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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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Form header section containing B (Check if applicable), C (Name of organization), D (Employer identification number), E (Telephone number), F (Name and address of principal officer), G (Gross receipts), H (Affiliates), I (Tax-exempt status), J (Website), K (Form of organization), L (Year of formation), M (State of legal domicile).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include 1-12 (Activities & Governance), 13-16a (Expenses), 17-19 (Net Assets or Fund Balances), and 20-22 (Revenue).

Part II Signature Block

Signature block section containing a declaration, signature of officer (Kern M. Madden), date (11/10/10), preparer's signature (Dad D. John), firm name (WATKINS MEEGAN LLC), address, EIN, and phone number.

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

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ATTACHMENT 2

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)
SERVE AS CLEARINGHOUSE FOR INFORMATION ABOUT THE AUDIOVISUAL
INDUSTRY AND PROVIDE NETWORKING OPPORTUNITIES, INDUSTRY RESEARCH,
AND OUTREACH ACTIVITIES

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)
PROVIDE TRADE SHOWS IN MULTIPLE COUNTRIES, OFFERING AUDIOVISUAL
INDUSTRY PROFESSIONALS THE OPPORTUNITY TO NETWORK, SEE THE LATEST
TECHNOLOGIES, AND OBTAIN EDUCATION AND TRAINING ON INDUSTRY
SPECIFIC ISSUES

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)
PROVIDE EDUCATION AND TRAINING ON INDUSTRY SPECIFIC TOPICS

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

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 contain various questions about organizational requirements and schedules. Row 12A includes a sub-table with Yes/No columns. Row 12 contains a large blacked-out area.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 12a regarding Form 1096, Form W-2G, Form W-3, and other IRS filings.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body; 1b 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 officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a material diversion of the organization's assets?; 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 governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: KEVIN MADDEN 11242 WAPLES MILL ROAD, STE 200 FAIRFAX, VA 22030 703-273-7200

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BARRY GOLDIN DIRECTOR	1.00	X						0.	0.	0.
MARK VALENTI CHAIR OF LEADERSHIP DVLPMNT	3.00	X		X				0.	0.	0.
TOM STIMSON PRESIDENT-ELECT	3.00	X		X				0.	0.	0.
JAY ROGINA PRESIDENT	3.00	X		X				0.	0.	0.
JIM FORD SECRETARY/TREASURER	3.00	X		X				0.	0.	0.
MIKE WHITE DIRECTOR	1.00	X						0.	0.	0.
GREG JEFFREYS DIRECTOR	1.00	X						0.	0.	0.
CORY SCHAEFFER DIRECTOR	1.00	X						0.	0.	0.
TONY WARNER DIRECTOR	1.00	X						0.	0.	0.
JOHANNE BELANGER DIRECTOR	1.00	X						0.	0.	0.
PAUL PECK DIRECTOR	1.00	X						0.	0.	0.
RANDAL LEMKE EXECUTIVE DIRECTOR	38.00			X				350,086.	0.	33,487.
KEVIN MADDEN SR OPERATING OFFICER	38.00			X				177,600.	0.	27,033.
TERRY FRIESENBERG SENIOR VP INTL DEVELOPMENT	38.00				X			220,500.	0.	29,801.
JASON MCGRAW SENIOR VP OF EXPOSITIONS	38.00				X			271,614.	0.	33,673.
JOHN FUCHS SR. VP INFOCOMM INFO RESOURCES	38.00					X		142,600.	0.	15,204.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT A. WILLIAMS DIRECTOR OF WEB DEVELOPMENT	38.00					X		123,000.	0.	22,986.
MELISSA A. TAGGART SR. VP OF EDU CERT & STANDARDS	38.00					X		122,100.	0.	9,231.
MICHAEL L. DOOLITTLE DIRECTOR OF EXPOSITION SALES	38.00					X		140,250.	0.	23,944.
ROBERT C. WILSON DIRECTOR OF IT	38.00					X		118,900.	0.	19,141.
1b Total								1,666,650.	0.	214,500.

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

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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

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

Part VIII Statement of Revenue

54-0621493

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f			0.		
Program Service Revenue	2a MEMBERSHIP DUES	Business Code 900099	2,389,552.	2,389,552.		
	b EDUCATION & TRAINING	900099	1,614,988.	1,614,988.		
	c TRADE SHOW		14,841,964.			14,841,964.
	d CERTIFICATION	900099	531,237.	531,237.		
	e DATABASE SUBSCRIPTIONS	900099	1,587,911.	1,587,911.		
	f All other program service revenue					
	g Total. Add lines 2a-2f			20,965,652.		
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		300,848.		
4 Income from investment of tax-exempt bond proceeds			0.			
5 Royalties			0.			
6a Gross Rents		(i) Real (ii) Personal				
b Less rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)				0.		
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other	986,524.			
b Less cost or other basis and sales expenses			1,357,074.			
c Gain or (loss)			-370,550.			
d Net gain or (loss)				-370,550.		-370,550.
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
b Less direct expenses		b				
c Net income or (loss) from fundraising events				0.		
9a Gross income from gaming activities See Part IV, line 19		a				
b Less direct expenses	b					
c Net income or (loss) from gaming activities			0.			
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory			0.			
Miscellaneous Revenue		Business Code				
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d			0.			
12 Total Revenue. See instructions			20,895,950.	6,123,688.	0.	14,772,262.

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the US See Part IV, line 21 . . .	0.			
2 Grants and other assistance to individuals in the US See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,143,793.			
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	6,528,408.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	395,168.			
9 Other employee benefits	569,509.			
10 Payroll taxes	468,381.			
11 Fees for services (non-employees)				
a Management	0.			
b Legal	119,299.			
c Accounting	61,292.			
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	1,780,968.			
12 Advertising and promotion	428,493.			
13 Office expenses	1,230,387.			
14 Information technology	102,050.			
15 Royalties	0.			
16 Occupancy	713,661.			
17 Travel	1,189,886.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	2,514,462.			
20 Interest	119,962.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization . . .	1,899,096.			
23 Insurance	151,365.			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a TRAINING AND DEVELOPMENT	115,800.			
b FOOD AND BEVERAGE	294,903.			
c FORGIVENESS OF INTERCO. LOAN	1,223,282.			
d BANKING AND FINANCE CHARGES	250,275.			
e WRITE-DOWN OF INVSTMNT IN SU	2,208,582.			
f All other expenses	201,385.			
25 Total functional expenses. Add lines 1 through 24f	23,710,407.			
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	953,675.	1	-35,185.
	2	Savings and temporary cash investments	1,100,348.	2	730,941.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	84,131.	4	367,894.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	853.	5	46.
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,191,905.	9	1,480,375.
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 7,191,138.		
	10b	Less accumulated depreciation	10b 6,581,165.		
	10c		620,483.	10c	609,973.
	11	Investments - publicly traded securities	8,346,227.	11	10,249,132.
	12	Investments - other securities. See Part IV, line 11	2,416,746.	12	652,115.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	6,500,000.	14	5,000,000.
15	Other assets. See Part IV, line 11	1,928,722.	15	339,269.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	23,143,090.	16	19,394,560.	
Liabilities	17	Accounts payable and accrued expenses	1,888,496.	17	1,475,949.
	18	Grants payable		18	
	19	Deferred revenue	8,574,562.	19	7,723,261.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties. ATCH. 4	2,350,000.	23	1,750,000.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	3,130,612.	25	2,010,167.
	26	Total liabilities. Add lines 17 through 25	15,943,670.	26	12,959,377.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	7,199,420.	27	6,435,183.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	7,199,420.	33	6,435,183.	
34	Total liabilities and net assets/fund balances	23,143,090.	34	19,394,560.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2009

Open to Public Inspection

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

Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

INT'L COMM. INDUSTRIES ASSOC.

Employer identification number

54-0621493

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor advisement with Yes/No checkboxes.

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

Form for Conservation Easements. Includes: Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure), and a table for 'Held at the End of the Year' with rows 2a-2d. Also includes questions 3-9 about monitoring, expenses, and reporting.

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

Form for Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 3 regarding reporting requirements and amounts for revenues and assets.

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

Schedule D (Form 990) 2009

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
b If "Yes," explain the arrangement in Part XIV.

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

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Balance, Contributions, Net investment earnings, Grants, Other expenditures, Administrative expenses, End of year balance)

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

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

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

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

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

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

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

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	20,895,950.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	23,710,407.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-2,814,457.
4	Net unrealized gains (losses) on investments	4	2,050,220.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	- - - 3,707,611.
9	Total adjustments (net) Add lines 4 through 8	9	5,757,831.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	2,943,374.

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

1	Total revenue, gains, and other support per audited financial statements	1	31,479,888.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	10,583,938.
e	Add lines 2a through 2d	2e	10,583,938.
3	Subtract line 2e from line 1	3	20,895,950.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	20,895,950.

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

1	Total expenses and losses per audited financial statements	1	28,163,121.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	4,452,714.
e	Add lines 2a through 2d	2e	4,452,714.
3	Subtract line 2e from line 1	3	23,710,407.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	23,710,407.

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

RECONCILIATION OF THE CHANGE IN NET ASSETS, REVENUE, AND EXPENSES

PART XI, LINE 8

SUBSIDIARIES' CHANGE IN NET ASSETS, NET OF INTERCOMPANY TRANSACTIONS

ELIMINATED FOR CONSOLIDATION PURPOSES - - - - -

RECONCILIATION OF REVENUE

PART XII, LINE 2D

SUBSIDIARIES' REVENUE, NET OF INTERCOMPANY TRANSACTIONS, ELIMINATED FOR

CONSOLIDATION PURPOSES \$10,213,388

REALIZED LOSS SHOWN BELOW THE LINE FOR FINANCIAL STATEMENT REPORTING

PURPOSES \$370,550

RECONCILIATION OF EXPENSES

PART XIII, LINE 2D

SUBSIDIARIES' EXPENSES, NET OF INTERCOMPANY TRANSACTIONS ELIMINATED FOR

CONSOLIDATION PURPOSES \$7,884,578

FORGIVENESS OF INTERCOMPANY LOAN SHOWN BELOW THE LINE FOR FINANCIAL

STATEMENT REPORTING PURPOSES (\$1,223,282)

WRITEDOWN OF INVESTMENT IN SUBSIDIARY SHOWN BELOW THE LINE FOR FINANCIAL

STATEMENT REPORTING PURPOSES (\$2,208,582)

Part XIV Supplemental Information (continued)

FIN 48 FOOTNOTE

PART X

TAX YEARS PRIOR TO 2006 ARE NO LONGER SUBJECT TO EXAMINATION BY THE IRS

AND THE TAX JURISDICTION OF THE COMMONWEALTH OF VIRGINIA.

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

INT'L COMM. INDUSTRIES ASSOC.

Employer identification number

54-0621493

Part I Questions Regarding Compensation

		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.		
<input type="checkbox"/>	First-class or charter travel		
<input checked="" type="checkbox"/>	Travel for companions		
<input type="checkbox"/>	Tax indemnification and gross-up payments		
<input type="checkbox"/>	Discretionary spending account		
<input type="checkbox"/>	Housing allowance or residence for personal use		
<input type="checkbox"/>	Payments for business use of personal residence		
<input type="checkbox"/>	Health or social club dues or initiation fees		
<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	X	
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?	X	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input checked="" type="checkbox"/>	Compensation committee		
<input checked="" type="checkbox"/>	Independent compensation consultant		
<input type="checkbox"/>	Form 990 of other organizations		
<input checked="" type="checkbox"/>	Written employment contract		
<input checked="" type="checkbox"/>	Compensation survey or study		
<input checked="" type="checkbox"/>	Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		
b	Any related organization?		
	If "Yes" to line 5a or 5b, describe in Part III		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?		
b	Any related organization?		
	If "Yes" to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2009

Part III Supplemental Information

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

Area with horizontal dashed lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

INT'L COMM. INDUSTRIES ASSOC.

Employer identification number

54-0621493

ATTACHMENT 1

BOARD REVIEW OF 990

PART VI, SECTION A, QUESTION 10

A DETAILED REVIEW WILL BE CONDUCTED WITH THE SENIOR OPERATING OFFICER

DURING THE BOARD MEETING TO BE HELD 10/18/10 PRIOR TO FILING.

COMPLIANCE WITH CONFLICT OF INTEREST POLICY

PART VI, SECTION A, QUESTION 12C

EACH IS ANNUALLY REQUIRED TO COMPLETE THE FORM.

PROCESS FOR DETERMINING COMPENSATION

PART VI, SECTION B, QUESTION 15A AND 15B

THE EXECUTIVE COMMITTEE MET FOR AN ANNUAL EVALUATION TO REVIEW

COMPENSATION OF THE EXECUTIVE DIRECTOR. A DETAILED JOB ANALYSIS AND

COMPENSATION STUDY WERE COMPLETED. OTHER SALARY SURVEYS WERE REVIEWED AND

USED AS BENCHMARKING TOOLS. A DETERMINATION WAS MADE ON THE COMPENSATION

OF THE EXECUTIVE DIRECTOR.

HOW ORGANIZING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

PART VI, SECTION C, LINE 19

UPON REQUEST (ELECTRONICALLY OR HARD COPY) AND ON THE INTERNET VIA

GUIDESTAR.

NEW, SIGNIFICANT PROGRAM SERVICES

PART III, LINE 2

FROM JUNE 5, 2001, THROUGH DECEMBER 31, 2008, INFOCOMM INFORMATION

Name of the organization

INT'L COMM. INDUSTRIES-ASSOC.

Employer identification number

54-0621493

ATTACHMENT 1 (CONT'D)

RESOURCES, INC. (IIR), OPERATED AS A WHOLLY-OWNED SUBSIDIARY OF INFOCOMM.

EFFECTIVE JANUARY 1, 2009, THE OPERATIONS OF IIR WERE TRANSFERRED TO
 INFOCOMM TO BE OPERATED AS A PROGRAM. SEE PROGRAM SERVICE DESCRIPTION
 #3.

MEMBER CLASSES AND RIGHTS

PART VI, LINES 7A & B

MEMBERS ARE THE DESIGNATED CONTACTS OF MEMBER COMPANIES AND
 ORGANIZATIONS. THEY ARE EACH ENTITLED TO 1 VOTE.

MEMBERS MAY ELECT THE SECRETARY-TREASURER (WHO TRANSITIONS INTO THE OTHER
 OFFICER ROLES, YEAR BY YEAR) AND 4 DIRECTORS AT-LARGE AND FILL OFFICER
 VACANCIES. IF THE BOARD PROPOSES A CHANGE TO THE BYLAWS, THE MEMBERS
 MUST APPROVE BY A TWO-THIRDS VOTE.

JOINT VENTURE ARRANGEMENTS

PART VI, LINE 16B

ALL CONTRACTS, INCLUDING JOINT VENTURE AGREEMENTS, BETWEEN INFOCOMM AND
 OUTSIDE PARTIES MUST BE REVIEWED AND APPROVED BY LEGAL COUNSEL AND THE
 CHIEF FINANCIAL OFFICER PRIOR TO EXECUTION. LEGAL COUNSEL AND THE CHIEF
 FINANCIAL OFFICER CAREFULLY REVIEW AND CONSIDER ANY TAX IMPLICATIONS
 AND/OR IMPACT ON INFOCOMM'S EXEMPT STATUS PRIOR TO APPROVING. APPROVED
 CONTRACTS ARE SUBMITTED TO THE EXECUTIVE DIRECTOR AND/OR CHIEF OPERATING
 OFFICER FOR SIGNATURE.

ATTACHMENT 2

Name of the organization

INT'L COMM. INDUSTRIES ASSOC.

Employer identification number

54-0621493

ATTACHMENT 2 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO PROVIDE EDUCATION/TRAINING, INDUSTRY TECHNOLOGY UPDATES, PUBLICATIONS, MARKET RESEARCH, NETWORKING OPPORTUNITIES, AND EXPOSITIONS TO PROFESSIONALS IN THE AUDIO VISUAL INDUSTRY. ALSO PROVIDED TRADE SHOW OFFERING MORE THAN 25,000 COMMUNICATIONS INDUSTRY BUSINESS PEOPLE INFORMATION ABOUT THE INDUSTRY, INCLUDING THE MOST RECENT DEVELOPMENTS IN AUDIO, VIDEO, COMPUTER TECHNOLOGY, REMOTE CONFERENCING, AND SALES DESIGN AND INSTALLATION TECHNIQUES.

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
IMRE COMMUNICATIONS 909 RIDGEBROOK ROAD, SUITE 300 BALTIMORE, MD 21152	ADVERTISING	356,439.
STEVE STRAUSS 414 WALNUT ST, 508 MERCH LIB BLDG CINCINNATI, OH 45202-3938	LEGAL	102,000.
TOTAL COMPENSATION		<u>458,439.</u>

ATTACHMENT 4FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: SUNTRUST

ORIGINAL AMOUNT: 3,000,000.

DATE OF NOTE: 10/18/2007

MATURITY DATE: 11/18/2012

SECURITY PROVIDED: SECURITY INTEREST IN MARKETABLE SECURITIES

PURPOSE OF LOAN: TO EXPAND BUSINESS OPERATIONS

BEGINNING BALANCE DUE	2,350,000.
ENDING BALANCE DUE	<u>1,750,000.</u>

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	<u>2,350,000.</u>
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Name of the organization

INT'L COMM. INDUSTRIES ASSOC.....

Employer identification number

54-0621493

ATTACHMENT 4 (CONT'D)

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE

1,750,000.

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes	No		
INTEGRATED SYSTEMS EVENTS, LLC 11242 MAPLES MILL FAIRFAX VA	TRADE SHOW	DE	N/A	RELATED	2,024,878	1,540,175		X	0	X
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
INFOCOMMASIA PTE LTD 20 KALLANG AVE 2ND FLR, SINGAPORE 339411 199803901D	TRADE SHOW	SN	N/A	C	252,887	1,094,799	55.0000
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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 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?

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

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.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)	INFOCOMM INFORMATION RESOURCES, INC.	B	1,223,282.
(2)	INTEGRATED SYSTEMS EVENTS, LLC	P	59,552.
(3)	INFOCOMMASIA PTE LTD	K	96,000.
(4)	INFOCOMMASIA PTE LTD	O	57,527.
(5)	INFOCOMMASIA PTE LTD	P	51,256.
(6)			

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

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

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

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

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868.

Table with 3 columns: Type or print, Name of Exempt Organization, and Employer identification number. Includes address: 11242 WAPLES MILL ROAD, SUITE 200 FAIRFAX, VA 22030

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

- Form 990 [X]
Form 990-BL []
Form 990-EZ []
Form 990-PF []
Form 990-T (corporation) []
Form 990-T (sec. 401(a) or 408(a) trust) []
Form 990-T (trust other than above) []
Form 1041-A []
Form 4720 []
Form 5227 []
Form 6069 []
Form 8870 []

The books are in the care of KEVIN MADDEN
Telephone No. 703 273-7200 FAX No. 703 278-8082

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/16, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- [X] calendar year 2009 or
[] tax year beginning [] , [] , and ending [] , [] .

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

Table with 3 rows: 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ 0.
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ 0.
3c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0.

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

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**.
Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

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

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization INTERNATIONAL COMMUNICATIONS INDUSTRIES ASSOC. DBA INFOCOMM INTERNATIONAL	Employer identification number 54-0621493
	Number, street, and room or suite no. If a P.O. box, see instructions. 11242 WAPLES MILL ROAD, SUITE 200	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FAIRFAX, VA 22030	

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

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

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

- The books are in the care of **▶ KEVIN MADDEN**
Telephone No. **▶ 703 273-7200** FAX No. **▶ 703 278-8082**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15/2010

5 For calendar year 2009, or other tax year beginning _____, and ending _____

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

7 State in detail why you need the extension TAXPAYER IS AWAITING INDEPENDENT THIRD PARTY INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. THE RETURN WILL BE FILED AS SOON AS THE INFORMATION IS AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

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

Signature **▶ *Dan O'Connell*** Title **▶ CPA** Date **▶ 8/6/10**

WATKINS MEEGAN LLC
7700 WISCONSIN AVENUE, SUITE 500
BETHESDA, MD 20814