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Return of Organization Exempt From Income Tax

2011

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning 2011, and ending 20

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: INTERNATIONAL COMMUNICATIONS INDUSTRIES ASSOC. DBA INFOCOMM INTERNATIONAL. D Employer identification number: 54-0621493. E Telephone number: (703) 273-7200. G Gross receipts \$: 32,772,138. H(a) Is this a group return for affiliates? Yes [X] No []. H(b) Are all affiliates included? Yes [] No []. I Tax-exempt status: 501(c)(3) [X] 501(c)(6) []. J Website: WWW.INFOCOMM.ORG. K Form of organization: Corporation [X]. L Year of formation: 1939. M State of legal domicile: VA.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... TO PROVIDE EDUCATION/TRAINING, INDUSTRY TECHNOLOGY UPDATES, PUBLICATIONS, MARKET RESEARCH, NETWORKING OPPORTUNITIES, AND EXPOSITIONS TO PROFESSIONALS IN THE AUDIO VISUAL INDUSTRY. 2 Check this box [] if the organization discontinued its operations... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation, employee benefits... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here: Signature of officer: Kevin M. Madden, Date: 11/5/12, Type or print name and title: KEVIN M. MADDEN CFO. Paid Preparer Use Only: Print/Type preparer's name: David C. Shea, Preparer's signature: [Signature], Date: 10/22/12, Check self-employed [], PTIN: P00957510, Firm's name: WATKINS MEEGAN LLC, Firm's EIN: 52-1297695, Firm's address: 6720-B ROCKLEDGE DRIVE, SUITE 750 BETHESDA, MD 20817, Phone no: 301-654-7555.

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

For Paperwork Reduction Act Notice, see the separate instructions Form 990 (2011)

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

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

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

4a (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

SERVE AS CLEARINGHOUSE FOR INFORMATION ABOUT THE AUDIOVISUAL INDUSTRY AND PROVIDE NETWORKING OPPORTUNITIES, INDUSTRY RESEARCH, AND OUTREACH ACTIVITIES

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

PROVIDE TRADE SHOWS IN MULTIPLE COUNTRIES, OFFERING AUDIOVISUAL INDUSTRY PROFESSIONALS THE OPPORTUNITY TO NETWORK, SEE THE LATEST TECHNOLOGIES, AND OBTAIN EDUCATION AND TRAINING ON INDUSTRY SPECIFIC ISSUES

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

PROVIDE EDUCATION AND TRAINING ON INDUSTRY SPECIFIC TOPICS

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding Form 1096, W-2G, Form W-3, foreign accounts, and charitable trusts.

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

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets?... 6 Did the organization have members or stockholders?... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available Check all that apply
[] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: KEVIN MADDEN 11242 WAPLES MILL ROAD, STE 200 FAIRFAX, VA 22030 703-273-7200

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

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

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. 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 organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ATTACHMENT 2										
(1) BARRY GOLDIN DIRECTOR	1.00	X						0	0	0
(2) TOM STIMSON CHAIRMAN OF LEADERSHIP DVLPMNT	3.00	X		X				0	0	0
(3) TONY WARNER SECRETARY/TREASURER	3.00	X		X				0	0	0
(4) JIM FORD PRESIDENT	3.00	X		X				0	0	0
(5) GREG JEFFREYS PRESIDENT-ELECT	3.00	X		X				0	0	0
(6) CORY SCHAEFFER DIRECTOR	1.00	X						0	0	0
(7) THOMAS G. BERRY, JR. DIRECTOR	1.00	X						0	0	0
(8) JOHANNE BELANGER DIRECTOR	1.00	X						0	0	0
(9) CRAIG JANSSEN DIRECTOR	1.00	X						0	0	0
(10) MATT EMERSON DIRECTOR	1.00	X						0	0	0
(11) ASEEM GUPTA DIRECTOR	1.00	X						0	0	0
(12) BILL NATTRESS DIRECTOR	1.00	X						0	0	0
(13) RANDAL LEMKE EXECUTIVE DIRECTOR	38.00			X				422,994.	0	33,714.
(14) KEVIN MADDEN CHIEF FINANCIAL OFFICER	38.00			X				181,191.	0	31,699.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) ALEX DAMICO CHIEF OPERATING OFFICER	38.00			X				230,294.	0	30,060.
16) TERRY FRIESENBERG SENIOR VP INTL DEVELOPMENT	38.00				X			232,734.	0	29,612.
17) JASON MCGRAW SENIOR VP OF EXPOSITIONS	38.00				X			279,004.	0	36,502.
18) JOHN FUCHS SR. VP INFOCOMM INFO RESOURCES	38.00					X		151,992.	0	17,407.
19) MICHAEL L. DOOLITTLE DIRECTOR OF EXPOSITION SALES	38.00					X		159,159.	0	29,524.
20) JOSEPH BOCCHIARO III SENIOR VP OF STANDARDS	38.00					X		147,175.	0	28,918.
21) BRUCE A. MACINTOSH SALES MANAGER	38.00					X		147,019.	0	28,608.
22) SHAWN WALTERS VP MARKETING & COMMUNICATIONS	38.00					X		153,257.	0	17,344.
1b Sub-total								604,185.	0	65,413.
c Total from continuation sheets to Part VII, Section A								1,500,634.	0	217,975.
d Total (add lines 1b and 1c)								2,104,819.	0	283,388.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **27**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

Part 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		0			
Program Service Revenue			Business Code				
	2a	MEMBERSHIP DUES	900099	2,468,048.	2,468,048.		
	b	EDUCATION & TRAINING	900099	2,168,437.	2,168,437.		
	c	TRADE SHOW	900099	17,736,363.		17,736,363.	
	d	CERTIFICATION	900099	798,191.	798,191.		
	e	DATABASE SUBSCRIPTIONS	900099	1,550,908.	1,550,908.		
	f	All other program service revenue	900099	72,803.	72,803.		
	g	Total. Add lines 2a-2f		24,794,750.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		595,671.		595,671.	
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				7,304,317.			
	b	Less cost or other basis and sales expenses		7,058,268.			
c	Gain or (loss)		246,049.				
d	Net gain or (loss)		246,049.		246,049.		
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b	Less direct expenses	b					
c	Net income or (loss) from fundraising events		0				
9a	Gross income from gaming activities See Part IV, line 19	a					
b	Less direct expenses	b					
c	Net income or (loss) from gaming activities		0				
10a	Gross sales of inventory, less returns and allowances	a					
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0				
		Miscellaneous Revenue	Business Code				
11a	MISCELLANEOUS REVENUE	900099	77,400.	19,900.	57,500.		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		77,400.				
12	Total revenue. See instructions		25,713,870.	7,078,287.	57,500.	18,578,083.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,532,004.			
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	7,337,753.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	448,940.			
9 Other employee benefits	1,093,546.			
10 Payroll taxes	561,639.			
11 Fees for services (non-employees)	0			
a Management	0			
b Legal	144,087.			
c Accounting	53,582.			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other	1,578,278.			
12 Advertising and promotion	272,146.			
13 Office expenses	1,975,868.			
14 Information technology	490,108.			
15 Royalties	0			
16 Occupancy	819,472.			
17 Travel	1,523,535.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	2,927,537.			
20 Interest	53,787.			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	740,379.			
23 Insurance	152,882.			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a <u>FOOD AND BEVERAGE</u>	449,727.			
b <u>CURRENCY REMEASUREMENT</u>	141,319.			
c <u>DUES AND SUBSCRIPTIONS</u>	117,505.			
d <u>TRAINING AND EDUCATION</u>	110,414.			
e All other expenses	6,312.			
25 Total functional expenses. Add lines 1 through 24e	22,530,820.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

		(A) Beginning of year		(B) End of year		
Assets	1	Cash - non-interest-bearing	-76,847.	1	-61,934.	
	2	Savings and temporary cash investments	263,959.	2	1,498,194.	
	3	Pledges and grants receivable, net	0	3	0	
	4	Accounts receivable, net	474,908.	4	611,065.	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0	
	7	Notes and loans receivable, net	0	7	0	
	8	Inventories for sale or use	0	8	0	
	9	Prepaid expenses and deferred charges	826,789.	9	872,019.	
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a	9,178,653.		
	b	Less accumulated depreciation	10b	6,542,222.	10c	2,636,431.
	11	Investments - publicly traded securities	12,417,735.	11	12,479,624.	
	12	Investments - other securities. See Part IV, line 11	687,463.	12	850,906.	
	13	Investments - program-related See Part IV, line 11	0	13	0	
	14	Intangible assets	3,750,000.	14	3,750,000.	
	15	Other assets See Part IV, line 11	340,992.	15	388,636.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	20,906,872.	16	23,024,941.		
Liabilities	17	Accounts payable and accrued expenses	1,976,480.	17	2,580,267.	
	18	Grants payable	0	18	0	
	19	Deferred revenue	8,538,845.	19	9,032,755.	
	20	Tax-exempt bond liabilities	0	20	0	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties	1,150,000.	23	550,000.	
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,011,483.	25	14,087.	
	26	Total liabilities. Add lines 17 through 25	12,676,808.	26	12,177,109.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	8,230,064.	27	10,847,832.	
	28	Temporarily restricted net assets	0	28	0	
	29	Permanently restricted net assets	0	29	0	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	Total net assets or fund balances	8,230,064.	33	10,847,832.		
34	Total liabilities and net assets/fund balances.	20,906,872.	34	23,024,941.		

Part XI Reconciliation of Net Assets

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	25,713,870.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,530,820.
3	Revenue less expenses Subtract line 2 from line 1	3	3,183,050.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,230,064.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-565,282.
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	10,847,832.

Part XII 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Political Campaign and Lobbying Activities

2011

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Name of organization INTERNATIONAL COMMUNICATIONS INDUSTRIES ASSOC. DBA INFOCOMM INTERNATIONAL	Employer identification number 54-0621493
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ 0
- 3 Volunteer hours

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ 0
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation... 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

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

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

Series of horizontal dashed lines for supplemental information.

Part IV • Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. See separate instructions.

Name of the organization INTERNATIONAL COMMUNICATIONS INDUSTRIES ASSOC. DBA INFOCOMM INTERNATIONAL

Employer identification number 54-0621493

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two Yes/No questions regarding donor advisement.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, total acreage, and various monitoring and reporting questions.

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

Table with 3 columns: Line number, Description, Amount. Includes rows for reporting requirements for art and historical treasures, and amounts required to be reported for financial gain.

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

Schedule D (Form 990) 2011

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIV and complete the following table.
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIV.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, and sub-rows (A) through (I). Total line at the bottom.

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered (1) through (10). Total line at the bottom.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered (1) through (10). Total line at the bottom.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1: (1) Federal income taxes. Row 2: (2) DUE TO SUBSIDIARY with value 14,087. Total line at the bottom with value 14,087.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	25,713,870.
2	Total expenses (Form 990, Part IX, column (A), line 25)	22,530,820.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3,183,050.
4	Net unrealized gains (losses) on investments	-565,282.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	-565,282.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	2,617,768.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	38,151,764.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a -565,282.
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d 13,003,176.
e	Add lines 2a through 2d	2e 12,437,894.
3	Subtract line 2e from line 1	3 25,713,870.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5 25,713,870.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	32,097,476.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV)	2d 9,566,656.
e	Add lines 2a through 2d	2e 9,566,656.
3	Subtract line 2e from line 1	3 22,530,820.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5 22,530,820.

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

FIN 48 FOOTNOTE

PART X, LINE 2

INFOCOMM IS EXEMPT FROM INCOME TAXES UNDER IRS CODE SECTION 501(C)(6) AND IS REQUIRED TO PAY FEDERAL INCOME TAXES ONLY ON UNRELATED BUSINESS INCOME. INFOCOMM DID NOT INCUR A TAX LIABILITY FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010; THEREFORE, THERE IS NO PROVISION IN THESE CONSOLIDATED FINANCIAL STATEMENTS FOR INCOME TAXES OR INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS. IN ACCORDANCE WITH THE PROVISIONS IN THE INCOME TAXES TOPIC OF THE FASC, INFOCOMM HAS PERFORMED AN EVALUATION OF ITS TAX POSITIONS AND BELIEVES IT HAS APPROPRIATE SUPPORT FOR ITS TAX POSITIONS TAKEN. TAX YEARS PRIOR TO 2008 ARE NO LONGER SUBJECT TO EXAMINATION BY THE IRS AND THE TAX JURISDICTION OF THE COMMONWEALTH OF VIRGINIA.

RECONCILIATION OF REVENUE

PART XII, LINE 2D

SUBSIDIARIES' REVENUE, NET OF INTERCOMPANY TRANSACTIONS, \$13,003,176.

RECONCILIATION OF EXPENSES

PART XIII, LINE 2D

SUBSIDIARIES' EXPENSES, NET OF INTERCOMPANY TRANSACTIONS, \$9,566,656.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **INTERNATIONAL COMMUNICATIONS
INDUSTRIES ASSOC. DBA INFOCOMM INTERNATIONAL**

Employer identification number
54-0621493

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
(1) EUROPE	1.	2.	PROGRAM SERVICES	EDUCATION & TRAINING	327,012.
(2) SOUTH AMERICA		2.	PROGRAM SERVICES	EDUCATION & TRAINING	208,856.
(3) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	EDUCATION & TRAINING	18,238.
(4) EAST ASIA AND THE PACIFIC		1.	PROGRAM SERVICES	EDUCATION & TRAINING	383,280.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	1.	5.			937,386.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1.	5.			937,386.

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

Schedule F (Form 990) 2011

JSA
1E1274 1 000

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

Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.

3 Enter total number of other organizations or entities.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a US transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a US Transferor of Property to a Foreign Corporation (see Instructions for Form 926).* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a US Owner (see Instructions for Forms 3520 and 3520-A).* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471).* Yes No
- 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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865).* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

- Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method; amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
-

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization **INTERNATIONAL COMMUNICATIONS INDUSTRIES ASSOC. DBA INFOCOMM INTERNATIONAL**

Employer identification number
54-0621493

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

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

Schedule J (Form 990) 2011

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RANDAL LEMKE	(i) 321,681. (ii) 0 (iii) 29,928.	71,385. 0	29,928. 0	19,667.	14,047.	456,708.	
2 TERRY FRIESENBERG	(i) 223,844. (ii) 0 (iii) 0	8,890. 0	0	15,565.	14,047.	262,346.	
3 KEVIN MADDEN	(i) 173,849. (ii) 0 (iii) 0	7,342. 0	0	13,266.	18,433.	212,890.	
4 JASON MCGRAW	(i) 251,739. (ii) 0 (iii) 7,413.	19,852. 0	7,413. 0	18,021.	18,481.	315,506.	
5 JOHN FUCHS	(i) 145,256. (ii) 0 (iii) 0	6,736. 0	0	10,475.	6,932.	169,399.	
6 MICHAEL L. DOOLITTLE	(i) 89,111. (ii) 0 (iii) 0	70,048. 0	0	11,522.	18,002.	188,683.	
7 ALEX DAMICO	(i) 222,520. (ii) 0 (iii) 0	7,774. 0	0	16,013.	14,047.	260,354.	
8 JOSEPH BOCCHIARO III	(i) 141,356. (ii) 0 (iii) 0	5,819. 0	0	10,697.	18,221.	176,093.	
9 BRUCE A. MACINTOSH	(i) 32,765. (ii) 0 (iii) 0	114,254. 0	0	10,903.	17,705.	175,627.	
10 SHAWN WALTERS	(i) 146,748. (ii) 0 (iii) 0	6,509. 0	0	10,609.	6,735.	170,601.	
11	(i) 0 (ii) 0 (iii) 0	0 0 0	0	0	0	0	
12	(i) 0 (ii) 0 (iii) 0	0 0 0	0	0	0	0	
13	(i) 0 (ii) 0 (iii) 0	0 0 0	0	0	0	0	
14	(i) 0 (ii) 0 (iii) 0	0 0 0	0	0	0	0	
15	(i) 0 (ii) 0 (iii) 0	0 0 0	0	0	0	0	
16	(i) 0 (ii) 0 (iii) 0	0 0 0	0	0	0	0	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization INDUSTRIES ASSOC. DBA INFOCOMM INTERNATIONAL	INTERNATIONAL COMMUNICATIONS	Employer identification number 54-0621493
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BOARD REVIEW OF 990

PART VI, SECTION A, QUESTION 11B

A DETAILED REVIEW WILL BE CONDUCTED WITH THE CHIEF FINANCIAL OFFICER
DURING THE BOARD MEETING TO BE HELD 10/10/12 PRIOR TO FILING.

COMPLIANCE WITH CONFLICT OF INTEREST POLICY

PART VI, SECTION A, QUESTION 12C

EACH IS ANNUALLY REQUIRED TO COMPLETE THE FORM.

PROCESS FOR DETERMINING COMPENSATION

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

THE ELECTED OFFICERS MET FOR AN ANNUAL EVALUATION TO REVIEW COMPENSATION
OF THE EXECUTIVE DIRECTOR. A DETAILED JOB ANALYSIS AND COMPENSATION STUDY
WERE COMPLETED. OTHER SALARY SURVEYS WERE REVIEWED AND USED AS
BENCHMARKING TOOLS. A DETERMINATION WAS MADE ON THE COMPENSATION OF THE
EXECUTIVE DIRECTOR.

HOW ORGANIZING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

PART VI, SECTION C, LINE 19

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

MEMBER CLASSES AND RIGHTS

PART VI, LINES 6, 7A & B

MEMBERS ARE THE DESIGNATED CONTACTS OF MEMBER COMPANIES AND

Name of the organization INTERNATIONAL COMMUNICATIONS INDUSTRIES ASSOC. DBA INFOCOMM INTERNATIONAL	Employer identification number 54-0621493
--	--

ORGANIZATIONS. THEY ARE EACH ENTITLED TO 1 VOTE.

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

JOINT VENTURE ARRANGEMENTS

PART VI, LINE 16B

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

RECONCILIATION OF NET ASSETS

FORM 990, PART XI, LINE 5

UNREALIZED LOSS ON INVESTMENTS \$565,282.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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

Name of the organization INTERNATIONAL COMMUNICATIONS
INDUSTRIES ASSOC. DBA INFOCOMM INTERNATIONAL

Employer identification number
54-0621493

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

CONFERENCING, AND SALES DESIGN AND INSTALLATION TECHNIQUES.

ATTACHMENT 2

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
BARRY GOLDIN DIRECTOR	1.00
GREG JEFFREYS PRESIDENT-ELECT	1.00
JOHANNE BELANGER DIRECTOR	1.00
KEVIN MADDEN CHIEF FINANCIAL OFFICER	1.00

ATTACHMENT 3

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
FAIRFAX RIDGE OFFICES LLC 12601 FAIR LAKES CIRCLE, STE 1032 FAIRFAX, VA 22033	PROPERTY MANAGEMENT	368,942.
IMCCA P.O. BOX 756 SYOSSET, NY 11791	SHOW PARTNER	128,002.
STEPHEN D. STRAUSS 414 WALNUT STREET CINCINNATI, OH 45202	LEGAL SERVICES	110,803.
FREEMAN P.O. BOX 650036 DALLAS, TX 75265	DECORATING	602,214.
ART LITHO 350 MARMENCO CT BALTIMORE, MD 21230	PRINT/MAIL SERVICE	137,056.
TOTAL COMPENSATION		<u>1,347,017.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2011

**Open to Public
Inspection**

▶ 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.

Name of the organization **INTERNATIONAL COMMUNICATIONS INDUSTRIES ASSOC. DBA INFOCOMM INTERNATIONAL** Employer identification number **54-0621493**

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

(1)	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	-----	-----	-----	-----	-----	-----
(2)	-----	-----	-----	-----	-----	-----
(3)	-----	-----	-----	-----	-----	-----
(4)	-----	-----	-----	-----	-----	-----
(5)	-----	-----	-----	-----	-----	-----
(6)	-----	-----	-----	-----	-----	-----

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	INTL COMMUNICATIONS INDUSTRIES FDN 11242 WAPLES MILL RD FAIRFAX, VA 22030 54-1796648	SCHOLARSHIPS	VA	501(C)(3)	11B TYPE II ICIA			X
(2)	-----	-----	-----	-----	-----	-----	-----	-----
(3)	-----	-----	-----	-----	-----	-----	-----	-----
(4)	-----	-----	-----	-----	-----	-----	-----	-----
(5)	-----	-----	-----	-----	-----	-----	-----	-----
(6)	-----	-----	-----	-----	-----	-----	-----	-----
(7)	-----	-----	-----	-----	-----	-----	-----	-----

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

Schedule R (Form 990) 2011

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) INTEGRATED SYSTEMS EVENTS, LLC 11242 WAPLES MILL FAIRFAX VA	TRADE SHOW	DE	N/A	RELATED	3,103,265.	542,606.		X			X	50.0000
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) INFOCOMM INFORMATION RESOURCES, INC. 901 NORTH THIRD STREET #117 MINNEAPOLIS, MN 55401	DATABASE SERV	VA	ICIA	C			100.0000
(2) INFOCOMMASIA PTE LTD 20 KALLANG AVE 2ND FLR, SINGAPORE 339411	TRADE SHOW	SN	ICIA	C	464,830.	2,117,459.	55.0000
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

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

	(a) Name of other organization	(b) Transaction type (e-r)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity					X
b	Gift, grant, or capital contribution to related organization(s)					X
c	Gift, grant, or capital contribution from related organization(s)					X
d	Loans or loan guarantees to or for related organization(s)					X
e	Loans or loan guarantees by related organization(s)					X
f	Sale of assets to related organization(s)					X
g	Purchase of assets from related organization(s)					X
h	Exchange of assets with related organization(s)					X
i	Lease of facilities, equipment, or other assets to related organization(s)					X
j	Lease of facilities, equipment, or other assets from related organization(s)					X
k	Performance of services or membership or fundraising solicitations for related organization(s)					X
l	Performance of services or membership or fundraising solicitations by related organization(s)					X
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					X
n	Sharing of paid employees with related organization(s)					X
o	Reimbursement paid to related organization(s) for expenses					X
p	Reimbursement paid by related organization(s) for expenses					X
q	Other transfer of cash or property to related organization(s)					X
r	Other transfer of cash or property from related organization(s)					X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type (e-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	INTEGRATED SYSTEMS EVENTS, LLC	P	126,789.	COST
(2)	INFOCOMMASIA PTE LTD	K	96,000.	COST
(3)	INFOCOMMASIA PTE LTD	P	75,660.	COST
(4)				
(5)				
(6)				

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) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part VII **Supplemental Information**

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

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

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

Part I only

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions INTERNATIONAL COMMUNICATIONS INDUSTRIES ASSOC. DBA INFOCOMM INTERNATIONAL	<input checked="" type="checkbox"/> X	Employer identification number (EIN) or 54-0621493
	Number, street, and room or suite no. If a P O box, see instructions 11242 WAPLES MILL ROAD, SUITE 200	<input type="checkbox"/>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions FAIRFAX, VA 22030		

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **KEVIN MADDEN**

Telephone No ► **703 273-7200**

FAX No ► **703 278-8082**

- If the organization does not have an office or place of business in the United States, check this box

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► **X** calendar year 2011 or

► tax year beginning _____, 20____, and ending _____, 20____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.		Enter filer's identifying number, see instructions	
	INTERNATIONAL COMMUNICATIONS INDUSTRIES ASSOC. DBA INFOCOMM INTERNATIONAL		<input checked="" type="checkbox"/>	Employer identification number (EIN) or 54-0621493
	Number, street, and room or suite no. If a P.O. box, see instructions.		<input type="checkbox"/>	Social security number (SSN)
	11242 WAPLES MILL ROAD, SUITE 200			
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		FAIRFAX, VA 22030		

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

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

4 I request an additional 3-month extension of time until 11/15, 2012.

5 For calendar year 2011, or other tax year beginning _____, 20____, and ending _____, 20____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period

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

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

Signature and Verification must be completed for Part II only.

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

Signature **▶** *Kevin Madden* Title **▶** CPA Date **▶** 8/2/12