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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)

OMB No 1545-0047

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

Open to Public

		2010 calendar year, or t		nning 10-01-2010 and ending 09-30-20	11	D Emple	over	identification i	number	
_		International Fou		ctoral			-			
_	ress ch	Doing Business A	<u> </u>			52-1	527	835		
- Naı	me cha	nge	-			E Telep	hone	number		
Init	ıal retu	Number and stre		ıf maıl ıs not delivered to street address)	Room/suite	(202	350	0-6700		
— Ter	mınate	d 1850 K STREET I	١W							
– _{Am}	ended			nd ZIP + 4		G Gross	receip	ots \$ 103,665,79	9	
— Apr	olication	WASHINGTON, D	C 20005							
			l address of	principal officer	11/2)					
		WILLIAM R S			n(a) Is th	s a group return	for affil	ıates?	No	
		1850 K STRI			H(b) Are	all affiliates inc	luded	17	Yes No	
		WASHINGTO	JN,DC 200	05				t (see instru	ctions)	
r Ta	v-evem		- F01/c) /)	◀ (insert no)	H(c) Gr	oup exempt	on n	umber ►		
				4 (IIISELL IIIO) 4547(a)(1) 01 327						
J W	ebsite	∷► HTTP //WWW IFES	ORG							
K Forr	n of org	ganization 🔽 Corporation 🗀	Trust Associ	ation Cther 🕨	L Year of	formation 19	87	M State of legal	domicile DC	
Pa	rt I	Summary			•					
Governance	,	IFES IS DEDICATED TO	EXTENDIN	ssion or most significant activities G DEMOCRACY WORLDWIDE THROUG DMINISTRATION, CIVIL SOCIETY, GC						
<u>₹</u>	-									
	2 (Check this box 🛏 if the	organization	discontinued its operations or disposed	l of more than	25% of its	net a	assets		
eri Un	1 E	Number of voting membe	rs of the gov	erning body (Part VI, line 1a)	•		3		26	
Ë	4 1	Number of independent v	otıng membe	rs of the governing body (Part VI, line ${f 1}$	b)		4		26	
Activities &	5	Total number of individua	ls employed	ın calendar year 2010 (Part V, line 2a)		L	5		250	
ă	6	Total number of voluntee	6		26					
	7a 7	Total unrelated business	revenue fror	n Part VIII, column (C), line 12			7a		0	
	ь	Net unrelated business to	axable incom	ne from Form 990-T, line 34			7b		0	
					Pr	ior Year		Current	Year	
_	8 Contributions and grants (P			, line 1h)		94,808,7	90 103,59		3,593,181	
Ravenue	9	Program service reven	ue (Part VII	[,lıne 2g)		0			0	
e Ac	10	Investment income (Pa	art VIII, colu	ımn (A), lınes 3, 4, and 7d)		1,2	20		36,946	
	11	Other revenue (Part VI	II, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-55,6	77		-53,128	
	12		otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 2)							
	12						\rightarrow		3,576,999	
	13			art IX, column (A), lines 1-3) rt IX, column (A), line 4)	19,193,428		•	3,653,795		
	14									
8	15	5-10)	sation, empi	oyee benefits (Part IX, column (A), lines		26,918,660			0,206,485	
Expenses	16a	Professional fundraisin	g fees (Part	IX, column (A), line 11e)		0			0	
₹	ь	Total fundraising expenses (
ш	17			A), lines 11a-11d, 11f-24f)		46,377,6	70	69	9,466,612	
	18	·		must equal Part IX, column (A), line 25)	—	92,489,7	$\overline{}$		3,326,892	
	19	•	-	ne 18 from line 12		2,264,5	\rightarrow		250,107	
Net Assets or Fund Balances		2.1, 2.10			Beginni	ng of Currei Year	-	End of	-	
5 g	20	Total assets (Part X, Iı	ne 16) . .			21,580,9	09	2 !	5,735,582	
4 A	21					13,950,0	-		, , , , , , , , , , , , , , , , , , , 	
200	22			act line 21 from line 20		7,630,8	\rightarrow		7,883,086	
Pai	t II	Signature Block								
know	ledge a ledge.	***** Signature of officer		mined this return, including accompanying ete. Declaration of preparer (other than offic	cer) is based o					
		Type or print name and t	itle							
		Print/Type		Preparer's signature	Date	Check if self		PTIN		
Paid		preparer's name	a Doptiloss -	, ,	J410	employed 🕨				
raiu Prepa	arar	Firm's name ARGY WILTSE						Firm's EIN		
Use (LEIMES ANDRESS F 84US GREENSBORD DRIVE / LH ELOOR						Phone no P	(703) 893-	

May the IRS discuss this return with the preparer shown above? (see instructions)

┌ Yes ┌ No

Page **2**

Pai		t of Program Servedule O contains a res				দ				
1	Briefly describe the	organization's missio	n							
OF۱					DING TECHNICAL ASSISTA IANCE, RULE OF LAW, AND P					
2		n undertake any signifi or 990-EZ?			which were not listed on	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?								
	If "Yes," describe these changes on Schedule O									
4	Section 501(c)(3) a		ations and section 4	1947(a)(1) trusts are	rgest program services by experience to report the amount revice reported					
	(Code) (Expenses \$	19,905,488 in	cluding grants of \$	0) (Revenue \$	0)				
	IFES provides technica	l election support AND EDU	CATION to the Afghanis	tan Elections commission						
	(Code) (Expenses \$	15,745,327 in	cluding grants of \$	0) (Revenue \$	0)				
	IFES provides technica	l election support AND EDU	CATION to the IRAQ Ele	ctions commission						
4c	(Code) (Expenses \$	10,671,725 in	cluding grants of \$	0) (Revenue \$	0)				
	IFES provides technica	l election support AND EDU	CATION to the SUDAN E	lections commission						
	Other program ser	vices (Describe in Sc	hedule O)							
	(Expenses \$		cluding grants of \$	3,653,79	95) (Revenue \$	0)				
4e	Total program serv	/ice expenses►\$	93,391,970							

Part TV	Checklis	st of	Required	Schedules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 😼	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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 1	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? If "Yes," complete Schedule D, Part II	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	8		No
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? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	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.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> " <i>Yes</i> ," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
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, Parts I and IV	14b	Yes	
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, Parts II and IV	15	Yes	
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, Parts III and IV.	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? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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		No
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		No
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 lines 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		No
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		No
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		No
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			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
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? <i>If</i> "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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	Yes	
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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 \bigcirc Yes \checkmark No			
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (2010) Page **5** Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part $\ensuremath{\text{V}}$. .৮

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 75			
b	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		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	165	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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	Yes	
b	If "Yes," enter the name of the foreign country ►			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c). 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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	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			
D	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?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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	ection A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who 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?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			110
	year by the following			
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, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
<u></u>	evenue Code.)		Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a	163	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		110
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "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		No
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?			
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 15a or 15b, describe the process in Schedule O (See instructions)			
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?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ▶DE			
18	Section 6104 requires an organization to make its Form 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			
	Own website Another's website V Upon request			

- interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 JIM JOHNSON 1850 K STREET NW 5TH FLOOR

WASHINGTON, DC 20005 (202) 350-6764

<u>Part VIII</u> 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

- 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, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organ	sated any current officer, director, or trustee									
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
See Additional Data Table										

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

	(A) Name and Title	(B) (C) Average Position (check all							(Repo	(E) Reportable		(F)			
	Name and The	hours per		hat a				<u> </u>	compe fror	ensation n the	compensation from related	n	amount of other compensation		
		week (describe hours for	Individ or dire	Instituti		Κ <u>Θ</u> , φ	Highest compensat employee	ַת ת		ation (W- 9-MISC)	organizations (W- 2/1099- MISC)	(W- 2/1099-		the ion and ed	
		related organizations in	Individual trustee or director	Institutional Truste	Officei	employee	ompen	Former					organiza	acions	
		Schedule O)	 	stee		Φ.	sated								
See A	dditional Data Table	,													
1b	Sub-Total				•	•		▶							
c	Total from continuation sheets						-	_		2.474.560				211.660	
d	Total (add lines 1b and 1c) .						•	-		2,474,568		0	244,660		
2	Total number of individuals (incl \$100,000 in reportable compen						apove) wno	receive	a more tna	n		,		
2	Did the everywheel list any fam.	man officer dive									atad ammiayaa		Yes	No	
3	Did the organization list any fori on line 1a? <i>If</i> "Yes," complete Sch	hedule J for such	ındıvıdı	ual		•	•	•				3	Yes		
4	For any individual listed on line : organization and related organiz														
	ındıvıdual			•	•	•		•				4	Yes		
5	Did any person listed on line 1a services rendered to the organiz						•		_	anızatıon d	r individual for	5		No	
		,	,					•							
	ection B. Independent Con								#I #		- Ll				
1	Complete this table for your five \$100,000 of compensation from			naep	enae	ento	ontra	ctors	tnat rec	eivea more	e tnan				
	Nar	(A) ne and business ad	dress							Descr	(B) iption of services		(C Compe		
10467	ONSULTING INC 7 WHITE GRANITE DRIVE STE 210 ON, VA 22124								!	SECURITY			18	3,281,041	
2345	TERPART CRYSTAL DRIVE SUITE 301 IGTON, VA 22202									CONSULTING	i		Ę	5,859,440	
	M STREET NW 5TH FLOOR INGTON, DC 20036									CONSULTING	:		2	2,743,561	
штно	TECH EXPORTS TECH HOUSE HAMPTON PARK 20 GIAN CRESCENT EAST, BRYANSTON, SOU	ITH AFRICA 2191								MANUFACTU	RING		2	2,210,965	
PO BO	NATIONAL SQUARE LP 0X 905423 LOTTE, NC 28290									LEASING			1	1,753,213	
	Total number of independent cont \$100,000 in compensation from t			ot lin	nıted	to	those	liste	d above)	who receiv	ed more than				

Form 9		<u> </u>					Page
Part V	VIII	Statement 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
22	1a	Federated campaigns 1a					
<u> </u>	ь	Membership dues 1b					
₽Š	c	Fundraising events 1c	137,138				
£.	_						
5,≣	d	Related organizations 1d					
ξË	е	Government grants (contributions) 1e	98,364,653				
을 [※]	f	All other contributions, gifts, grants, and similar amounts not included above	5,091,390				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1f \$					
늍							
<u>ರ೯</u>	h	Total. Add lines 1a-1f	. •	103,593,181			
<u>9</u>			Business Code				
ı e	2a						
Program Service Revenue	ь						
	С						
ř	d						
<u> </u>	e						
13 13 13	f	All other program service revenue					
Š	'	An other program service reveilue					
	g	Total. Add lines 2a-2f	►	0			
	3	Investment income (including dividends, inte	rest				
		and other similar amounts)	▶	36,946			36,946
	4	Income from investment of tax-exempt bond proceeds	•	0			
	5	Royalties	. ▶	0			
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	С	Rental income					
	d	or (loss) Net rental income or (loss)					
	<u> </u>	(i) Securities	(II) Other				
	7a	Gross amount (1) Securities	(II) O tilei				
	"	from sales of assets other					
		than inventory					
	b	Less cost or other basis and					
		sales expenses					
	С	Gain or (loss)	<u> </u>				
	d	Net gain or (loss)	►	0			
	8a	Gross income from fundraising events (not including					
Ē		\$ 137,138					
듄		of contributions reported on line 1c)					
é		See Part IV, line 18					
<u>.</u>	١.	a	35,672				
Other Revenue	b	Less direct expenses b	88,800 ►	-53,128			-53,128
0		Net income or (loss) from fundraising events		-55,126			-33,128
	34	Gross income from gaming activities See Part IV, line 19 . a					
	ь	Less direct					
		expenses					
	c	b Net income or (loss) from gaming activities	<u> </u>	0			
		Gross sales of inventory, less					
	-04	returns and allowances .					
		а					
	b	Less cost of goods sold b					
	С	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a						
	ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	· .				
			►	0			
	12	Total revenue. See Instructions	▶ [103,576,999			-16,182
	1		l	100,010,000	ı		1 10,104

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

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).									
			(B) (C), and ((b).	(D)				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0							
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	3,653,795	3,653,795						
4	Benefits paid to or for members	0		1					
5	Compensation of current officers, directors, trustees, and key employees	1,355,489	285,098	1,070,391	0				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0							
7	Other salaries and wages	22,464,689	20,030,471	2,434,218	0				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	444,779	0	444,779	0				
9	Other employee benefits	5,097,958	4,966,466	131,492	0				
10	Payroll taxes	843,570	0	843,570	0				
а	Fees for services (non-employees) Management	0							
ь	Legal	186,097	91,196	94,901	0				
С	Accounting	617,667	172,947	444,720	0				
d	Lobbying	0							
е	Professional fundraising services See Part IV, line 17	0							
f	Investment management fees	0							
g	Other	8,631,561	8,270,735	360,826	0				
12	Advertising and promotion	0							
13	Office expenses	3,599,189	2,126,335	1,472,854	0				
14	Information technology	0							
15	Royalties	0							
16	Occupancy	2,040,386	571,308	1,469,078	0				
17	Travel	6,292,131	5,659,036	633,095	0				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	6,821,913	6,631,144	190,769	0				
20	Interest	0							
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	369,025	103,327	265,698	0				
23	Insurance	0							
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)								
a	SUBCONTRACTORS	25,149,834	25,149,834	0	0				
ь	COMMODITIES	11,850,750	11,850,750	0	0				
С	FIELD OFFICE EXPENSES	3,798,988	3,798,988	0	0				
d	TRAINING AND EDUCATION	109,071	30,540	78,531	0				
е									
f	All other expenses								
25	Total functional expenses. Add lines 1 through 24f	103,326,892	93,391,970	9,934,922	0				
26	Joint costs. Check here ▶ ☐ If following								
	SOP 98-2 (ASC 958-720) Complete this line only if the								
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				000 (2010)				

3 Pledges and grants receivable, net	Pa	rt X	Balance Sheet							
2 Savings and temporary cash investments 19,336,068 2 12,289,301										
Pledges and grants receivable, net		1	Cash—non-interest-bearing							
4 Accounts receivable, net		2	Savings and temporary cash investments			10,328,086	2	12,289,301		
Securables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		3	Pledges and grants receivable, net			8,490,640	3	11,873,744		
highest compensated employees Complete Part II of Schedule L 5		4	Accounts receivable, net				4			
6 Receivables from other disqualified persons (as defined under section 49 58 (f)(1)), persons described in section 49 58 (f)(2) (b), and contributing employers, and sponsoring organizations (see instructions) 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 100 Land, buildings, and equipment cost or other basis Complete 11 Investments—brightly traded securities 12 Investments—brightly traded securities 13 Investments—brightly traded securities 14 Intemple assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part IX of Schedule D 21 Unrestructed net assets 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part IX of Schedule D 22 Total liabilities. Add lines 17 through 25 23 Total liabilities. Add lines 17 through 25 24 Unrestructed net assets 25 Other liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Ottal liabilities. Add lines 17 through 25 28 Temporarily restricted net assets 29 Payables to current and former officers, directors, trustees, key 29 Payables to current and former officers, directors, trustees, key 20 Total liabilities. Add lines 17 through 25 21 Unrestricted net assets 22 Other liabilities. Add lines 17 through 25 29 Payables to current and former officers, directors, trustees, key 29 Payables to current and former officers, directors, trustees, key 20 Total liabilities. Add lines 17 through 25 21 Unrestricted net assets 22 Other liabilities. Add lines 17 through 25 29 Other liabilities. Add lines 17 t		5		mployees, and						
persons described in section 4958(c)(3)(8), and contributing employers, and sponsoring organizations (see instructions) 5 chedule L 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Perpendi expenses and deferred charges 10a			Schedule L	dule L						
10a		6	persons described in section $4958(c)(3)(B)$, and contributing er sponsoring organizations of section $501(c)(9)$ voluntary employ	nploye	rs, and					
10a	\$		Schedule L				6			
10a	Š	7	Notes and loans receivable, net				7			
10a	₹	8	Inventories for sale or use				8			
Deferred revenue 1.616.000 1.070.736 508.862 10c 0.000 1.070.736 1.070.73		9	Prepaid expenses and deferred charges			455,736	9	378,440		
11 Investments—publicly traded securities		10a		10a	1,070,736					
12 Investments—other securities See Part IV, line 11 13 13 14 14 13 14 14		ь	Less accumulated depreciation	10b	1,070,736	508,862	10c	0		
13 1. 13 1. 14 1. 14 1. 14 1. 15 1. 15 1. 16 1. 16 1. 17 15 1. 1. 1. 1. 1. 1. 1.		11	Investments—publicly traded securities			26,425	11	0		
14 Intangible assets		12	Investments—other securities See Part IV, line 11				12			
15 Other assets See Part IV, line 11		13	Investments—program-related See Part IV, line 11				13			
16 Total assets. Add lines 1 through 15 (must equal line 34)		14	Intangible assets				14			
17		15	Other assets See Part IV, line 11			1,410,767	15	897,319		
18 Grants payable 18 18 19 Deferred revenue		16	Total assets. Add lines 1 through 15 (must equal line 34)			21,580,909	16	25,735,582		
19 Deferred revenue		17	Accounts payable and accrued expenses .			6,817,401	17	9,769,075		
Tax-exempt bond liabilities		18	Grants payable				18			
21 Escrow or custodial account liability Complete Part IV of Schedule D		19	Deferred revenue			1,616,020	19	5,486,427		
persons Complete Part II of Schedule L		20	Tax-exempt bond liabilities				20			
persons Complete Part II of Schedule L	es	21	Escrow or custodial account liability Complete Part IV of Schedule	eD.			21			
23 Secured mortgages and notes payable to unrelated third parties										
24 Unsecured notes and loans payable to unrelated third parties	ä		persons Complete Part II of Schedule L				22			
25 Other liabilities Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third parties			4,000,000	23	1,000,000		
26 Total liabilities. Add lines 17 through 25		24	Unsecured notes and loans payable to unrelated third parties				24			
Organizations that follow SFAS 117, check here F and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		25	Other liabilities Complete Part X of Schedule D			1,516,595	25	1,596,994		
through 29, and lines 33 and 34. 27 Unrestricted net assets		26	Total liabilities. Add lines 17 through 25	13,950,016	26	17,852,496				
Second	Š		•							
Second	anc	27		7,488,818	27	7,553,951				
Second	8	28	Temporarily restricted net assets	142,075	28	329,135				
Ilines 30 through 34. 30 Capital stock or trust principal, or current funds 30 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 7,630,893 33 7,883,086	<u>=</u>	29					29			
Second	Ę		Organizations that do not follow SFAS 117, check here ▶ □ an							
30 Capital stock or trust principal, or current funds			•							
33 Total net assets or fund balances		30	Capital stock or trust principal, or current funds			30				
33 Total net assets or fund balances	ě	31	Paid-in or capital surplus, or land, building or equipment fund .			31				
33 Total net assets or fund balances		32	Retained earnings, endowment, accumulated income, or other fu	nds			32			
34 Total liabilities and net assets/fund balances	<u>₹</u>	33	Total net assets or fund balances			7,630,893	33	7,883,086		
	2	34	Total liabilities and net assets/fund balances			21,580,909	34	25,735,582		

Pal	Check if Schedule O contains a response to any question in this Part XI			. [~		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		103,5	576,99	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1		103,326,89	
3	Revenue less expenses Subtract line 2 from line 1	3		2	250,10	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7,6	530,89	
5	Other changes in net assets or fund balances (explain in Schedule O)	5			2,08	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		7,8	383,086	
Par	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII					
				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		No	
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes		
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		2c	Yes		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued				
За						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes		

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DLN: 93493228038202

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization International Foundation for Electoral

Department of the Treasury Internal Revenue Service

Systems

h

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

Public Charity Status and Public Support

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

Employer identification number

52-1527835

Reason for Public Charity Status (All organizations must complete this part.) See instructions

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

Tho a	rase	zation is not a private foundation because it is (For lines 1 through 11, shock only one box)					
	ngaiii	zation is not a private foundation because it is (For lines 1 through 11, check only one box)					
1	<u> </u>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).					
2	<u> </u>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)					
3	Г	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).					
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(hospital's name, city, and state	iii). Ente	r the			
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit	describe	d ın			
		section 170(b)(1)(A)(iv). (Complete Part II)					
6	\sqcap	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) .					
7	▽	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)					
8	\vdash	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)					
9	<u></u>	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross					
_	'	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than		_	33		
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from					
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)	ili busilik	.3363			
4.0	_						
10	<u> </u>	An organization organized and operated exclusively to test for public safety See section 509(a)(4).			_		
11	ı	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type III - Type III - Functionally integrated d Type III - Other					
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disorber than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2)					
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III sup check this box	porting o	rganız	ation,		
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?					
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No		
		and (III) below, the governing body of the the supported organization?	11g(i)		Νo		
		(ii) a famıly member of a person descrıbed ın (ı) above?	11g(ii)		No		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ced in rning nt?	(v) Did you not organizati col (i) of suppor	on in your t?	(vi) Is the organizati col (i) orga in the U	(vii) A mount of support	
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

11g(iii)

Νo

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

(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	under Part III. If the	<u>he organization</u>	tails to qualify u	inder the tests	listed below, pl	ease complete	Part III.)
	ection A. Public Support endar year (or fiscal year beginning	n l	 	П	T	Т	
Car	ın) 🟲	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	49,909,08	57,830,088	69,010,637	94,808,790	103,593,181	375,151,781
2	, , , , , , , , , , , , , , , , , , , ,						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	49,909,08	57,830,088	69,010,637	94,808,790	103,593,181	375,151,781
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public Support. Subtract line 5 from line 4						375,151,781
	ection B. Total Support						
Cal	endar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) ⊤otal
7	A mounts from line 4	49,909,085	57,830,088	69,010,637	94,808,790	103,593,181	375,151,781
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	167,944	89,823	17,272	1,220	36,946	313,205
9	similar sources Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
11	Total support (Add lines 7 through 10)						375,464,986
12	Gross receipts from related activity	ities, etc (See ins	structions)	<u> </u>	<u> </u>	12	60,872
13	First Five Years If the Form 990 is check this box and stop here	s for the organiza	tion's first, second	, thırd, fourth, or f	ifth tax year as a	501(c)(3) organı	zation,
	ection C. Computation of Pu						
14	Public Support Percentage for 20	-		11 column (f))		14	99 917 %
15	Public Support Percentage for 20					15	99 878 %
b	33 1/3% support test—2010. If the and stop here. The organization q 33 1/3% support test—2009. If the box and stop here. The organization	ualifies as a publi he organization di ion qualifies as a j	cly supported orga d not check the bo oublicly supported	nızatıon x on lıne 13 or 16 organızatıon	sa, and line 15 is	33 1/3% or more,	► ✓
	10%-facts-and-circumstances tes is 10% or more, and if the organization m organization	zation meets the ' eets the "facts ar	facts and circumst nd circumstances"	tances" test, che test The organız	ck this box and si ation qualifies as	t op here. Explain a publicly suppor	rted ▶┌
b 18	10%-facts-and-circumstances tes 15 is 10% or more, and if the org Explain in Part IV how the organiz supported organization Private Foundation If the organization instructions	anızatıon meets t zatıon meets the '	he "facts and circu 'facts and circumst	mstances" test, tances" test The	check this box an organization qua	d stop here. lifies as a publici ^r	y ▶┌ ▶┌

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported

33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

▶□

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

Software ID: Software Version:

EIN: 52-1527835

Name: International Foundation for Electoral

Systems

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

Compensated Employees, and	T	lent C			LOFS	•				
(A) Name and Title	(B) Average hours	that apply) co		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other				
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Barbara B Kennelly Director	1 0	х						0	0	0
Fred Furth Director	10	Х						0	0	0
Denise L Nappier Director	1 0	×						0	0	0
Gerard Stoudmann Dırector	1 0	Х						0	0	0
Howard Baker Director	1 0	Х						0	0	0
Jeffry Glassman Director	10	Х						0	0	0
Judy Black Director	1 0	Х						0	0	0
Kathleen M Linehan Director	1 0	х						0	0	0
Ken Blackwell Director	1 0	Х						0	0	0
Andres Pastrana Director	1 0	Х						0	0	0
Lesley Israel Director	1 0	Х						0	0	0
Mary Banotti Director	1 0	Х						0	0	0
Maureen A Kındel Dırector	1 0	Х						0	0	0
Michael Pinto-Duschinsky Director	1 0	Х						0	0	0
Paula Dobriansky Director	1 0	Х						0	0	0
Peter G Kelly Dırector	1 0	Х						0	0	0
R Scott Pastrick Director	1 0	Х						0	0	0
Rıchard C Powell Jr Dırector	1 0	Х						0	0	0
Rıchard Lugar Dırector	1 0	Х						0	0	0
Robert L Livingston Director	1 0	Х						0	0	0
Sean Cleary Director	1 0	Х						0	0	0
Sheila A McLean Director	1 0	Х						0	0	0
Steny H Hoyer Director	1 0	Х						0	0	0
Stuart Holliday Director	1 0	Х						0	0	0
William J Hybl Director	1 0	Х						0	0	0

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

(A) Name and Title	(B) Average hours	Posi	((C) (che	ck al	II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Leon Weil Director	1 0	Х						0	0	0
PETER MICHAEL BRYAN Chief Financial Officer	40 0			х				196,003	0	44,238
William R Sweeney Jr President/CEO	40 0			х				256,615	0	58,397
CARINA PERELLI Executive Vice President	40 0			х				327,083	0	48,594
Mıchael Svetlık Vıce President Programs	40 0			х				170,805	0	22,104
SEAN DUNNE Chief of Party	40 0					х		234,757	0	18,048
JERO ME LEYRA U D Chief of Party	40 0					х		292,465	0	5,738
STAFFAN DARNOFF Chief of Party	40 0					х		250,862	0	5,975
PETER ERBEN Chief of Party	40 0					Х		306,793	0	5,722
BENJAMIN GOLDSMITH Chief of Party	40 0					Х		263,395	0	19,231
STEPHANIE HOKE VP HR & ADMIN	40 0						х	175,790	0	16,613

DLN: 93493228038202

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

	al Foundation for Electoral			1	527835	tion number	
art I	Organizations Maintaining Donor Adorganization answered "Yes" to Form 99		ther Similar Fu			. Complete	e if the
	organización answered res to ronn 99	(a) Donor adv	sed funds	(b) Funds and o	ther accoun	ts
Tota	I number at end of year	(,			,		
	regate contributions to (during year)						
	regate grants from (during year)						
	regate value at end of year						
	the organization inform all donors and donor advis	core in writing that the	assets held in don	or advis	· ed		
	s are the organization's property, subject to the o			JI auvis	eu	☐ Yes	┌ No
used	the organization inform all grantees, donors, and a donly for charitable purposes and not for the bene erring impermissible private benefit		-			┌ Yes	┌ No
art II		if the organization a	nswered "Yes" to	Form	990 Part IV	/ line 7	•
┌ ┌ ┌	oose(s) of conservation easements held by the or Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space uplete lines 2a–2d if the organization held a quali	on or pleasure)	Preservation of an Preservation of a c	ertified	historic struc	•	
ease	ement on the last day of the tax year		Г		11-11-4-41-	F1 -6 +1 X	
T - 4-	I		-		Held at the	End of the Y	<u>rear</u>
	I number of conservation easements		-	2a			
	I acreage restricted by conservation easements		. , .	2b			
	ber of conservation easements on a certified his		din (a)	2c			
Num	ber of conservation easements included in (c) ac	quired after 8/17/06	L	2d			
the t	ber of conservation easements modified, transfe eaxable year •				e organization	auring	
	ber of states where property subject to conserva						
	s the organization have a written policy regarding rcement of the conservation easements it holds?		g, inspection, hand	lling of	violations, and	☐ Yes	┌ No
Staff	fand volunteer hours devoted to monitoring, insp	ecting and enforcing c	onservation easem	ents du	ring the year 🖡	-	
A mo	unt of expenses incurred in monitoring, inspectir	ng, and enforcing conse	rvation easements	during	the year 🟲 🕏 _		
	s each conservation easement reported on line 2 (h)(4)(B)(i) and $170(h)(4)(B)(ii)$?	(d) above satisfy the re	equirements of sec	tion		┌ Yes	┌ No
bala	art XIV, describe how the organization reports co nce sheet, and include, if applicable, the text of t organization's accounting for conservation easem	he footnote to the orga					
rt III	Organizations Maintaining Collection Complete if the organization answered "			or Oth	er Similar	Assets.	
art, l	e organization elected, as permitted under SFAS historical treasures, or other similar assets held ide, in Part XIV, the text of the footnote to its fin	for public exhibition, e	ducation or researc	h ın fur			,
histo	e organization elected, as permitted under SFAS orical treasures, or other similar assets held for p ide the following amounts relating to these items	oublic exhibition, educa					
(i) _R	Revenues included in Form 990, Part VIII, line 1				► \$		
(ii) <u>/</u>	Assets included in Form 990, Part X				- \$		
Ifth	e organization received or held works of art, histo wing amounts required to be reported under SFAS			r financ	ial gain, provid	de the	
	enues included in Form 990, Part VIII, line 1	<u> </u>			► \$		
	chaco meladea mi romi soci ranc villi, ime i						

Assets included in Form 990, Part X

Par	Organizations Maintaining Co	llections of Art	, His	torio	al Tr	easur	es, or O	ther	Similar	Asset	S (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	records, check any	y of th	e foll	owing t	hat are	a significa	ant us	e of its co	llection		
а	Public exhibition		d	Γ	Loan	or exch	ange progi	rams				
b	Scholarly research		e	Γ	Other	-						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	llections and expla	ın hov	v they	furthe	r the or	ganızatıor	ı's exe	empt purpo	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								lar	┌ ⋎	'es	┌ No
Par	Part IV, line 9, or reported an am						answere	d "Ye	s" to For	m 990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	forco	ontribu	itions oi	r other ass	ets n	ot	┌	'es	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the	follow	ng ta	ble		F					
										Amou	nt	
с	Beginning balance							1c				
d	Additions during the year						-	1d				
e	Distributions during the year							1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo		e 21?							Γ 1	es	│ No
b	If "Yes," explain the arrangement in Part XIV				-1 !!\/-	-0 =	000	D- 1	T) (10		
Рa	rt V Endowment Funds. Complete	(a)Current Year		were Prior Y			orm 990, Years Back		IV, IINE hree Years B		our Ye	ears Back
1a	Beginning of year balance	(a) can can	<u> </u>	,, ,,,,,,		(-)		1(-)		(-)		
b	Contributions											
C	Investment earnings or losses											
d	Grants or scholarships											
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
c	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	that a	re held	d and ac	dministere	d for t	he	_		
	organization by								ı	2 (2)	Yes	No
	(i) unrelated organizations			•				•		3a(i) 3a(ii)		
b	(ii) related organizations							• •		3b		
4	Describe in Part XIV the intended uses of the					•		•		35		
Par	t VI Investments—Land, Buildings					90, Pa	rt X, line	10.				
	Description of investment			(a)) Cost o		(b) Cost or basis (ot	other	(c) Accur		(d) B	ook value
1a	Land											
b	Buildings											
c	Leasehold improvements											
d	Equipment		•				1,0	64,741	:	1,064,741		
_ e	Other	<u></u>						5,995		5,995		
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	rm 990, Part X, colur	nn (B)	, line	10(c).)				►			

Investments—Other Securities. See	orm 990, Part X, line 12		
(a) Description of security or category	(b)Book value		l of valuation
(including name of security)	(2)20011 10100	Cost or end-of-	year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			_
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990. Part X. line	13.	
			l of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-	year market value
		3357 37 3114 37	your market value
Total (Column (h) should agual Form 990, Part V, sol (P) line 12.)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (b) Should equal Form 990, Part X, col.(B) line 1:	e 15. tion 5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (b) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	e 15. tion 5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	e 15. tion 5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount 0		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount 0		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount 0		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount 0		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount 0		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount 0		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount 0		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount 0		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount 0		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount 0		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount 0		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount 0		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount 0		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount 0		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount 0		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount 0		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount 0		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount 0		(b) Book value

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	103,576,999
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	103,326,892
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	250,107
4	Net unrealized gains (losses) on investments	4	2,086
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	2,086
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	252,193
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	103,807,485
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		
е	Add lines 2a through 2d	2e	141,686
3	Subtract line 2e from line 1	3	103,665,799
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		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4 c	-88,800
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	103,576,999
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	103,555,292
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)		
e	Add lines 2a through 2d	2e	228,400
3	Subtract line 2e from line 1	3	103,326,892
4	Amounts 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		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	103,326,892
Pai	rt XIV Supplemental Information		

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

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

Identifier	Return Reference	Explanation
	LINE 2	IN ACCORDANCE WITH AUTHORITATIVE GUIDANCE ISSUED BY THE FASB, IFES RECOGNIZES TAX LIABILITIES WHEN, DESPITE THE MANAGEMENT'S BELIEF THAT TAX RETURN POSITIONS ARE SUPPORTABLE, IFES BELIEVES THAT CERTAIN POSITIONS MAY NOT BE FULLY SUSTAINED UPON REVIEW BY TAX AUTHORITIES BENEFITS FROM TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT TO THE EXTENT THAT THE FINAL TAX OUTCOME OF THESE MATTERS IS DIFFERENT THAN THE AMOUNTS RECORDED, SUCH DIFFERENCES IMPACT INCOME TAX EXPENSE IN THE PERIOD IN WHICH SUCH DETERMINATION IS MADE INTEREST AND PENALTIES, IF ANY, RELATED TO ACCRUED LIABILITIES FOR POTENTIAL TAX ASSESSMENTS ARE INCLUDED IN INCOME TAX EXPENSE WITH FEW EXCEPTIONS, IFES IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE US FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS ENDED SEPTEMBER 30, 2008 AND PRIOR MANAGEMENT HAS EVALUATED IFES'S TAX POSITIONS AND HAS CONCLUDED THAT IFES HAS TAKEN NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE
	FORM 990, SCHEDULE D, PART XII, LINE 4B	COSTS OF SPECIAL EVENTS = -88,800
	FORM 990, SCHEDULE D, PART XIII, LINE 2D	COSTS OF SPECIAL EVENTS = 88,800

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493228038202

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

	rnational Foundation for Electoral tems				52-1527835						
Pa	General Informatio "Yes" to Form 990, Pa			ne United States. C	omplete if the organiz	ation answered					
1	For grantmakers. Does the cassistance, the grantees' eligible the grants or assistance?	gibility for the	grants or assis	tance, and the selecti	on criteria used to awa						
2	For grantmakers. Describe in Pa United States					, ,					
3	Activites per Region (Use Part V if additional space is needed)										
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region					
	Central America and the Caribbean	3	3	Program Services	SEE PART IV	5,428,667					
	East Asia and the Pacific	6	13	Program Services	SEE PART IV	4,564,644					
	Europe (Including Iceland and Greenland)	1		Program Services	SEE PART IV	82,961					
	Middle East and North Africa	7	31	Program Services	SEE PART IV	32,181,715					
	Russia and the Newly Independent States	5	10	Program Services	SEE PART IV	7,315,140					
	South America	1		Program Services	SEE PART IV	74,778					
	South Asia	2	12	Program Services	SEE PART IV	30,889,908					
	Sub-Saharan Africa	7	22	Program Services	SEE PART IV	22,297,537					

32	91			102,835,350
	32	32 91	32 91	32 91

c Totals (add lines 3a and 3b)

102,835,350

(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) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, othe
See Add'l Data								
_								

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 Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
			I				
			1				
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-			 I		,		
			ı		,		

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	~	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	굣	Yes	Γ	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	ঘ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	ঘ	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	굣	No

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010 Page **5**

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
MONITORING GRANT FUNDS OUTSIDE THE U S	FORM 990, SCHEDULE F, PART I, LINE 2	IFES WORKS CLOSELY WITH GRANT RECIPIENTS BUDGETS ARE PROVIDED FOR EXPECTATIONS, ACTUAL EXPENSES ARE COMPARED TO THE APPROVED BUDGETS TO ENSURE EXPENDITURES ARE IN LINE WITH APPROVED BUDGET, AND PAYMENTS ARE MADE PERIODICALLY NOT ALL AT ONCE UP FRONT THIS WAY, ISSUES CAN BE RESOLVED WHERE NON COMPLIANCE IS NOTED

ldentifier	Return Reference	Explanation
PROGRAM EXPENDITURES AND GRANTS	FORM 990, SCHEDULE F, PART I & II	FES IS AN INTERNATIONAL, NONPROFIT ORGANIZATION THAT SUPPORTS THE BUILDING OF DEMOCRATIC SOCIETIES AS ONE OF THE WORLD'S PREMIER DEMOCRACY AND GOVERNANCE ASSISTANCE ORGANIZATIONS, IFES PROVIDES TARGETED TECHNICAL ASSISTANCE TO STRENGTHEN TRANSITIONAL DEMOCRACIES FOUNDED IN 1987 AS A NONPARTISAN, NONPROFIT ORGANIZATION, IFES HAS DEVELOPED AND IMPLEMENTED COMPREHENSIVE, COLLABORATIVE DEMOCRACY SOLUTIONS IN MORE THAN 100 COUNTRIES IFES CURRENTLY OPERATES IN NEW AND DEVELOPING DEMOCRACIES IN MORE THAN 20 COUNTRIES OUR STAFF IS TRULY GLOBAL, OVER 200 PROFESSIONALS FROM 25 COUNTRIES LEADING TECHNICAL ASSISTANCE PROJECTS FOR INTERNATIONAL AND BILATERAL DONOR ORGANIZATIONS SUCH AS USAID, THE EU (EUROPEAN UNION), THE UN (UNITED NATIONS), CIDA (CANADIAN INTERNATIONAL DEVELOPMENT AGENCY), DEIDUK DEPARTMENT FOR INTERNATIONAL DEVELOPMENT), THE OSCE (ORGANIZATION FOR SECURITY AND CO-OPERATION IN EUROPE), AND OTHERS IFES INTERNATIONAL STAFF ENSURES THAT DEMOCRACY SOLUTIONS ARE HOME GROWN EACH IFES PROJECT TEAM PARTNERS WITH LOCAL ORGANIZATIONS AND ALL PROJECTS ARE STAFFED BY LOCAL PERSONNEL WHETHER ESTABLISHING A CIVIC EDUCATION PROJECT IN KYRGYZSTAN OR A NEW INDEPENDENT ELECTION AUTHORITY IN IRAQ, IFES PROFESSIONALS WORK CLOSELY WITH LOCAL NETWORKS TO DELIVER EXPERTISE THAT FITS THE NEEDS OF THE COUNTRY OR CLIENT, THUS ENSURING THAT THE BENEFIT OF ASSISTANCE LASTS FAR BEYOND THE LIFE OF THE PROJECT FROM HAITI TO LIBERIA AND FROM KOSOVO TO AFGHANISTAN, IFES PROFESSIONALS PROVIDE TECHNICAL ELECTORAL ASSISTANCE ACROSS MANY AREAS OF DEMOCRACY DEVELOPMENT, INCLUDING ELECTORAL ASSISTANCE, CIVIL SOCIETY, GOVERNANCE, AND RULE OF LAW WE HAVE DEVELOPED SERVICE LINES AND REGIONAL PRESENTATION AROUND THE WORLD THAT ALLOW OUR PROFESSIONALS TO DELIVER DEMOCRACY SOLUTIONS RAPIDLY - WITH THE INNOVATION, EXPERIENCE AND RESULTS THAT ONLY AN ORGANIZATION WITH MORE THAN 20 YEARS OF DEDICATED DEMOCRACY WORK CAN DO

Schedule F (Form 990) 2010

Additional Data

Software ID:

Software Version:

EIN: 52-1527835

Name: International Foundation for Electoral

Systems

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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 non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Cent	SEE PART IV	133,790				
		A merica/Caribbean						
		Cent	SEE PART IV	90,834				
		A merica/Caribbean						

, Form 990 Scheav	Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(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 non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		East Asia/Pacific	SEE PART IV	103,312		1					
		East Asia/Pacific	SEE PART IV	5,930		1					
1	•	•		-	-	-	-	, , , , , , , , , , , , , , , , , , ,			

(b) IRS code					Form 990 Schedule F Part II - Grants of Entities Outside The United States										
(a) Name of section	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)									
East Asia/Pacific	SEE PART IV	25,159		1											
East Asia/Pacific	SEE PART IV	41,543	1	1	1	1									

, Form 990 Scheav	Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		East Asia/Pacific	SEE PART IV	48,761		<u> </u>					
		East Asia/Pacific	SEE PART IV	127,812		1					
								7			

, Form 990 Scheav	Form 990 Schedule F Part II - Grants or Entities Outside The United States											
(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 non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)				
		East Asia/Pacific	SEE PART IV	82,543								
		East Asia/Pacific	SEE PART IV	21,477								
1	•	•		-	-	-		, , , , , , , , , , , , , , , , , , ,				

Form 990 Schedule F Part 11 - Grants or Entities Outside The United States											
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		East Asia/Pacific	SEE PART IV	47,215		<u> </u>					
		East Asia/Pacific	SEE PART IV	6,642		1					
•	· ·	•	•	•	-	•	-	, , , , , , , , , , , , , , , , , , ,			

Form 990 Schedule F Part II - Grants or Entities Outside The United States											
(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 non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)			
		East Asia/Pacific	SEE PART IV	14,418							
		East Asia/Pacific	SEE PART IV	11,078	1	[
1			-	•	-						

, Form 990 Scheav	ue E bart II	- Grants or Entitle	is outside the un	ited States		_	_	·_
(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 non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		East Asia/Pacific	SEE PART IV	109,661				
		East Asia/Pacific	SEE PART IV	30,560				
1	•	•		-	-	-	-	, , , , , , , , , , , , , , , , , , ,

, Form 990 Scheau	ie r Part II	- Grants or Entitle	is outside the un	ited States		_	_	_
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Middle East/North Africa	SEE PART IV	16,000				
		Mıddle East/North Afrıca	SEE PART IV	360,000				

, Form 990 Scheav	ie r Part II	- Grants or Entitle	is outside the un	ited States		_	_	
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Middle East/North Africa	SEE PART IV	12,994		1		
		Mıddle East/North Afrıca	SEE PART IV	21,000				

(b) IRS code	(g) A mount of non		(.) Markadas
(a) Name of section organization and EIN(if applicable) (c) Region (d) Purpose of grant (e) Amount of cash disbursemen	(g) A mount of non- cash nt assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)
Middle East/North SEE PART IV 70,247 Africa			
Middle East/North SEE PART IV 56,000 Africa			

, Form 990 Scheav	ie i part II	- Grants or Entitle	s outside The Un	ited States		_	_	_
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Middle East/North Africa	SEE PART IV	9,875				
		Middle East/North Africa	SEE PART IV	80,551				

, Form 990 Scheav	ie F Part II	- Grants or Entitle	is outside the or	ited States		_	_	·_
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Middle East/North Africa	SEE PART IV	17,100				
		Middle East/North Africa	SEE PART IV	42,088				

Form 990 Scheau	ie F Part II	- Grants or Entitle	is outside the un	ited States		_	_	_
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Middle East/North Africa	SEE PART IV	46,880				
		Mıddle East/North Afrıca	SEE PART IV	32,298				

, Form 990 Scheav	ie F Part II	- Grants or Entitle	is outside the or	ited States		_	_	· _
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Middle East/North Africa	SEE PART IV	25,821				
		Mıddle East/North Afrıca	SEE PART IV	24,500				

, Form 990 Schedv	ile F Part II	- Grants or Entitle	s Outside The Un	ited States	_	_	_	_
(a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Russia	SEE PART IV	20,860				
		Russia	SEE PART IV	23,000				
<i>i</i>	,			·	•	•	,	·

Form 990 Scheau	ie r Part II	- Grants or Entitie	is outside the on	ited States	_	_	_	_
(a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Russia	SEE PART IV	38,374				
		Russia	SEE PART IV	215,698				

, Form 990 Scheav	le F Part II	- Grants or Entitle	as Outside The Un	ited States	_	_	_	
(a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Russia	SEE PART IV	30,612	1	1		
		Russia	SEE PART IV	39,740				
1								, , , , , , , , , , , , , , , , , , ,

Form 990 Scheav	le F Part II	- Grants or Entitle	is Outside The Un	iited States	_	_	_	_
(a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		South Asia	SEE PART IV	79,528				
		South Asia	SEE PART IV	479,021	1			
1	·				_			

, Form 990 Scheav	ie F Part II	- Grants or Entitle	s outside The Un	itea States	_	_	_	
(a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		South Asia	SEE PART IV	21,742				
		South Asia	SEE PART IV	18,072		[
1								,

, Form 990 Scheav	ie F Part II	- Grants or Entitle	s outside The Un	itea States	_	_	_	· .
(a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Sub-Saharan Africa	SEE PART IV	443,728		1	1	
		Sub-Saharan Africa	SEE PART IV	42,377	1	1	1	
4								,

, Form 990 Schedv	le F Part II	- Grants or Entitle	≰s Outside The Un	ited States	_	_	_	
(a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Sub-Saharan Africa	SEE PART IV	68,726				
		Sub-Saharan Africa	SEE PART IV	324,676	1			
1								, , , , , , , , , , , , , , , , , , ,

, Form 990 Scheav	ie r Part II	- Grants or Entitle	as Outside The Ur	ited States	_	_		· .
(a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Sub-Saharan Africa	SEE PART IV	41,935				
		Sub-Saharan Africa	SEE PART IV	49,617	1			

DLN: 93493228038202

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization **Employer identification number** International Foundation for Electoral 52-1527835 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and e-mail solicitations Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

art II Fundraising Events. Com more than \$15,000 on Form				
	(a) Event #1 AWARDS DINNER (event type)	(b) Event #2 (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
1 Gross receipts	172,810)		172,810
1 Gross receipts 2 Less Charitable contributions	137,138	3		137,138
3 Gross income (line 1 minus line 2)	35,672	2		35,672
4 Cash prizes				
5 Non-cash prizes				
6 Rent/facility costs	43,861			43,861
7 Food and beverages				
8 Entertainment				
9 Other direct expenses .	44,939			44,939
10 Direct expense summary Add lir	ies 4 through 9 in column	(d)		88,800
11 Net income summary Combine li	nes 3 and 10 ın column (d)		-53,128
Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	art IV, line 19, or rep	orted more than
	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
1 Gross revenue				
2 Cash prizes				
2 Cash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteerlabor	Г Yes% Г No		Г Yes	
7 Direct expense summary Add line8 Net gaming income summary Com				
Enter the state(s) in which the organization licensed to operate If "No," Explain	gaming activities in each	n of these states?		Yes No
Were any of the organization's gaming If "Yes," Explain	licenses revoked, susper	ided or terminated during	; the tax year?	· · 「Yes 「No

11	Does the organization operate ga	aming activities with nonmembers? .		$\Gamma_{ m Yes}$ $\Gamma_{ m No}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable of	gaming?		. Г _{Yes} Г _{No}
13	Indicate the percentage of gamin	ng activity operated in		
а	The organization's facility		13a	
b	An outside facility		13b	
14	Provide the name and address of records	f the person who prepares the organiza	tion's gaming/special events books and	
	Name 🟲			
	Address 🟲			
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming	
	-	· ·		. Γ_{Yes} Γ_{No}
b			tion 🟲 \$ and the	, , , , , , , , , , , , , , , , , , , ,
	amount of gaming revenue retain	ned by the third party 🟲 \$		
c	If "Yes," enter name and address	s		
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	> \$		
	Description of services provided			
	Director/officer	□ Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distribu		
				Tyes No
b		required under state law distributed t	o other exempt organizations or spent	
D		activities during the tax year \$	reconnect to question on Cohedule C./	
Pa	t IV Complete this part to proceed instructions.)	provide additional information for	responses to question on Schedule G (see
	Identifier	ReturnReference	Explanation	

Compensation Information

DLN: 93493228038202

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	triational Foundation for Electoral tems		52-1527835			
Pa	rt I Questions Regarding Compensation		1			
					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	\sqcap	Payments for business use of personal residence			
	Tax idemnification and gross-up payments					
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orga reimbursement orprovision of all the expenses describ			1b		
2	Did the organization require substantiation prior to rei 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 Compensation committee	t app				
	✓ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	rt VI	I, Section A, line $1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	yme	nt from the organization or a related organization?	4a	Yes	
b	Participate in, or receive payment from, a supplement	al noi	nqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-bas	ed co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde t	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, lir compensation contingent on the revenues of	ne 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, lir compensation contingent on the net earnings of	ne 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," des			7		No
8	Were any amounts reported in Form 990, Part VII, pai subject to the initial contract exception described in R in Part III			8		No
9	If "Yes" to line 8, did the organization also follow the r	ebutt	table presumption procedure described in Regulations	ٿ		1,40

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) PETER MICHAEL BRYAN	(I) (II)	171,581 0	20,000 0	4,422 0	22,000 0	22,238 0	240,241	
(2) William R Sweeney Jr	(ı) (ıı)	220,000	32,000 0	4,615 0	22,000 0	36,397 0	315,012 0	
(3) CARINA PERELLI	(ı) (ıı)	174,728 0	27,500 0	124,855 0	22,000 0	26,594 0	375,677 0	
(4) Michael Svetlik	(ı) (ıı)	136,654 0	20,000 0	14,151 0	7,453 0	14,651 0	192,909 0	
(5) SEAN DUNNE	(ı) (ıı)	144,110 0	7,500 0	83,147 0	0	18,048 0	252,805 0	
(6) JEROME LEYRAUD	(ı) (ıı)	165,474 0	o 0	126,991 0	0	5,738 0	298,203 0	
(7) STAFFAN DARNOFF	(ı) (ıı)	173,946 0	7,500 0	69,416 0	0 0	5,975 0	256,837 0	
(8) PETER ERBEN	(ı) (ıı)	164,912 0	7,500 0	134,381 0	0 0	5,722 0	312,515 0	
(9) BENJAMIN GOLDSMITH	(ı) (ıı)	137,517 0	0 0	125,878 0	0 0	19,231 0	282,626 0	
(10)STEPHANIE HOKE	(ı) (ıı)	50,540 0	0 0	125,250 0	11,832 0	4,781 0	192,403 0	
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
							61.1	de 1 (Ferms 000) 2010

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

Identifier	Return Reference	Explanation
SEVERANCE PAY	FORM 990, SCHEDULE J, LINE 4A	WYATT STEWART = \$34,002 STEPHANIE HOKE = \$125,250

Schedule J (Form 990) 2010

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DLN: 93493228038202

2010

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Name of the organization International Foundation for Electoral Systems **Employer identification number**

52-1527835

ldentifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, LINE 11B	The completed Form 990 is transmitted to the chairman, vice chairman and the audit committee for review prior to filing the document. At the subsequent quarterly board meeting, the document is presented to all board members and is formally accepted as part of the audit committee report.

ldentifier	Return Reference	Explanation
DETERMINING COMPENSATION	FORM 990, PART VI, LINE 15a and 15b	IFES MAINTAINS A COMPENSATION PLAN THAT IS SUPPORTED BY COMPENSATION SURVEYS AND MARKET DATA AVAILABLE VIA THE INTERNET AND DC BASED HEADHUNTERS THE CEO'S COMPENSATION IS SET BY THE CHAIRMAN OF THE BOARD AND THE EXECUTIVE COMMITTEE. THE CURRENT CEO'S COMPENSATION IS WITHIN THE ESTABLISHED COMPENSATION PLAN RANGE FOR THE POSITION THE HUMAN RESOURCES MANAGER OBTAINS MULTIPLE COMPENSATION SURVEYS AND SALARY DATA, WHEREBY EMPLOYEES AND OFFICERS ARE RANKED AND COMPARED TO THE COMPENSATION STRUCTURE AND PAY BANDING PLAN AND THEN MAKES RECOMMENDATIONS TO THE CEO. THE HUMAN RESOURCES BOARD COMMITTEE APPROVES THE COMPENSATION STRUCTURE AND PAY BANDS CONTEMPORANEOUS DOCUMENTATION IS KEPT REGARDING THE DELIBERATIONS AND DECISIONS.

ldentifier	Return Reference	Explanation
AVAILABILITY OF OTHER DOCUMENTS	l '	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
FOREIGN COUNTRIES WHERE IFES MAINTAINS A BANK ACCOUNT	l '	AFGHANISTAN, ARMENIA, BOSNIA HERCEGOVINA, CHAD, CAMBODIA, CONGO (DEMOCRATIC REPUBLIC OF), COTE D'IVOIRE, EGYPT, GEORGIA, GUATEMALA, GUINEA, HAITI, INDONESIA, IRAQ, JORDAN, KENYA, KOSOVO, KYRGYZSTAN, LEBANON, LIBERIA, MALI, MOLDOVA, NEPAL, NIGER, NIGERIA, PAKISTAN, PHILIPPINES, RWANDA, SENEGAL, SIERRA LEONE, SOUTH SUDAN, SUDAN, TAJIKISTAN, TUNISIA, UKRAINE, UNITED KINGDOM, YEMEN, AND ZIMBABWE

ldentifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, LINE 12C	IFES' Conflict of Interest Policy is reviewed annually by management and legal counsel. Any revisions deemed appropriate are submitted to the Board of Directors for its review, consideration, and adoption Directors complete and file with the Secretary a questionnaire as to each's knowledge of and compliance with the policy and disclose through that process any known or suspected conflict so that the disinterested Directors can address and resolve the matter

ldentifier	Return Reference	Explanation
OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4D	IFES PROVIDES TECHNICAL ELECTION SUPPORT TO ELECTIONS IN COUNTRIES AROUND THE WORLD

ldentifier	Return Reference	Explanation
WRITTEN DOCUMENT RETENTION & DESTRUCTION POLICY		IFES receives grants and contracts from the US Government, whereby we have to apply the regulations contained in OMB Circular A122 and the Federal Acquisition Regulations. These requirements state that we must retain certain records permanently and certain records for a period of six years from the date of final payment on a grant or contract. IFES is formally writing a record retention policy that will be established for FY 2012.

ldentifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	UNREALIZED GAIN ON INVESTMENTS 2,086

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DLN: 93493228038202

OMB No 1545-0047

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

lame of the nternational Fo ystems	e organization oundation for Electoral							Employer ident 52-1527835	ific	ation number		
Part I	Identification of Disregarded Entities (Complete	te if the organizati	on a	nswered "Yes'	" on	Form 990, Pai	rt I\					
	(a) Name, address, and EIN of disregarded entity	(b) Primary activity		(c) Legal domicile (st or foreign countr	tate ry)	(d) Total income		(e) End-of-year assets		(f) Direct controlling entity	9	
(1) IFES LTD		ELECTION		UK		-8,5	08		0	NA		
Part II	Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	ations (Complete e tax year.)	ıf th	e organizatior	n ans	swered "Yes" o	on F	orm 990, Part	IV,	line 34 becaus	e ıt had	one
	(a) Name, address, and EIN of related organization	(b) Primary activity		(c) al domicile (state foreign country)	Exer	(d) mpt Code section		(e) Dic charity status ection 501(c)(3))		(f) Direct controlling entity		g) 12(b)(13) rolled ızatıon
											Yes	No
					1							

line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (a) (b) (c) (d) (e) (f) (g) (g) (primary activity (primary a	(a) lame, 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 tota	al income	Share o	(g) f end-of-year assets	(h Disproj alloca	prtionate	(i) Code V- amount in be Schedule (Form 10	ox 20 of K-1	(j Gener mana partr	ral or iging	(k) Percentage ownership
Inne 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 Legal domicile (state or foreign (c) Legal domicile (state or foreign (c) Primary activity Legal domicile (state or foreign (c) Equipment of the tax year.) (d) Direct controlling entity (c) Corp, S corp, or trust) Share of total income end-of-year own assets										Yes	No			Yes	No	
Inne 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 Legal domicile (state or foreign (c) Legal domicile (state or foreign (c) Primary activity Legal domicile (state or foreign (c) Each of total income or trust during the tax year.) (b) Primary activity Legal domicile (state or foreign or trust) (c) Type of entity (c) Corp, S corp, or trust) Share of total income or trust during the tax year.)																
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Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign Direct controlling Type of entity (C corp, S corp, or trust) Share of total income end-of-year ow assets	Part IV Identifi	cation of Relate	ted Orga ne or mo	anizations Tax re related organ	able as a Corpora izations treated as	ation or Tr a corporate	r ust (Co	omplete ust dur	e if the org ing the tax	anıza year	tion ar	nswered "\	es" on	Form	990,	Part IV,
	Name, address, an	(a) d EIN of related organi	ızatıon	(b) Primary activity	Legal domicile (state or foreign		Direct con	ntrolling	Type of e (C corp, S	corp,	Share of	(f) f total income	Sha end-o	re of f-year		(h) Percentage ownership

(6)

Pa	Transactions With Related Organizations (Complete if the organization answered "Ye	s" on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)				
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No		
1 D	During the tax year, did the orgranization engage in any of the following transactions with one or more related orga	nızatıons lısted ın Part	s II-IV?					
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a				
b	Gift, grant, or capital contribution to other organization(s)			1b				
С	Gift, grant, or capital contribution from other organization(s)			1c				
d	Loans or loan guarantees to or for other organization(s)			1d				
е	Loans or loan guarantees by other organization(s)			1e				
f	Sale of assets to other organization(s)			1f				
g	Purchase of assets from other organization(s)			1 g				
h	Exchange of assets			1h				
i	Lease of facilities, equipment, or other assets to other organization(s)			1 i				
j	Lease of facilities, equipment, or other assets from other organization(s)			1 j				
k	Performance of services or membership or fundraising solicitations for other organization(s)			1k				
ı	Performance of services or membership or fundraising solicitations by other organization(s)			11				
m	m Sharing of facilities, equipment, mailing lists, or other assets							
n	n Sharing of paid employees							
0	Reimbursement paid to other organization for expenses			10				
р	Reimbursement paid by other organization for expenses			1p				
q	Other transfer of cash or property to other organization(s)			1 q				
r	O ther transfer of cash or property from other organization(s)			1r				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	ncluding covered relati	onships and transact	ion thresholds				
	(a)	(b)	(c)	(d)				
	Name of other organization	Transaction type(a-r)	Amount involved	Method of determing involved		ount		
(1)								
(2)								
(3)								
(4)								
(4)								
(5)								
(-)		1		1				

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 parti sect 501(d organiz	ners :ion :)(3) :ations?	(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	h) eral or laging tner?
			Yes	No		Yes	No		Yes	No
			+						+	-
			-				\vdash		+	╁
									+	-
										+
										┢
			+							
			<u> </u>							

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2010

TY 2010 Category 3 filer statement

Name: International Foundation for Electoral

Systems

EIN: 52-1527835

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
	NONE	MR RICHARD W SOUDRIETTE	1101 15TH STREET NW WASHINGTON, DC 20005		
	NONE	DOREEN B FAULKNER	1101 15TH STREET NW WASHINGTON, DC 20005		

TY 2010 Itemized Other Current Liabilities Schedule

Name: International Foundation for Electoral

Systems

EIN: 52-1527835

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		OTHER CURRENT LIABILITIES	0	238,062

TY 2010 Other Deductions Schedule

Name: International Foundation for Electoral

Systems

EIN: 52-1527835

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
MANAGEMENT CHARGE		102,588
TRAVELLING EXPENSES		2,950
ENTERTAINING		54
LEGAL AND PROFESSIONAL		850
BANK CHARGES		160
FOREIGN EXCHANGE DIFFERENCE		8,508
SUNDRY EXPENSES		290
AUDIT AND ACCOUNTANCY		17,656