

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



Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

			yea	C Name of organization	JU9 and ending 12-31-2	009		D Employer	identifica	tion number		
_		oplicable Please		C Name of organization CONSUMER ELECTRONICS ASSOCIATION								
_	Iress cha	label o	or	Doing Business As				54-1963 E Telephone				
_	ne char	type.	See	International CES		(703) 90						
_	ıal retur	Instru	1C-	Number and street (or P O box if m 1919 S Eads Street	ail is not delivered to street add	dress) F	Room/suite	G Gross receip		99,348		
_	mınated				***							
_	ended r			City or town, state or country, and 2 ARLINGTON, VA 22202	1P + 4							
App	olication	pending				_						
		l l		ne and address of principal office hapiro	er	Н	(a) Is the affilia	is a group ret		- _{Yes}		
		19	19 9	S Eads Street			aiiiia	ites.	,	165 1 110		
		AR	LIN	GTON, VA 22202		Н		l affiliates incl		☐ Yes ☐ No		
Ta	x-exem	pt status 🔽 5	01(c) (6) ◀ (insert no)	or 5 27	┨		o," attach a lı ıp exemptıon				
		: • www.ce.or		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		⊢ "	(c) Give	ip exemption	ilullibel i	-		
				tion Trust Association Other		<u> </u>	l Vear of fo	rmation 1999	M State	of legal domicile VA		
	rt I	Summary		tion Trust Association Other	<u> </u>		L rear or io	IIIIation 1999	M State	or legal dornicle VA		
		•		e organization's mission or most	significant activities							
		Promoting the consumer elec		nmon business interests of mem	bers engaged in/associate	ed with	the manu	ıfacturer, sale	e, and/or	distribution of		
2		consumer elec	20101	ne products								
aoyemanoe												
<u> </u>	١,	Chack this has	. .		d its aparations or dispos	ad af n	acro than	3.E.0/. of its no	+ ><< + >			
			,	members of the governing body (14		
ŏ ∂			_	ndent voting members of the gov						12		
				nployees (Part V, line 2a)		10, .		•		169		
eanikina Henikina				olunteers (estimate if necessary)						57		
τ				ted business revenue from Part					7a	198,905		
	ь	Net unrelated	busi	iness taxable income from Form			7b	0				
Ravenue						Prio	r Year	Cı	urrent Year			
	8	Contributions	san	d grants (Part VIII, line 1h) .					0			
	9	Program serv	/ıce	revenue (Part VIII, line 2g) .		·		74,339,858		68,998,013		
e la	10			me (Part VIII, column (A), lines	·		-1,257,450		2,594,457			
ш.	11			art VIII, column (A), lines 5, 6d		. -	600,244 1,3			1,171,189		
	12			dd lines 8 through 11 (must equ	line		73,682,652		72,763,659			
	13			ar amounts paid (Part IX, column					0			
	14	Benefits paid	toc	or for members (Part IX, column	(A), line 4)					0		
ωh	15		erco	ompensation, employee benefits	(Part IX, column (A), line	s 5-		20.614.225		10.041.360		
Expenses	16-	10)	e	lunion of the Control IV and the Control (A	-		20,614,235		18,941,369			
क्	16a			raising fees (Part IX, column (A		-				0		
ŭ	ь 17			enses (Part IX, column (D), line 25)		- -	FF 694 624 49 446 295					
	18	-		(Part IX, column (A), lines 11a- Add lines 13-17 (must equal Pa		_		55,684,634 76,298,869	 	48,446,388		
	19			penses Subtract line 18 from lin		_		-2,616,217		5,375,902		
× 40							Beginning	g of Current		· · · · · · · · · · · · · · · · · · ·		
net Assers or Fund Balances							Y	ear		nd of Year		
300	20			rt X, line 16)			:	140,211,528		143,326,401		
P P	21		-	Part X, line 26)		<u> </u>		71,033,113		59,953,152		
	22			d balances Subtract line 21 froi	m line 20			69,178,415		83,373,249		
Pa	t II	Signature		ock egury, I declare that I have examined the	nis return, including accompany	una sche	dules and s	tatements, and t	o the hest	of my knowledge		
				correct, and complete Declaration of pr								
Sign	1						2010	11-10				
lere		Signature of	office	er			Date	11-10				
		Gary Shapiro	chie	f executive officer								
		Type or print										
		Preparer's	-		Date	Check	c ıf	Preparer's ide		ımber		
aid		signature J	oyce	M Underwood CPA		self- empo	lyed 🕨 🦵	(see instruction	ons)			
	arer's	Firm's name (or		s BDO USA LLP	l		•	ETNI &				
Jse (Only	if self-employed), address, and ZIP + 4 7101 Wisconsin Ave Suite 800							- EIN ▶			
				Bethesda, MD 208144827				Phone no 🕨	(301) 654	1-4900		
1544	ha IDO	E dissues this	rotu	rn with the preparer shown above	2 /c.c. instructions\							

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Promoting the common business interests of members engaged in/associated with the manufacturer, sale, and/or distribution of consumer electronic products

_												
2	the prior Form 990		ogram services during the year w		res ✓ No							
If "Yes," describe these new services on Schedule O												
3	•	n cease conducting, or make	significant changes in how it cond		Yes 🔽 No							
	If "Yes," describe t	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 \$)							
			mer electronics industry by serving as the nowledge and promote companies and p									
	(Code) (Expenses \$	including grants of \$) (Revenue \$)							
	Government & Legal	Affairs - Monitor state and federal leg	gislation and federal regulations, and ass	ess the potential effects on the consu	mer electronics industry							
	(Code) (Expenses \$	including grants of \$) (Revenue \$,							
40	,	miliarize consumers with new techno	logies and promote the sales of consum-	, ,	inate quality information							
4d	Other program se	rvices (Describe in Schedule	O) See also Additional Data for	Description								
	(Expenses \$	including	grants of \$) (Revenue \$)							
4e	Total program sei	rvice expenses ⊁ \$										

Dart TV	Char	·blict	Λf	Required	Schadul	_
	Cire	KIISL	UI.	Reuu ii eu	Scheuun	= :

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νo
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	Yes	
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	Yes	
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		Νο
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		No
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		Νo
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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? If "Yes," complete Schedule D, Part VIII.			
	◆ 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 statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ		ı
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	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		No
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 U S? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
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? <i>If</i> "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
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? If "Yes," complete Schedule I, Parts I and II	21		N o
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		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
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	Yes	
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? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		Νο
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
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 owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Part I	31		N o
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		N o
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		No
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	Yes	
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		Νο
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		Νο
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	Yes	
		F	orm 990	(2009)

	990 (2009)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	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 250			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	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			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
-	,			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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)?	4a		No
ь	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 Foreign Bank and			
5a	Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5b		
	Prohibited Tax Shelter Transaction?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
d	file Form 8282?	7c		
u	The standard the number of forms 3232 med during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	_		
8	required?	7h		
0	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes " enter the amount of tax-exempt interest received or accrued during the	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

1919 S Eads Street Arlington, VA 22202 (703) 907-7600

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

Se	ction A. Governing Body and Management					
<u> </u>	then the section of t				Yes	No
	·					
1a	Enter the number of voting members of the governing body	1a	14			
b	Enter the number of voting members that are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a busi other officer, director, trustee, or key employee?	iness •	relationship with any	2		No
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management com			3		Νo
4	Did the organization make any significant changes to its organizational documents si filed?	nce t	he prior Form 990 was	4		Νο
5	Did the organization become aware during the year of a material diversion of the orga	nızatı	on's assets?	5		Νο
6	Does the organization have members or stockholders?			6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect of governing body?	one o	r more members of the	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholde	rs, oi	other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actio year by the following	ns ur	idertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, v organization's mailing address? If "Yes," provide the names and addresses in Schedu		annot be reached at the	9		No
Se	ction B. Policies (This Section B requests information about policies not r		red by the Internal			110
	venue Code.)					
					Yes	No
	Does the organization have local chapters, branches, or affiliates?	•		10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with those of the organization.			10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing	g bod	y before filing the form?	11		No
11A	Describe in Schedule O the process, if any, used by the organization to review the Fo	rm 99	90			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
ь	Are officers, directors or trustees, and key employees required to disclose annually i	ntere	sts that could give rise			
c	to conflicts?			12b	Yes	
	describe in Schedule O how this is done		· · · · · · · ·	12c	Yes	
13	Does the organization have a written whistleblower policy?			13	Yes	
14	Does the organization have a written document retention and destruction policy? .	•		14	Yes	
15	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
Ь	Other officers or key employees of the organization			15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture o taxable entity during the year?			16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take	nızat	ion to evaluate its			
	organization's exempt status with respect to such arrangements?			16b		
Se	ction 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 Form 1023 (or 1024 if applicable) (3)s only) available for public inspection. Indicate how you make these available. Che					
19	Own website Another's website V Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing	a doc	liments conflict of			
	interest policy, and financial statements available to the public See Additional Data	Table			. m. ==	, b -
20	State the name, physical address, and telephone number of the person who possesse Glenda MacMullin	:s ine	DOOKS and records of th	ie orga	mzatiof	_

Part VIII 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, and current key employees 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, or 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 i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Officer Institutional Trustee Individual trustee or director		Key employee	Highest compensated employee		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
See add'l data										

Lb Total	•	3,813,841	0	1,490,082

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►38

			Yes	No
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	3		Νo
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			
	ındıvıdual	4	Yes	
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	5		No

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
GES Exposition Services 7050 Lindell Avenue Las Vegas, NV 89109	Contractor for Int'l CES	4,503,624
Venetian Las Vegas 3355 Las Vegas Blvd South Las Vegas, NV 89109	Int'l CES Exhibit Space	4,210,211
Las Vegas Convention & Visitors Authorit 3150 Paradise Road Las Vegas, NV 89109	Int'l CES Exhibit Space	2,737,050
Las Vegas Hilton 3000 Paradise Road Las Vegas, NV 89109	Int'l CES Exhibit Space	1,868,696
RPMs Inc 42 Ladd Street Suite 302 East Greenwich, RI 02818	Transportation services Las Vegas	1,408,156
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ▶69) who received more than	

Form 99								Page 9
Part V	<u> </u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
\$ \$	1a	Federated camp	paigns 1a					
표절	ь	Membership du	es 1b					
ΩĔ	С	Fundraising eve	ents 1c					
Æ æ	d	Related organiz	ations 1d					
ું.≣	e	Government grants	s (contributions) 1e					
고 교	f	All other contribution	ons, gifts, grants, and 1f			İ		
돌	g	sımılar amounts no	ot included above butions included in					
Contributions, gifts, grants and other similar amounts								
ဝိမ	h		s 1a-1f	▶				
				Business Code				
Ē	2a	International CES		900,099	63,413,048	62,926,304		486,744
\$ \$	ь	Dues		900,004	3,448,210	3,448,210		
- P3	c	MEETINGS & CONF	ERENCES	561,000	917,173	917,173		
er E	d	FEES AND ASSESSM	MENTS	511,190	887,825	887,825		
Program Service Revenue	e	PUBLICATIONS		541,800	331,757	171,787	159,970	
in in	f	All other progra	ım service revenue					
Š		Total Addison			60,000,012			
	g 3		ome (including dividen		68,998,013			
				. F	1,985,956			1,985,956
	4			F				
	5			▶ ↑	621,513			621,513
			(ı) Real	(II) Personal				
	6a	Gross Rents	2,657,402					
	ь	Less rental expenses	2,555,257					
	С	Rental income or (loss)	102,145					
	d		me or (loss)		102,145		38,935	63,210
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	15,988,933					
	ь	Less cost or other basis and	15,380,432					
		sales expenses						
	С	Gain or (loss)	608,501		600 501	CO0 FO1		
	d 8a		s)		608,501	608,501		
Other Revenue	oa -	Gross income fi events (not incl \$						
Re√		See Part IV, lin						
Jēr	ь	Less directexi	penses b					
₹	С		loss) from fundraising	events 🕨				
	9a	Gross income f See Part IV, lin						
	ь		a penses b loss) from gaming activ	uitias 🕨				
	с 10а	Gross sales of returns and allo	inventory, less	vities i i				
	ь	Less cost of go	a cods sold b					
	С		loss) from sales of inve					
		Miscellaneous		Business Code	400,000			400,000
	11a	Disolution Payr		900,099	400,000			, ,
	Ь	OTHERINCOM		900,099	38,312			38,312
	C J	MAILING LIST		511,140	9,219			9,219
	d	All other revenu						
	12	Total. Add lines	S 11a-11d		447,531			
				·	72,763,659	68,959,800	198,905	3,604,954

Part IX Statement of Functional Expenses

Do no	ll other organizations must complete column (A) but are not required to ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(c)	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		Скрепаса	general expenses	схрепаса
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	5,064,375			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	10,994,070			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	644,661			
9	Other employee benefits	1,353,629			
LO	Payroll taxes	884,634			
L1	Fees for services (non-employees)				
а	Management				
ь	Legal	974,132			
С	Accounting	90,811			
d	Lobbying	1,327,131			
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	131			
g	Other	8,461,543			
2	Advertising and promotion	3,633,632			
3	Office expenses	3,219,914			
4	Information technology	517,279			
5	Royalties				
.6	Occupancy	1,492,120			
7	Travel	1,025,601			
.8	Payments of travel or entertainment expenses for any federal, state, or local public officials	, ,			
.9	Conferences, conventions, and meetings	25,452,977			
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	522,513			
3	Insurance	235,934			
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)				
а	Miscellaneous	574,414			
Ь	Memberships	376,821			
С	Maintenance and Rental	280,743			
d	Property Tax	134,798			
е	Recruiting, Training, P	49,738			
f	All other expenses	76,156			
25	Total functional expenses. Add lines 1 through 24f	67,387,757			
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				

Pa	rt X	Balance Sheet					
					(A)		(B)
	L				Beginning of year		End of year
	1	Cash—non-interest-bearing			505	_	446
	2	Savings and temporary cash investments	31,829,942		27,354,743		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			1,448,668	4	2,300,169
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	25,000
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and			
		Schedule L				6	
ssets	7	Notes and loans receivable, net				7	
Š	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			500,195	9	757,918
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	49,748,502			
	ь	Less accumulated depreciation	10b	5,752,315	44,863,787	10c	43,996,187
	11	Investments—publicly traded securities	34,310,473	11	44,171,845		
	12	Investments—other securities See Part IV, line 11	7,628,986	12	9,171,014		
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	19,628,972	15	15,549,079		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			140,211,528	16	143,326,401
	17	Accounts payable and accrued expenses .			6,282,192	17	5,933,369
	18	Grants payable				18	
	19	Deferred revenue	61,505,829	19	49,724,156		
	20	Tax-exempt bond liabilities		20			
68	21	Escrow or custodial account liability Complete Part IV of Schedul		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lia			persons Complete Part II of Schedule L				
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable to unrelated third parties		24			
	25	Other liabilities Complete Part X of Schedule D	3,245,092	25	4,295,627		
	26	Total liabilities. Add lines 17 through 25		71,033,113	26	59,953,152	
5		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	let e l	ines 27			
÷Э		through 29, and lines 33 and 34.					
먑	27	Unrestricted net assets			69,178,415	27	83,373,249
8	28	Temporarily restricted net assets		28			
핃	29	Permanently restricted net assets		29			
Fund Balance		Organizations that do not follow SFAS 117, check here $ ightharpoonup$ are	d con	ıplet e			
٥		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	_
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
Net	33	Total net assets or fund balances			69,178,415		83,373,249
l	34	Total liabilities and net assets/fund balances	140,211,528	34	143,326,401		

Part XI Financial Statements and Reporting

			Yes	No		
1	Accounting method used to prepare the Form 990					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo		
b	Were the organization's financial statements audited by an independent accountant?					
c	If "Yes," to 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					
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 separated basis					
3а	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		No		
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				

Form **990** (2009)

Additional Data

Software ID: Software Version:

EIN: 54-1963355

Name: CONSUMER ELECTRONICS ASSOCIATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

44 044		· ·	•	
4d. Other program s	services			
(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
	Customer Service - To grow the a ming and providing valued service	ssociation and shape the industry by fac and benefits to our members	ilitating volunteer involvement,	, creating
(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
Meetings & Confere	nces			
(Code) (Expenses \$	including grants of \$) (Revenue \$)
Publication Sales				
(Code) (Expenses \$	including grants of \$) (Revenue \$)
Market Research &	Fees & Assessments			
(Code) (Expenses \$	including grants of \$) (Revenue \$)
Technology & Stand	ards			

form 990, Part III - 4 Program Service Accomplishments (See the Instructions)							
4d. Other program services							
(Code) (Expenses \$	including grants of \$) (Revenue \$)			
International Busin	ess development						

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors								
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)		(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other		
	per week	Individual trustee or director	Officer Institutional Trustee		from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
Peter Lesser Industry Exec Advisor	10 00	X	x		75,000	0	0	
Pat Lavelle Immediate Past Chair	5 00	Х	×		0	0	0	
Mike Mohr DEB Chair	5 00	Х	×		0	0	0	
John Godfrey DEB Vice Chair	5 00	X	X		0	0	0	
Steve Caldero SB/Dıv Chaır	5 00	X	X		0	0	0	
Paul Sabbah SB/Dıv Vıce Chaır	5 00	Х	X		0	0	0	
Gary Yacoubian Chairman	5 00	X	X		0	0	0	
Henry Chiarelli Vice Chairman	5 00	X	X		0	0	0	
Jım Bazet At Large Member	5 00	X	×		0	0	0	
Randy Fry At Large Member	5 00	X	X		0	0	0	
Loyd Ivey At Large Member	5 00	Х	X		0	0	0	
Jay McLellan At Large Member	5 00	X	X		0	0	0	
Grant Russell At Large Member	5 00	X	X		0	0	0	
Gary Shapıro President & CEO	40 00	X	X		1,214,710	0	1,272,303	
Glenda MacMullin CFO & Treasurer	40 00		X		330,657	0	29,460	
Karen Chupka Sec / Sr V P	40 00		X		574,666	0	19,680	
Jason Oxman Sr VP Industry Affairs	40 00		X	(367,664	0	22,884	
Michael Petricone Sr VP Govt Affairs	40 00			X	369,728	0	29,460	
Dan Cole VP Sales & Bus Dev	40 00			X	260,835	0	48,210	
James Hedlund Staff VP-Reg Affairs	40 00			X	207,409	0	28,036	
Veronica O'Connell Staff VP-Cong Affairs	40 00			X	208,862	0	12,786	
Parker Brugge Staff VP-Env Policy	40 00			Х	204,310	0	27,263	

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
International CES	900,099	63,413,048	62,926,304		486,744
Dues	900,004	3,448,210	3,448,210		
MEETINGS & CONFERENCES	561,000	917,173	917,173		
FEES AND ASSESSMENTS	511,190	887,825	887,825		
PUBLICATIONS	541,800	331,757	171,787	159,970	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Mıscellaneous	574,414			
Memberships	376,821			
Maintenance and Rental	280,743			
Property Tax	134,798			
Recruiting, Training, P	49,738			

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of t	ne organizat	ion
CONSUMER	ELECTRONICS	ASSOCIATION

Employer identification number

54-1963355

art I-A	Complete if the organization is exer	npt under section 501(d	c) or is a section 527	organization

Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ No Was a correction made? If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities 1
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities 20.500
- Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 20,500
- Did the filing organization file Form 1120-POL for this year? State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
Friends of Terry McAuliffe	P O Box 778 McLean, VA 22101		5,000	0
Friends of Kevin Cahill	P O Box 3111 Kingston, NY 12402	09-0017823	1,000	0
Poisson for Delegate	2 Pidgeon Hill Drive Suite 340 Sterling, VA 20165		1,000	0
Mary Hayashı Democrat for Assembly 2010	y Hayashı Democrat for Assembly		2,500	0
Citizens for Craig Johnson	69B Main Street Port Washington, NY 11050		1,000	0
Meg Whitman for Governor	20813 Stevens Creek Blvd Suite 15 Cupertino, CA 95014	26-4185645	10,000	0

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).								
	Check If the filing organization belongs to an affiliated group Check If the filing organization checked box A and "limited control" provisions apply								
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals			
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)						
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)						
c	Total lobbying expenditures (add lines 1a and 18	b)							
d	Other exempt purpose expenditures								
e	Total exempt purpose expenditures (add lines 1	c and 1d)							
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both						
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir							
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00					
	Over \$17,000,000	\$1,000,000							
		•							
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)							
h	Subtract line 1g from line 1a If zero or less, enter	er -0-							
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -							
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No			
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five			
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı			
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total			
2a	Lobbying non-taxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
c	Total lobbying expenditures								
d	Grassroots non-taxable amount								

3,448,210

,	•		5
Part II-B	Complete if the	organization is exempt under section 501(c)(3) and has NOT filed Form 576	58
	(election under	section 501(h)).	

		(a)		(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1:			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
L	Were substantially all (90% or more) dues received nondeductible by members?	1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	Yes	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	3,448,210
ь	Carryover from last year	2b	
c	Total	2c	3,448,210
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	3,448,210
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference		Explanation				
•	Political Campaign Activities	Provide monetary contributions to campaigns of political candidates whose positions advance the interests of the technology industry				

1 1

Additional Data

Software ID: Software Version:

EIN: 54-1963355

Name: CONSUMER ELECTRONICS ASSOCIATION

Form 990, Schedule C, Part 1-C, Line 5

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's own internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -
Friends of Terry McAuliffe	P O Box 778 McLean, VA 22101		5000	0
Friends of Kevin Cahill	P O Box 3111 Kingston, NY 12402	090017823	1000	0
Poisson for Delegate	2 Pidgeon Hill Drive Suite 340 Sterling, VA 20165		1000	0
Mary Hayashı Democrat for Assembly 2010	1127 11th St Suite 606 Sacramento, CA 95814	263708184	2500	0
Citizens for Craig Johnson	69B Main Street Port Washington, NY 11050		1000	0
Meg Whitman for Governor	20813 Stevens Creek Blvd Suite 15 Cupertino, CA 95014	264185645	10000	0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493314034520

Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

Supplemental Financial Statements ► 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.

	e of the organization		Emp	loyer identificat	ion numb	er
CONS	SUMER ELECTRONICS ASSOCIATION		54-	1963355		
Par	Organizations Maintaining Donor Acordanization answered "Yes" to Form 99	0, Part IV, line 6.	unds	or Accounts.		
		(a) Donor advised funds	((b) Funds and ot	her accou	ints
1	Total number at end of year					
2 /	Aggregate contributions to (during year)					
3 ,	Aggregate grants from (during year)					
1 ,	Aggregate value at end of year					
	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the o	_	or adv	sed	☐ Yes	┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				┌ Yes	┌ No
Par	Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Forr	n 990, Part IV,	line 7.	
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualication on the last day of the tax year	on or pleasure) Preservation of an Preservation of a G	certifie	d historic structi		a
	casement on the last day of the tax year			Held at the E	nd of the	Year
а	Total number of conservation easements		2a	Held dt the l	ind or the	. rear
	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified his	toric structure included in (a)	2c			
_	Number of conservation easements included in (c) ac	, ,	2d			
	Number of conservation easements modified, transfe the taxable year ►	rred, released, extinguished, or terminate	id by ti	ie organization d	uring	
	the taxable year F					
ŀ	Number of states where property subject to conserva	tion easement is located 🟲				
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of	violations, and	☐ Yes	┌ No
•	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents d	uring the year 🛌		
,	A mount of expenses incurred in monitoring, inspectir	ng, and enforcing conservation easements	s durin	g the year 🟲 \$ _		
	Does each conservation easement reported on line 2 $170(h)(4)(B)(II)$ and $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of sec	tion		☐ Yes	┌ No
	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial				
art	Organizations Maintaining Collectio Complete if the organization answered "		or Ot	her Similar A	ssets.	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch ın fu			e,
_	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research i			•	
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		or finan	. —		

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

ar	Titl Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tre</u>	asures,	or Oth	<u>er Similai</u>	<u>: Asse</u>	: ts (co	<u>ntınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	owing the	at are a sıg	ınıfıcant	use of its co	llection	1	
а	Public exhibition		d	\vdash	Loan or	exchange	program	s			
ь	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
ŀ	Provide a description of the organization's co Part XIV	ollections and expla	aın hov	v the	/ further	the organız	zation's e	exempt purp	ose in		
5	During the year, did the organization solicite assets to be sold to raise funds rather than			,				mılar	Г	Yes	┌ No
٦a ا	t IV Escrow and Custodial Arrang						wered "	Yes" to For	m 990),	
	Part IV, line 9, or reported an ar		•								
.a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ons or othe	rassets	not	Γ	Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ıng ta	able			<u> </u>			
									A mou	int	
с	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
a	Did the organization include an amount on F	orm 990, Part X, lin	e 21?						Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XI\										
a	rt V Endowment Funds. Complete					to Form (c)Two Years		irt IV, line I)Three Years E		NEOUE Va	an Pack
3	Beginning of year balance	(a)Current Year	(6)	Prior \	rear ((C) I WO TEARS	BACK (C	i)Tillee Tears i	sack (e	Jrour te	ears Back
ч Ь	Contributions								+		
c	Investment earnings or losses								$\overline{}$		
d	Grants or scholarships								_		
e	Other expenditures for facilities								+		
	and programs										
f	Administrative expenses										
g	End of year balance								\bot		
	Provide the estimated percentage of the year	r end balance held	as								
а	Board designated or quasi-endowment 🕨	%									
Ь	Permanent endowment 🕨 %										
c	Term endowment ► %										
a	Are there endowment funds not in the posse	ssion of the organiz	ation 1	that a	re held a	and adminis	stered fo	r the			
	organization by (i) unrelated organizations								3a(i)	Yes	No
	(ii) related organizations			•	•				3a(ii)	+-+	
ь	If "Yes" to 3a(II), are the related organization								3b		
	Describe in Part XIV the intended uses of th										
aı	t VI Investments—Land, Building	s, and Equipme	nt. S	ee F	orm 990), Part X,	line 10				
	Description of investment				Cost or otl		st or other s (other)	(c) Accumu depreciat		(d) Boo	ok value
a	Land						4,968,000		$\neg \uparrow$		4,968,000
b	Buildings					3	33,629,469	2,22	27,593	3:	1,401,876
c	Leasehold improvements						5,930,347	7 60	02,080	!	5,328,267
d	Equipment		•				5,025,357	7 2,88	87,015		2,138,342
e	Other						195,329) :	35,627		159,702

43,996,187

Part VII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category (including name of security)	(b) Book value		d of valuation f-year market value
Financial derivatives			
Closely-held equity interests			
Other Davidson Kempner Institutional Partners, LP	9,171,014		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	9,171,014		
Part VIII Investments—Program Related. See			
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
(a) Description of investment type	(b) Book value	Cost or end-of	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip	otion		(b) Book value
prepaid expenses - International CES assets held in trust for deferred compensation			10,942,711 3,777,885
deposits			128,483
Others			700,000
			,
Total. (Column (b) should equal Form 990, Part X, col.(B) line is			15,549,079
Part X Other Liabilities. See Form 990, Part >			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
deferred compensation liability	4,258,110		
LESSEE SECURITY DEPOSITS	37,517		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	4,295,627		
	4 10 5 6 7 7		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	72,763,659
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	67,387,757
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,375,902
4	Net unrealized gains (losses) on investments	4	8,818,932
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	8,818,932
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	14,194,834
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	81,577,882
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	8,818,932
3	Subtract line 2e from line 1	3	72,758,950
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 131		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	4,709
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	72,763,659
	Reconciliation of Expenses per Audited Financial Statements With Expenses	sperke	
1	Total expenses and losses per audited financial statements	1 1	67,383,048
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments]	
c	Other losses]	
d	Other (Describe in Part XIV) 2d]	
e	Add lines 2a through 2d	2e	C
3	Subtract line 2e from line 1	3	67,383,048
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 131]	
b	Other (Describe in Part XIV)	.	
С	Add lines 4a and 4b	4c	4,709
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	67,387,757

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 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

Ident if ier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	The Organization adopted FASB Interpretation No 48, "Accounting for Uncertainty in Income Taxes" (FIN 48) (FASB ASC 740-10) on January 1, 2009 Under ASC 740-10, an organization must recognize the tax benefit associated with tax positions taken for tax return purposes when it is more-likely than not that the position will be sustained. The implementation of ASC 740-10 had no impact on the Organization's financial statements. The Organization does not believe there are any material uncertain tax positions and accordingly, will not recognize any liability for unrecognized tax benefits. The Organization has filed for and received income tax exemptions in the jurisdictions where it is required to do so. Additionally, the Organization has filed Internal Revenue Form 990 tax returns as required and all applicable returns in those jurisdictions where it is required. The Organization believes that it is no longer subject to U.S. federal, state and local, or non-U.S. income tax examinations by tax authorities for years before 2006. However, the Organization is still open to examinations by tax authorities from fiscal year 2006 forward. No interest or penalties were accrued as of January 1, 2009 as a result of the adoption of ASC 740-10. For the year ended December 31, 2009, there were no interest or penalties recorded in the statements of activities.
Part XII, Line 4b - Other Adjustments		Building Expenses not included on FS 4578
Part XIII, Line 4b - Other Adjustments		Building Expenses not included on FS 4578

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493314034520

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Totals . .

Statement of Activities Outside the United States

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

Open to Public Inspect ion

Name of the organization **Employer identification number** CONSUMER ELECTRONICS ASSOCIATION

54-1963355 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed) (d) Activities conducted in (e) If activity listed in (d) (f) Total expenditures (a) Region (b) Number of (c) Number of region (by type) (ie, is a program service, for region offices in the employees or fundraising, program services, describe specific type of grants to recipients located in region agents in region service(s) in region the region) East Asia and the Pacific 0 Management, advisory managment of trade show 96.528 and outreach services and busienss relationships

1

96,528

Part IV	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ▶ ☐ Use Schedule F-1 (Form 990) if additional space is needed.									
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►			
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Identifier	ReturnReference	Explanation
		in Part I, line 2, and any additional information. Explanation

DLN: 93493314034520

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

COr	ISOMER ELECTRONICS ASSOCIATION	54-1963355	54-1963355				
Pa	rt I Questions Regarding Compensation						
					Yes	Νo	
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel	Γ	Housing allowance or residence for personal use				
	Travel for companions	Γ	Payments for business use of personal residence				
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees					
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)				
b	b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain						
2	Did the organization require substantiation prior to rein officers, directors, trustees, and the CEO/Executive D			2			
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that	appl	ly .				
	Compensation committee		Written employment contract				
	✓ Independent compensation consultant✓ Form 990 of other organizations	ঘ	Compensation survey or study Approval by the board or compensation committee				
	1 of the 990 of other organizations	Į×	Approval by the board of compensation committee				
4	During the year, did any person listed in Form 990, Pa or a related organization	rt V I	I, Section A, line ${ t 1a}$ with respect to the filing organization				
а	Receive a severance payment or change-of-control pa	ymeı	nt?	4a		Νο	
b	Participate in, or receive payment from, a supplementa	ıl nor	nqualified retirement plan?	4b		Νo	
c	Participate in, or receive payment from, an equity-base	ed co	ompensation arrangement?	4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde tl	he applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only must	com	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of	ie 1a	, did the organization pay or accrue any				
а	The organization?			5a			
b	Any related organization?			5b			
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the net earnings of	ie 1a	, did the organization pay or accrue any				
а	The organization?			6a			
b	Any related organization?			6b			
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, lii payments not described in lines 5 and 6? If "Yes," des			7			
8	Were any amounts reported in Form 990, Part VII, pair subject to the initial contract exception described in R in Part III			8			
9	If "Yes" to line 8, did the organization also follow the re	ebutt	able presumption procedure described in Regulations				

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Gary Shapiro	(ı) (ıı)	928,652	275,000	11,058	1,231,785	40,518	2,487,013	
Glenda MacMullin	(ı) (ıı)	268,157	62,500			29,460	360,117	
Karen Chupka	(I) (II)	249,666	75,000	250,000	_	19,680	594,346	50,00
Jason Oxman	(ı) (ıı)	306,414	61,250			22,884	390,548	
Michael Petricone	(ı) (ıı)	299,728	70,000			29,460	399,188	
Dan Cole	(ı) (ıı)	148,841	111,994		18,750	29,460	309,045	
James Hedlund	(ı) (ıı)	196,909	10,500			28,036	235,445	
Veronica O'Connell	(I) (II)	174,862	31,500	2,500		12,786	221,648	
Parker Brugge	(I) (II)	174,410	29,900			27,263	231,573	
	'							

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

Ident if ier	Ret urn Ref erence	Explanation
Supplemental Information		Karen Chupka received \$250,000 in compensation from a deferrred compensation plan in which she became vested in 2009 This amount was reported on her 2009 w-2 Only \$50,000 was reported on prior year forms 990 since 2009 was only the second year her compensation was reported on form 990

Schedule J (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493314034520

Schedule L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047

Open to Public Inspection

Name of the organization CONSUMER ELECTRONICS ASSOCIATION					E	Employer identification number						
CONSOMER ELECTRONICS ASSOCIATION							55					
Part I Excess Benefit Tra	nsactions (se	ection 501(c)(3) a	nd section 501	(c)(4) or	ganı	zations d	only).					
Complete if the organizat	ion answered "	Yes" on Form 990, P	art IV , line 25a o	r 25b, or l	Form	990-EZ,	Part V , I					
1 (a) Name of disq	ualıfıed person		(b) Descr			action	tion		orrected [*] No			
2 Enter the amount of tax impos section 49583 Enter the amount of tax, if any				ons during · · ·	the y	ear unde	r · \$					
Part II Loans to and/or												
Complete If the organi	zation answered	d "Yes" on Form 990	, Part IV , line 26 ,	or Form 9	990-E			Ва				
(a) Name of interested person and purpose	(b) Loan to or from the organization?	(c) O riginal principal amount	(d)Balance due	(e) In default?	>	(f) Approby by boar commit	ved rd or	(g) Wri agreem				
	To From			Yes	No	Yes	No	Yes	No			
ason Oxman mployee benefit- mortgage ssistance	X	25,000	25,000		No	Yes		Yes				
otal		> \$	25,000			I		1				
art IIII Grants or Assista												
Complete if the orga	inization answ	vered "Yes" on For	<u>m 990, Part IV</u>	, line 27.								
(a) Name of interested person		Relationship betwe) and the org	•	son (c) A m	ount of g	rant or t	ype of ass	stance			

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) A mount of transaction

(d) Description of transaction

(e) Sharing of organization's revenues?

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493314034520

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

2009

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

Name of the organization CONSUMER ELECTRONICS ASSOCIATION

Employer identification number

54-1963355

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, Iine 6		Membership categories include Regular, Associate, International, and Retailer/Integrator
Form 990, Part VI, Section A, line 7a		Members of the Board of Industry Leaders shall be elected at the annual meeting of the members of the Corporation, at which a quorum is present, by majority vote of the regular members present. Executive Board Members shall be elected at the annual meeting of the Board of Industry Leaders, at which a quorum is present, by majority vote of those present or at the annual meeting of the members, at which a quorum is present, by a majority of the regular members present.
Form 990, Part VI, Section B, line 11		Members of the Finance department including the CFO as well as CEO review the 990 prior to filing
Form 990, Part VI, Section B, line 12c		Each new employee shall be required to review a copy of this policy and to acknowledge in writing that he or she has done so. Each employee shall annually complete a disclosure form identifying any relationships, positions, or circumstances in which the employee is involved that he or she believes could contribute to a conflict of interest.
Form 990, Part VI, Section B, line 15		The VP of Human Resources and the compensation committee meet to set metrics for CEO contract. The CEO, VP of Human Resources, and the compensation committee meet to set compensation for key employees.
Form 990, Part VI, Section C, line 19		The organization does not make its governing documents, conflict of interest policy, or financial statements available to the public
Form 990, Part XI, Line 2	Oversite of audit	there was no change in the process from the prior year

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493314034520

OMB No 1545-0047

Open to Public

SCHEDULE R Related Organizations and Unrelated Partnerships (Form 990)

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

Department of the Treasury Internal Revenue Service

arlington, VA 22202 80-0194042

Inspection

Name of the organization **Employer identification number** CONSUMER ELECTRONICS ASSOCIATION 54-1963355

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

Primary activity

Legal domicile (state or foreign country)

Total income

End-of-year assets

(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(b) (d) (f) (e) (c) Direct controlling Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status (if section 501(c)(3)) or foreign country) entity Home Recording Rights Coalition 1919 S Eads Street Legislative coalition VA 501 c(6) n/a N/A Arlington, VA 22202 52-1265887 **CEA Foundation** 1919 S Eads Street supporting organization VA 501 c(3) 509(a)(3) N/A

(j)

General or

managing

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)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

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

(4)

(5)

(6)

Cile	udle K (Form 990) 2009		Pag	ge .
Pa	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		Yes	N
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		N
b	Gift, grant, or capital contribution to other organization(s)	1b		Ž
c	Gift, grant, or capital contribution from other organization(s)	1c		N
d	Loans or loan guarantees to or for other organization(s)	1d		Ž
e	Loans or loan guarantees by other organization(s)	1e		N
f	Sale of assets to other organization(s)	1f		N
g	Purchase of assets from other organization(s)	1g		N
h	Exchange of assets	1h		Ž
i	Lease of facilities, equipment, or other assets to other organization(s)	1 i		N
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		N
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		Ż
ı	Performance of services or membership or fundraising solicitations by other organization(s)	1 I		Ŋ
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		Ž
n	Sharing of paid employees	1n		N
o	Reimbursement paid to other organization for expenses	10		N
р	Reimbursement paid by other organization for expenses	1p		Ne
q	O ther transfer of cash or property to other organization(s)	1q		N
r	O ther transfer of cash or property from other organization(s)	1 r		N
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 Ar type(a-r)		(c) : involve	ed
1) 2)				
• \				
3)				

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)
Name, address, and EIN of entity

(b)Primary activity

(c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets (f) Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No