reported on line 1	(c)		-			
RE	See Part IV, line 18	a					
불	<b>b</b> Less. direct expenses.	ь					
6	c Net income or (loss) from fundrai	sing events	•			***************************************	
	9a Gross income from gaming activity See Part IV, line 19	a					
	<b>b</b> Less direct expenses.	<b>b</b>					
	c Net income or (loss) from gaming	activities	•				
	10a Gross sales of inventory, less reti	urns					
	and allowances	a					
	<b>b</b> Less: cost of goods sold	b					
	c Net income or (loss) from sales o		•				
	Miscellaneous Revenue	Business Code	•				
	11a MISCELLANEOUS INCOME			583.			583.
	b				-		
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		•	583.		-	
	12 Total revenue. See instructions		•	1,152,228.	1,150,682.	0.	1,546.

## Part X 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).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits.				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	331,304.			
b	Legal	47,525.			
c	Accounting	12,165.			
d	Lobbying				
е	Prof fundraising svcs. See Part IV, In 17				_
f	Investment management fees				,-
g	Other				
	Advertising and promotion				
	Office expenses	681.			
14	Information technology				<del></del>
15	Royalties	•		<del> </del>	
	Occupancy	21 010			
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	21,919.			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization	; 			
	Insurance.	895.			
	covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
	PROGRAM SERVICE EXPENSES	853,706.			<u> </u>
	TELEPHONE	48,636.			
	WEB HOSTING	24,081.			
	ANNUAL MEETINGS	19,349.			
	MISC. EXPENSE	6,229.			
	All other expenses	2,192.		_	
	Total functional expenses Add lines 1 through 24f	1,368,682.			
26	Joint costs. Check here ► If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				Form <b>990</b> (2000)

		Balance Sheet					
		•			(A) Beginning of year		<b>(B)</b> End of year
	•1	Cash - non-interest-bearing		<del></del>	714,434.	1	507,306.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	23,489.	4	148,755.		
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part	tees, key employees, chedule L		5		
	6	Receivables from other disqualified persons (as define					
		and persons described in section 4958(c)(3)(B). Comp		6			
A S E T S	7	Notes and loans receivable, net				7	
Ē	8	Inventories for sale or use				8	
Š	9	Prepaid expenses and deferred charges				9	
	10 a	Land, buildings, and equipment: cost or other basis	10 a				
		Complete Part VI of Schedule D		-			
	b	Less: accumulated depreciation.	10 b			10 c	
	11	Investments - publicly-traded securities				11	
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 3	34)		737,923.	16	656,061.
	17	Accounts payable and accrued expenses		24,209.	17	155,424.	
	18	Grants payable			18		
	19	Deferred revenue		125,000.	19	128,377.	
L	20	Tax-exempt bond liabilities				20	
A B	21	Escrow or custodial account liability. Complete Part IV	√ of So	chedule D		21	
I L I	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified personal discontinuous compensations.	stees, sons. (	key employees, Complete Part II			
i i		of Schedule L				22	
S	23	Secured mortgages and notes payable to unrelated th	ırd par	ties		23	
	24	Unsecured notes and loans payable to unrelated third	parties	S		24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			149,209.	26	283,801.
Ņ		Organizations that follow SFAS 117, check here ▶	X ar	nd complete lines			
		27 through 29 and lines 33 and 34.					
Ş	27	Unrestricted net assets			588,714.	27	372,260.
Ē	28	Temporarily restricted net assets.		28			
	29	Permanently restricted net assets		_		29	
R		Organizations that do not follow SFAS 117, check her	e ►	and complete			
FUND		lines 30 through 34.					
В	30	Capital stock or trust principal, or current funds			30		
B	31	Paid-in or capital surplus, or land, building, and equipa				31	
BALARCES	32	Retained earnings, endowment, accumulated income,	or oth	er funds		32	
Ë	33	Total net assets or fund balances.			588,714.	33	372,260.
<u>_</u>	34	Total liabilities and net assets/fund balances.			737,923.	34	<u>656,061.</u>

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Form **990** (2009)

Kan Aim Financial Statements and Reporting			
•		Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
<b>b</b> Were the organization's financial statements audited by an independent accountant?	2b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
Separate basis 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 in the Single Audit Act and OMB Circular A-133?	3a		Х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		: L

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Form 990 (2009)

#### **SCHEDULE O** (Form 990)

# Supplemental Information to Form 990

OMB No 1545-0047

2009

Department of the Treasury Internat Revenue Service

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

Attach to Form 990.

Open to Public Inspection

Employer identification number

Name of the organization ELECTRONIC INDUSTRY CITIZENSHIP COALITION, INC.	Employer identification number 26-1417796						
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION							
THROUGH THE APPLICATION OF SHARED STANDARDS AND TOOLS, EICC BEI	IEVES THEY CAN CREATE						
BETTER SOCIAL, ECONOMIC, AND ENVIRONMENTAL OUTCOMES FOR ALL INVOLVED IN THE							
ELECTRONICS SUPPLY CHAIN. THESE OUTCOMES INCLUDE: IMPROVED CONDITIONS FOR WORKERS,							
INCREASED EFFICIENCY AND PRODUCTIVITY FOR CUSTOMERS AND SUPPLIERS, ECONOMIC							
DEVELOPMENT, AND A CLEANER ENVIRONMENT FOR COMMUNITIES. THUS, I	THE EICC MISSION IS TO						
PROMOTE A COMMON CODE OF CONDUCT AND A SHARED APPROACH TO IMPLE	MENTING THE CODE						
THROUGHOUT THEIR MEMBERS' OPERATIONS AND SUPPLY CHAIN. EICC SET	S GOALS AND MEASURES						
THEIR IMPACT IN ACHIEVING THEIR MISSION BASED ON THE FOLLOWING	AREAS: CODE						
AWARENESS, CODE ADOPTION, AND CODE COMPLIANCE. ALL OF EICC'S AC	TIVITIES RELATE TO AT						
LEAST ONE, IF NOT ALL, OF THESE AREAS.							
FORM 990, PART III, LINE 2 - NEW SERVICES	·						
ASIA WORK GROUP - IN 2009, EICC ESTABLISHED THE EICC ASIA WORK	GROUP, A REGIONAL						
STRUCTURE TO HELP COORDINATE ACTIVITIES ACROSS WORK GROUPS IN A	SIA. THE ASIA WORK						
GROUP HAS THREE COMMITTEES WHICH PROVIDE SUPPORT FOR THE EICC W	ORK GROUPS BY						
PROVIDING A REGIONAL PERSPECTIVE ON EICC POLICIES AND PROGRAMS,	AND RAISING MEMBER						
AWARENESS OF ISSUES AND CHALLENGES IN ASIA. THEY ARE ALSO CHARG	ED WITH INCREASING						
AWARENESS OF THE EICC CODE OF CONDUCT IN ASIA, SUPPORTING ADOPT	TION OF THE CODE						
THROUGH ON-THE-GROUND ACTIVITIES (SUCH AS SUPPLIER TRAINING EVE	NTS), AND MEASURING						
CONFORMANCE BY COORDINATING WITH THE EICC'S BROADER AUDIT AND M	ONITORING ACTIVITIES.						
THE EICC'S DIRECTOR OF ASIA PROGRAMS OVERSEES THE ASIA WORK GRO	OUP AND PROVIDES						
REGULAR UPDATES TO THE BOARD OF DIRECTORS. ONCE THE ASIA WORK O	ROUP IS WELL						
ESTABLISHED, EICC EXPECTS TO APPLY THE MODEL TO OTHER REGIONS W	HERE APPROPRIATE.						
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS							
FORM 990 IS REVIEWED BY MEMBERS OF THE BOARD BEFORE IT IS FILED							

Schedule <b>0</b> (Form 990) 2009			Page 2
Name of the organization ELECTRONIC COALITION,	INDUSTRY INC.	CITIZENSHIP	Employer identification number 26–1417796
FORM 990, PART VI, LINE	19 - OTHER	ORGANIZATION DOCUMENTS PUBLICLY AV	/AILABLE
UPON REQUEST FROM TH	E PUBLIC.		
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