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#### DLN: 93493320039466

# OMB No 1545-0047

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

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Open to Public Inspection

		2015	<del> </del>						
			lendar year, or tax year be C Name of organization	eginning 01-01-2015 , and ending 12-31-2	2015	D Emple	ver ide	entification number	
	eck if ap Idress ch	plicable	CONSUMER TECHNOLOGY AS	SSOCIATION			-		
_	ame cha	_	% GLENDA MACMULLIN			54-1	96335	;5	
_	ıtıal retu	-	Doing business as CES						
FI FI			Number and street (or B.O.	box if mail is not delivered to street address) Room,	/custo	E Teleph	one nur	nber	
_ `	'termina iended r		1919 SOUTH EADS STREET	box if mains not delivered to street address) Room,	/ Suite	(703	907-	7600	
		return pending	City or town, state or provin	nce, country, and ZIP or foreign postal code			, , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
I VA	plication	pending	ARLINGTON, VA 22202	,,,,		<b>G</b> Gross	receipts	\$ 179,025,855	
			<b>F</b> Name and address of	principal officer	H(a)	Is this a group	retur	n for	
			Gary Shapiro	.DEET		subordinates?		o. ☐ Yes 🗸	
			1919 SOUTH EADS ST ARLINGTON, VA 2220			No			
Ta:	x-exem <sub>i</sub>	pt status	501(c)(3) <b>√</b> 501(c)			Are all subord included?	inates	□Yes □ No	
		<b>.</b>		( o ) ( ( iiisere iio )   iis ii/(a)(1) oi   iis 227	<del>- </del> 1	If "No," attach	ı a lıst	(see instructions)	
J W	ebsite	:► ww\	w cta tech		H(c)	Group exemp	tion nu	ımber 🕨	
<b>K</b> Forr	n of org	anızatıon	Corporation Trust	Association ☐ Other ►	<b>L</b> Year	r of formation 19	999 N	State of legal domicile V	
-		C							
Pa	rt I		mary						
	l .		_	nission or most significant activities terests of member engaged in/associated w	vith the mar	nufacture, sale	, and/	or distribution of	
a.	<u>co</u>	nsumer	technology products						
ဋိ	_								
Ĕ									
Governance	<b>2</b> C	heck th	ıs box ▶ ┌ ıf the organıza	ation discontinued its operations or dispose	ed of more t	han 25% of it	s net a	issets	
ق ا							ı	1	
Activities &			-	governing body (Part VI, line 1a)			3	12	
Ĕ			-	nbers of the governing body (Part VI, line 1	•		4	12	
Ę			, ,	yed ın calendar year 2015 (Part V, line 2a)			5	230	
⋖			,	ate if necessary)			6	60	
				from Part VIII, column (C), line 12			7a 	151,240	
	ь ме	et unreia	ted business taxable inco	ome from Form 990-T, line 34	· · ·	 	7b	-3,57	
	8	Contri	butions and grants (Part \	VIII, line 1h)		Prior Year	0	Current Year	
σį	9		- '	82,940		89,974,432			
Ravenue	10	_	·	VIII, line 2g)		7,472		5,166,895	
Ę.	11			nn (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•		387,042 4		
	12			ugh 11 (must equal Part VIII, column (A),	line	90,799		· · · · · · · · · · · · · · · · · · ·	
		12)				90,/99	637	95,556,156	
	13	Grants	and similar amounts paid	d (Part IX, column (A), lines 1-3)		1,025	000	1,025,000	
	14		·	(Part IX, column (A), line 4)	<u> </u>		0	(	
<b>x</b> ?	15	Saları 5-10)		employee benefits (Part IX, column (A), line	:S	24,487	975	24,563,79	
Expenses	16a	,		Part IX, column (A), line 11e)			0		
χbe	ь	Total fu	ndraising expenses (Part IX, col	llumn (D), line 25) ▶0					
ш	17			nn (A), lines 11a-11d, 11f-24e)	<sup>-</sup> .	54,608	632	60,065,639	
	18		, , , , ,	17 (must equal Part IX, column (A), line 25		80,121	607	85,654,436	
	19	Reven	ue less expenses Subtra	ct line 18 from line 12		10,678	030	9,901,720	
≥ % %					Beginn	ning of Current	Year	End of Year	
Net Assets or Fund Balances									
Ass	20		assets (Part X, line 16)		•	226,943	_	245,975,992	
₹ ق	21		liabilities (Part X, line 26)		· ·	95,513		107,556,052	
	22 1111		ature Block	ubtract line 21 from line 20	•	131,429	38/	138,419,940	
				ave examined this return, including accomp	panying sch	edules and sta	atemer	 nts, and to the best of	
my kı	nowled	ge and i	belief, it is true, correct, a	and complete Declaration of preparer (other					
prepa	irer has	s any kr	nowledge						
		****				2016-11-14			
Sign		Signa	ature of officer			Date			
Here	₽		IDA MACMULLIN COO/CFO & Tro	easurer				_	
		<u> </u>	or print name and title	T	1-		1		
			nnt/Type preparer's name oyce Underwood	Preparer's signature Joyce Underwood	Date 2016-11-14	Check I if	PTIN P0002	22361	
Paid		-	irm's name ► BDO USA LLP			self-employed Firm's EIN ▶			
	pare	r ├ <sub></sub>	irm's name ► BDO USA LLP irm's address ► 8401 GREENSB	SORO DRIVE SUITE 800		Phone no (70:	3) 893-0	0600	
Use	Onl	у   ˈ				1	., 555 (		
		- 1	MCLEAN, VA 2	.4104		1			

. ✓Yes No

Par	t IV Checklist 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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 $I$ $\longrightarrow$	3	Yes	
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?  If "Yes," complete Schedule C, Part II	4		
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	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? 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 for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 😕	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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	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
	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	<b>11</b> c		No
	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	<b>11</b> d	Yes	<u> </u>
е	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?  If "Yes," complete Schedule D, Parts XI and XII	<b>12</b> a	Yes	
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 and XII is optional	<b>12</b> b	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20</b> a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	1 990 (2015)			Page <b>4</b>				
Pai	Part IV Checklist of Required Schedules (continued)							
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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, line 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 through 24d							

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . . . . . . . . . . Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c 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? If "Yes," complete Schedule L, Part IV . . . . 🛸

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

**b** If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 🛸 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Νo

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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30

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33

34

35a

35b

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Yes

Yes

Yes

Form 990 (2015)

Yes

Νo

Nο

Nο

Νo

Nο

Nο

Nο

Nο

Nο

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance		V/			_
		Check if Schedule O contains a response or note to any line in this	Part	<u>v</u>		Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	328			
b	Enter	the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
c		ne organization comply with backup withholding rules for reportable payments to ng (gambling) winnings to prize winners?	vend	dors and reportable	<b>1</b> c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and statements, filed for the calendar year ending with or within the year covered					
b	If at le	s return			2b	Yes	
32		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file ne organization have unrelated business gross income of \$1,000 or more during	,	•	3a	Yes	
		s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation		•	3b	Yes	
	At any	y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc int)?	gnatu	re or other authority	4a	Yes	
b		es," enter the name of the foreign country	and	Financial Accounts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		Νo
b	Dıd ar	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		Νo
c	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?			_		
6a		the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont			5c 6a		No
b	If"Ye	es," did the organization include with every solicitation an express statement the not tax deductible?			6b		
7	Organ	nizations that may receive deductible contributions under section 170(c).					
а		ne organization receive a payment in excess of \$75 made partly as a contribution of the payor?		d partly for goods and	7a		
b	If"Ye	s," did the organization notify the donor of the value of the goods or services pi	rovide	ed?	<b>7</b> b		
С		ne organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?	•	which it was required to	<b>7</b> c		
d	If"Ye	s," indicate the number of Forms 8282 filed during the year $\dots$	7d				
e	Dıd th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	nal benefit contract?	7e		
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f		
g	If the require	organization received a contribution of qualified intellectual property, did the o	rganız • •	zation file Form 8899 as	<b>7</b> g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles 1098-C?	, dıd •	the organization file a	<b>7</b> h		
8	Did a	soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus g the year?	sines:	s holdings at any time	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 4966			9a		
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or rela	ated p	erson?	9b		
10	Section	on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b				
11	Section	on 501(c)(12) organizations. Enter		1			
		s income from members or shareholders	11a				
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )	11b				
12a	Section	on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990	ın lıe	eu of Form 1041?	<b>12</b> a		
b	If "Ye year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		organization licensed to issue qualified health plans in more than one state? <b>N</b> onal information the organization must report on Schedule O	ote. S	See the instructions for	<b>13</b> a		
b		the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans	13b				
С	Enter	the amount of reserves on hand	<b>13</b> c				
		ne organization receive any payments for indoor tanning services during the tax	•		14a		No
b	If"Ye	es," has it filed a Form 720 to report these payments? If "No," provide an explana	tion ir	Schedule O	14b		

orm 990	2015)					Ρā
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.						
	Check if Schedule O contains a response or note to any line in this Part VI					
Section	n A. Governing Body and Management					
					Yes	ı
<b>1a</b> Ente	the number of voting members of the governing body at the end of the tax	1a		12		

1a	enter the number of voting members of the governing body at the end of the tax year	1a	12			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	sıness • •	relationship with any	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	e the p	rior Form 990 was	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets?	5		No
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	, ,		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written active year by the following	ions ui	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ection B. Policies (This Section B requests information about policies not	requi	red by the Internal R	evenu	ue Cod	e.)
					Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			10a	ļ	No
b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organizati			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of it	+	orning body boforo filing			
	the form?		· · · · · ·	11a		No
b	the form?					No
		. ¯ . Form 9	90		Yes	No
2a	Describe in Schedule O the process, if any, used by the organization to review this F	 Form 9 	90	11a	Yes	No
2a b	Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annual	Form 9	990	11a 12a 12b		No
2a b	Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	Form 9  Ily Inte  the p	rests that could give	11a 12a 12b	Yes	No
2a b c	Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	Form 9  Ily Inte  the p	rests that could give  olicy? If "Yes," describe	11a 12a 12b	Yes Yes	No
2a b c 3	Describe in Schedule O the process, if any, used by the organization to review this FDId the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	Form 9  Ily inte  the p  tiew an	rests that could give  olicy? If "Yes," describe  olicy describe	11a 12a 12b 12c 13	Yes Yes Yes	No
2a b c 3 4	Describe in Schedule O the process, if any, used by the organization to review this FD id the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	Form 9  Ily inte  the p  riew an	rests that could give olicy? If "Yes," describe olicy? If "Yes," describe olicy?	11a 12a 12b 12c 13	Yes Yes Yes	No
2a b c 3 4 5	Describe in Schedule O the process, if any, used by the organization to review this FD id the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the	Form 9  Ily inte  the p  riew an	rests that could give olicy? If "Yes," describe olicy has been been been been been been been bee	11a 12a 12b 12c 13	Yes Yes Yes	No
2a b c 3 4 5	Did the organization have a written consistently monitor and enforce compliance with moschedule O how this was done.  Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the organization's CEO, Executive Director, or top management official.	Form 9  Ily inte  the p  riew an	rests that could give olicy? If "Yes," describe olicy has been been been been been been been bee	11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No
2a b c 3 4 5 a b	Describe in Schedule O the process, if any, used by the organization to review this FD id the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	Form 9  Ily Inte  the p  riew anne deli  or sim	rests that could give olicy? If "Yes," describe dapproval by beration and decision?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 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 made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- 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
- State the name, address, and telephone number of the person who possesses the organization's books and records

  GLENDA MACMULLIN 1919 SOUTH EADS STREET Arlington, VA 22202 (703) 907-7600

Part VII

. マ

## 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 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization no	r any related or	ganıza	tion	com	pen	sated	lany	current officer, o	lirector, or truste	e
(A) Name and Title	(B) A verage hours per week (list any hours for related	unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) Jay McLellan	5 0	l x		X				0	0	0
Immediate Past Chair	0 0	^		^				0	0	U
(2) Pat Lavelle	5 0									
Industry Executive Advisor	0 0	X		×				0	0	0
(3) Randy Fry At-Large member	5 0	x		x				0	0	0
(4) Sally Washlow	5 0									
At-Large member	0 0	Х		X				0	0	0
(5) David Hagan Vice Chair	5 0	x		×				0	0	0
(6) Ron Freeman	5 0	х		x				0	0	0
DEB Vice Chair	0.0									
(7) Daniel Pidgeon	5 0	l x		×				0	0	0
Chairman of the Board	0.0							0	0	
(8) Steve Tiffen	5 0	l x		X				0	0	0
DEB Chair	0 0									
(9) Mike Mohan	5 0	l x		×				0	0	0
At-Large Member	0 0									
(10) John Penney	5 0	x		×				0	0	0
(11) Henry Juszkiewicz	5 0	×		×				0	0	0
At-Large member	0.0									
(12) Mike Fasulo	5 0	l x		X				0	0	0
At-large member	0 0			_^				,	0	
(13) Eliott Peck	5 0	l x		X				0	0	0
Division Representative	0.0			Ĺ				0	U	
(14) Gary Shapiro	40 0			x				2,182,799	0	562,220
President & CEO	0 0							_,, - > >		·
										Form <b>990</b> (2015)

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	,		organization and related organizations	
(15) Karen Chupka	40 0			Х				556,884	ı	0	149,710	
SVP CES & Corp Bus Strat/Sec	0.0			,				330,00		Ŭ		
(16) Glenda MacMullin COO/CFO & Treasurer	40 0 0 0			x				659,131		0	160,553	
(17) Michael Petricone	40 0											
Sr VP Govern & Regu	0 0				X			581,318	3	0	132,818	
(18) Jeff Joseph	40 0					,,		500 500			444.400	
Sr VP, Comm Strat R	0 0					X		539,527		0	144,133	
(19) Brian Markwalter	40 0					,,		204 266			121 000	
Sr VP, Research and	0 0					X		391,369	<b>'</b>	0	121,889	
(20) Walter Alcorn	40 0					,,		240.464			40.220	
VP, Environmental Affairs and	0 0					×		248,166	]	0	48,220	
(21) Julie Kearney	40 0					,,						
VP, Regulatory Affaı	0 0					×		297,293	1	0	27,774	
(22) Doug Johnson	40 0					,,		245 226				
VP, Technology Policy	0 0					×		245,802		0	48,118	
1b Sub-Total			•	<u> </u>								
c Total from continuation sheets to Part VII			•				E 7	02.200	0		1 205 425	
d Total (add lines 1b and 1c)		•	•				5,7	02,289	U		1,395,435	

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

#### **Section B. Independent Contractors**

 $Complete this \ table \ for \ your \ five \ highest \ compensated \ independent \ contractors \ that \ received \ more \ than \ \$100,000 \ of \ solution \ than \ solu$ 

compensation from the organization Report compensation for the calendar year ending with or within the organizations tax year								
(A) Name and business address	( <b>B</b> ) Description of services	<b>(C)</b> Compensation						
Venetian Las Vegas, 3355 Las Vegas Blvd South LAS VEGAS, NV 89109	CES Exhibit Space	7,547,159						
freeman decorating, po box 6606613 DALLAS, TX 75226	ces contractor	4,625,349						
las vegas convention visitors aut, 3150 paradise road LAS VEGAS, NV 89109	CES Exhibit Space	2,748,603						
rpms inc, 640 ten rod road NORTH KINGSTOWN, RI 02852	transportation	2,510,897						
Westgate Las Vegas Resort Casino, 3000 Paradise Road LAS VEGAS, NV 89109	CES exhibit space	1,964,307						
2 Total number of independent contractors (including but not limited to	those listed above) who received more than							

\$100,000 of compensation from the organization  $\stackrel{=}{\blacktriangleright}$  96

Form 99								Page <b>9</b>
Part V	Ш	Statement o						_
		Check if Schedi	ule O contains a respor	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u> </u>	1a	Federated cam	paigns 1a					
Grants smounts	ь	Membership du	es <b>1b</b>					
Ę, G	с	Fundraising eve	ents <b>1c</b>					
Contributions, Giffs, Grants and Other Similar Amounts	d	Related organiz	zations 1d					
s, G mil	е	Government grants	s (contributions) <b>1e</b>					
ion r Si	f		ons, gifts, grants, and 1f					
ibut ithe	g	sımılar amounts no Noncash contributi	ons included above					
nd C		1a-1f \$			0			
<u>5                                    </u>	h	Total. Add lines	sla-lf		0			
E E	3-	CEC		Business Code	04 525 222	04 525 222		
leve₁	2a b	CES DUES	_	900099	84,525,323 4,589,450	84,525,323 4,589,450		
ı Ç	c	MEETINGS AND CO	DNFERENCES	561000	250,164	250,164		
Program Service Revenue	d	FEES AND ASSESSI	<del>-</del>	511190	308,761	308,761		
% E	е	PUBLICATIONS		541800	300,734	164,577	136,157	
grar	f	All other progra	am service revenue					
Æ	g	Total. Add lines	s 2a-2f	>	89,974,432			
	3		ome (including dividen		5,279,262		893	5,278,369
	4		ar amounts) stment of tax-exempt bond	-	0			3,2,3,33
	5	Royalties		▶	136,106			136,106
			(ı) Real	(II) Personal				
	6a	Gross rents	1,391,029					
	ь	Less rental expenses	1,222,044					
	С	Rental income or (loss)	168,985	0				
	d		me or (loss)		168,985		14,190	154,795
	_	C	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	82,135,288					
	ь	Less cost or other basis and	82,247,655					
		sales expenses Gain or (loss)	-112,367					
	c d		[		-112,367			-112,367
/enne	8a	Gross income f events (not inc	rom fundraising luding	·				
Other Revenue		See Part IV, lin	а					
ŏ			penses <b>b</b>   (loss) from fundraising (	events •	0			
			rom gaming activities	,				
	ь	Less direct ex	penses b					
	С	Net income or (	(loss) from gamıng actı	vities	0			
	10a	Gross sales of	ınventory, less	<b>•</b>				
		returns and allo	owances .					
	ь	Less costofa	a oods sold b					
		_	(loss) from sales of inve	entory ▶	0			
		Miscellaneous	s Revenue	Business Code				
	11a	OTHER INCOM	1E	900099	109,738	109,738		
	b							
	, c	All other reven	ule .					
	d e	Total. Add lines	l	▶				
	12		See Instructions		109,738			
		Total levelide.	Sec maductions .		95,556,156	89,948,013	151,240	5,456,903

Form	990 (2015)				Page <b>10</b>
Par	•				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	itions must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in	this Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,025,000			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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	5,433,137			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	o			
7	Other salaries and wages	14,509,890			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	1,529,193			
9	Other employee benefits	1,887,319			
10	Payroll taxes				
		1,204,258			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	860,701			
С	Accounting	112,263			
d	Lobbying	3,072,432			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	125,295			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,810,077			
12	Advertising and promotion	7,204,087			
13	Office expenses	3,417,843			
14	Information technology	813,112			
15	Royalties	0			
16	Occupancy	1,627,538			
17	Travel	582,089			
18	Payments of travel or entertainment expenses for any federal				

	(as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0	
7	Other salaries and wages	14,509,890	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,529,193	
9	Other employee benefits	1,887,319	
10	Payroll taxes		
		1,204,258	
11	Fees for services (non-employees)		
а	Management	0	
b	Legal	860,701	
С	Accounting	112,263	
d	Lobbying	3,072,432	
е	Professional fundraising services See Part IV, line 17	0	
f	Investment management fees	125,295	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,810,077	
12	Advertising and promotion	7,204,087	
13	Office expenses	3,417,843	
14	Information technology	813,112	
15	Royalties	0	
16	Occupancy	1,627,538	
17	Travel	582,089	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	
19	Conferences, conventions, and meetings	27,564,385	
20	Interest	0	
21	Payments to affiliates	0	
22	Depreciation, depletion, and amortization	320,710	
23	Insurance	288,168	
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)		
а	MISCELLANEOUS	1,169,513	
b	MAINTENANCE AND RENTAL	531,121	
c	RECRUITING,TRAINING,PROF DEV	300,226	
d	MEMBERSHIPS AND SUBSCRIPTIONS	190,364	
е	All other expenses	1,075,715	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	85,654,436	
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 ► ☐ if following SOP 98-2 (ASC 958-720)		Form <b>990</b> (2015)

Cash-non-interest-bearing	Form	990 (2	2015)						Page <b>11</b>		
Cash-non-interest-bearing   End of year   End of year	Par	t X									
Cash-non-interest-bearing   End of year   End of year   End of year   Cash-non-interest-bearing   50   1   0   0   0   0   0   0   0   0			Check if Schedule O contains a response or note to any l	ine in	this Pa	rt X			· · · · · <u>· · </u>		
1											
3		1	Cash-non-interest-bearing					1	<u> </u>		
A   Accounts receivable, net   1,290,101		2	Savings and temporary cash investments				56,845,728	2	61,981,621		
1		3	Pledges and grants receivable, net				0	3	0		
Trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		4	Accounts receivable, net				1,347,671	4	1,290,101		
Complete Part Vi of Schedule   Complete Part Vi of Schedule	Assets	5	trustees, key employees, and highest compensated em II of								
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) Complete Part II of Schedule L					8,335	5	0				
8		6	section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins	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) Complete Pa							
8											
Prepaid expenses and deferred charges   1,364,339   9   1,547,625											
10a   Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D   10a   56,157,686   10b   15,642,437   10c   40,515,249   11   Investments—publicly traded securities   91,236,844   11   102,491,440   12   Investments—other securities   See Part IV, line 11   11,406,948   12   12,125,344   13   Investments—program-related See Part IV, line 11   840,060   13   1,540,060   14   Intangible assets   0   14   0   0   15   Other assets   See Part IV, line 11   23,147,381   15   24,484,552   16   Total assets. Add lines 1 through 15 (must equal line 34)   226,943,202   16   245,975,992   17   Accounts payable and accrued expenses   5,821,427   17   6,386,466   18   Grants payable   0   18   0   0   18   0   0   0   0   0   0   0   0   0											
Complete Part VI of Schedule D   10a   56,157,686   10b   15,642,437   40,745,347   10c   40,515,249   11   Investments—publicly traded securities   91,236,844   11   102,491,440   12   Investments—other securities   See Part IV, line 11   11,406,948   12   12,125,344   13   Investments—program-related See Part IV, line 11   840,060   13   1,540,060   14   Intangible assets   0   14   0   0   15   Other assets   See Part IV, line 11   23,147,381   15   24,484,552   16   Total assets.Add lines 1 through 15 (must equal line 34)   226,943,202   16   245,975,992   17   Accounts payable and accrued expenses   5,821,427   17   6,386,466   18   Grants payable   0   18   0   0   19   Deferred revenue   84,417,312   19   95,818,683   19   Deferred revenue   84,417,312   19   95,818,683   20   Tax-exempt bond liabilities   0   20   0   0   0   21   0   0   22   0   0   0   22   0   0		-	· · · · · ·				1,364,339	9	1,547,625		
11   Investments—publicly traded securities   91,236,844   11   102,491,440     12   Investments—other securities   See Part IV, line   11   11,406,948   12   12,125,344     13   Investments—program-related   See Part IV, line   11   840,060   13   1,540,060     14   Intangible assets   0   14   0     15   Other assets   See Part IV, line   11   23,147,381   15   24,484,552     16   Total assets.Add lines   1 through   15 (must equal line   34)   226,943,202   16   245,975,992     17   Accounts payable and accrued expenses   5,821,427   17   6,386,466     18   Grants payable   0   18   0   0     19   Deferred revenue   84,417,312   19   95,818,683     20   Tax-exempt bond liabilities   0   20   0   0     21   Escrow or custodial account liability   Complete Part IV of Schedule   D   0   21   0     22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons   Complete Part II of Schedule   D   0   22   0     23   Secured mortgages and notes payable to unrelated third parties   0   24   0   0     24   Unsecured notes and loans payable to unrelated third parties   0   24   0   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   5,275,076   25   5,350,903     26   Total liabilities.Add lines 17 through 25   95,513,815   26   107,556,052		10a		10a		56,157,686					
12   Investments—other securities See Part IV, line 11   11,406,948   12   12,125,344   13   Investments—program-related See Part IV, line 11   840,060   13   1,540,060   14   Intangible assets   0   14   0   0   15   Other assets See Part IV, line 11   23,147,381   15   24,484,552   16   Total assets.Add lines 1 through 15 (must equal line 34)   226,943,202   16   245,975,992   17   Accounts payable and accrued expenses   5,821,427   17   6,386,466   18   Grants payable   0   18   0   0   18   0   0   19   Deferred revenue   84,417,312   19   95,818,683   20   Tax-exempt bond liabilities   0   20   0   0   0   21   0   0   22   20   20		b	Less accumulated depreciation	<b>10</b> b		15,642,437	40,745,347	<b>10</b> c	40,515,249		
13   Investments—program-related See Part IV, line 11		11	Investments—publicly traded securities				91,236,844	11	102,491,440		
14		12	Investments—other securities See Part IV, line 11 .	•		-	11,406,948	12	12,125,344		
15   Other assets See Part IV, line 11   23,147,381   15   24,484,552     16   Total assets.Add lines 1 through 15 (must equal line 34)   226,943,202   16   245,975,992     17   Accounts payable and accrued expenses   5,821,427   17   6,386,466     18   Grants payable   0   18   0     19   Deferred revenue   84,417,312   19   95,818,683     20   Tax-exempt bond liabilities   0   20   0     21   Escrow or custodial account liability Complete Part IV of Schedule D   0   21   0     22   Loans and other 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   0   24   0     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   5,275,076   25   5,350,903     26   Total liabilities.Add lines 17 through 25   95,513,815   26   107,556,052		13	. 5				· · · · · · · · · · · · · · · · · · ·	13	1,540,060		
Total assets.Add lines 1 through 15 (must equal line 34)		14	Intangible assets			•	0	14	0		
17 Accounts payable and accrued expenses		15	Other assets See Part IV, line 11	•			23,147,381	15	<del>                                     </del>		
18 Grants payable		16	Total assets.Add lines 1 through 15 (must equal line 34	) .			226,943,202	16	<del> </del>		
Deferred revenue		17	Accounts payable and accrued expenses				5,821,427	17	6,386,466		
Tax-exempt bond liabilities		18	, ,					18			
Escrow or custodial account liability Complete Part IV of Schedule D		19	Deferred revenue					19	· ' '		
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		20	·					20			
key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	(A		, , ,				0	21	0		
Unsecured notes and loans payable to unrelated third parties		22	· ·		-	ustees,					
Unsecured notes and loans payable to unrelated third parties	Ξ		persons Complete Part II of Schedule L				0	22	0		
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 5,275,076 25 5,350,903  Total liabilities.Add lines 17 through 25	Ë	23	Secured mortgages and notes payable to unrelated third	parti	ies .		0	23	0		
and other liabilities not included on lines 17-24)  Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third p	arties			0	24	0		
<b>26</b> Total liabilities.Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete Part X of Schedule D		ated thi	rd parties,	5 275 076	25	5 350 003		
		26				•			<u> </u>		
		26				d complete	90,010,815	26	107,556,052		

131,429,387 **27** 

131,429,387

226,943,202

0 28 0

29

30

31

32

33

34

138,419,940

138,419,940

245,975,992 Form 990 (2015)

0

0

Net Assets or Fund Balances

27

28

29

30

31

32

33

34

lines 27 through 29, and lines 33 and 34.

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Unrestricted net assets .

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

95,556,156

85,654,436

9,901,720

131,429,387

-2,911,167

138,419,940

▽

No

Νo

Nο

Form 990 (2015)

#### **Reconcilliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI . . . . . . . . . . . . . . . . . .

1	Total revenue (must equal Part VIII, column (A), line 12)			

Total expenses (must equal Part IX, column (A), line 25) . . . . .

Revenue less expenses Subtract line 2 from line 1 . . . . . Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Net unrealized gains (losses) on investments . . . . . Donated services and use of facilities .

Investment expenses . Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) .

column (B))

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

Part XIII Financial Statements and Reporting 1 Accounting method used to prepare the Form 990

Check if Schedule O contains a response or note to any line in this Part XII . . . . . . . . . . . . . . . . . Cash ✓ Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

Separate basis Consolidated basis

basis, consolidated basis, or both

Schedule O

**b** Were the organization's financial statements audited by an independent accountant? Separate basis

Single Audit Act and OMB Circular A-133?

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate Consolidated basis

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

**✓** Both consolidated and separate basis

Both consolidated and separate basis

1

2

3

4

5

6

7

8

9

10

2a

2b

2c

3a

3b

Yes

Yes

Yes

#### **Additional Data**

(Code

member relations & customer service

Software ID: Software Version:

**EIN:** 54-1963355

Name: CONSUMER TECHNOLOGY ASSOCIATION

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

) (Revenue \$

(Code ) (Expenses \$ including grants of \$

market research

) (Expenses \$

including grants of \$

) (Revenue \$

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
meetings & conferences

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

(Code ) (Expenses \$ including gratechnology & standards

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

#### DLN: 93493320039466

Employer identification number

#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

CONSUMER TECHNOLOGY ASSOCIATION

#### **Political Campaign and Lobbying Activities**

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

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

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

2015
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Service
If the organization answered "Yes" on 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

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

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

Do.	t T A Complete if the or	canization is exempt unde	or costion E01/s)	54-1963355   Or is a section <b>F37</b>	organization
Раг	t I-A Complete if the or	ganization is exempt unde	er section 501(c)	or is a section 527	organization.
1	Provide a description of the org	ganization's direct and indirect po	litical campaign activ	ities in Part IV	
2	Political expenditures			<b>&gt;</b>	\$500
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt unde	er section 501(c)	(3).	
1	Enter the amount of any excise	e tax incurred by the organization	under section 4955	<b>&gt;</b>	\$
2	Enter the amount of any excise	e tax incurred by organization mar	nagers under section .	4955 ▶	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 4	720 for this year?		Yes No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				1 105   110
Par	t I-C Complete if the or	ganization is exempt unde	er section 501(c)	, except section 50:	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for	section 527 exempt	function activities 🕨	\$
2		organization's funds contributed to	other organizations f	or section 527	
	exempt function activities			<b>&gt;</b>	\$500
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	re and on Form 1120	-POL, line 17b ►	\$500
4	Did the filing organization file <b>F</b>	orm 1120-POL for this year?			✓ Yes No
5	organization made payments f amount of political contribution	nd employer identification number For each organization listed, enter ns received that were promptly an political action committee (PAC)	the amount paid from d directly delivered to	n the filing organization's fo o a separate political orgai	unds Also enter the nızatıon, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) L Dele	eMunyon for gate	PO Box 220732 Chantilly, VA 20153	26-2196998	500	
2					
3					
4					
5					
6					
For D	Paperwork Peduction Act Notice se	ee the instructions for Form 990 or 9	990-F7 C	N= 50004C	000 000 F7\ 301F

Subtract line 1g from line 1a  $\,$  If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

10	nedule (	, (F	orm 990 or 990-E2) 2015			Page 2
P	art II-	Α	Complete if the organization is exempt under section $501(c)(3)$ and under section $501(h)$ .	file	ed Form 5768	(election
١.	Check	<b>&gt;</b>	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	l gro	up member's nar	ne, address, EIN
3	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
1a	lobby	ng)	oying expenditures to influence public opinion (grass roots			

		oying Expenditures means amounts paid or incurred.)		organization's totals	group totals			
a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots			•			
b	Total lobbying expenditures to influence a legi	otal 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 amoun	t from the following table in both columns						
	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 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?

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 separate instructions for lines 2a through 2f.)									
Lobbying Expe	nditures During	4-Year Avera	ging Period						
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) Total				
Lobbying nontaxable amount									
Lobbying ceiling amount (150% of line 2a, column(e))									
Total lobbying expenditures									
Grassroots nontaxable amount									
Grassroots ceiling amount (150% of line 2d, column (e))									
Grassroots lobbying expenditures									
	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))  Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in)  (a)2012 (b)2013 (c)2014 (d)2015  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))				

Political Activities

or e	filed Form 5768 (election under section 501(h)).	(	a)		(b)	
tiv	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity		No	/	A moun	ıt
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes				
а	Volunteers?			4		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			4		
<b>C</b>	Media advertisements?			_		
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?			_		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
a r	t III-A Complete if the organization is exempt under section 501(c)(4), section !	5 <b>01</b> (c	)(5),	or s	ectio	n
	501(c)(6).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		-		res	No
	were substantially an (90 % of more) dues received hondeductible by members.			4		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2	Vos	No
2 3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	=01/c	\(\frac{1}{2}\)	2	Yes	
2 3	Did the organization agree to carry over lobbying and political expenditures from the prior year?  **EIII-B**  Complete if the organization is exempt under section 501(c)(4), section ! 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."			2 3 or s	ectio	n
2 3 Par	Did the organization agree to carry over lobbying and political expenditures from the prior year?  **EIII-B**  Complete if the organization is exempt under section 501(c)(4), section ! 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members			2 3 or s	ectio	n ·A,
2 3 Par	Did the organization agree to carry over lobbying and political expenditures from the prior year?  **EIII-B**  Complete if the organization is exempt under section 501(c)(4), section ! 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" C		2 3 or s	ectio t III- 4,58	<b>n</b> ∙ <b>A,</b> 9,44¹
2 3 Par	Did the organization agree to carry over lobbying and political expenditures from the prior year?  **TIII-B**  Complete if the organization is exempt under section 501(c)(4), section ! 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	No" (		3 or so Par	4,58 3,90	n • <b>A,</b> 9,44
2 Par 1 2	Did the organization agree to carry over lobbying and political expenditures from the prior year?  **TIII-B**  Complete if the organization is exempt under section 501(c)(4), section ! 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	No" C		3 or so Par	4,58 3,90	n - <b>A,</b> 9,44
2 2 2 1 2	Did the organization agree to carry over lobbying and political expenditures from the prior year?  **TIII-B**  Complete if the organization is exempt under section 501(c)(4), section ! 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	1 2a 2b 2c		3 or so Par	4,58 3,90 -3,00 90	n 9,44° 7,40° 3,83°
2 3 Par 1 2 a b	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	1 2a 2b		3 or so Par	4,58 3,90	n 9,44° 7,40° 3,83°
2 3 Par 1 1 2 a b c	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  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	1 2a 2b 2c		3 or so Par	4,58 3,90 -3,00 90	n 9,44° 7,40° 3,83°
2 3 2 1 2 a b c 3	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  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?	2a 2b 2c 3		2 3 Or so Par	4,58 3,90 -3,00 90	n - <b>A,</b> 9,44 7,40 3,83 3,57 9,44
2 3 Par 1 2 a b c 3 4	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  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?  Taxable amount of lobbying and political expenditures (see instructions)	1 2a 2b 2c 3		2 3 Or so Par	4,58 3,90 -3,00 90 4,58	n - <b>A,</b> 9,44 7,40 3,83 3,57 9,44
2 3 Par 1 2 a b c 3 4	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  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?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information	2a 2b 2c 3 4 5	OR (b)	2 3 or so Par	4,58 3,90 -3,00 90 4,58	n •A, 9,44 7,40 33,83 3,57 9,44
2 Bar 1 2 a b c 3 4	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  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?  Taxable amount of lobbying and political expenditures (see instructions)	2a 2b 2c 3 4 5	OR (b)	2 3 or so Par	4,58 3,90 -3,00 90 4,58	n •A, 9,44 7,40 33,83 3,57 9,44

interests of the technology industry

Provide monetary contributions to campaigns of political candidates whose positions advance the

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#### **SCHEDULE D**

(Form 990)

Department of the

Internal Revenue Service

Treasury

## **Supplemental Financial Statements**

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

Information about Schedule D (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

**DLN: 93493320039466**OMB No 1545-0047

2015

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	me of the organization NSUMER TECHNOLOGY ASSOCIATION		Empl	oyer identification number
CO	NSOMER TECHNOLOGY ASSOCIATION		54-1	963355
Pa		Advised Funds or Other Similar F	unds d	or Accounts.
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 6.	(6)	Funds and other accounts
1	Total number at end of year	(a) Donor advised funds	(0)	Funds and other accounts
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to		nor advis	sed Yes No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?			•
Pa	rt II Conservation Easements. Comple	ete if the organization answered "Yes" (	on Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	ne organization (check all that apply)		
	Preservation of land for public use (e.g., recreducation)	eation or	n histor	ically important land area
	Protection of natural habitat	Preservation of a	certifie	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in	the form	of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme		2b	
<b>c</b>	Number of conservation easements on a certified	, ,	2c	
d	Number of conservation easements included in ( historic structure listed in the National Register	c) acquired aπer 8/17/06, and not on a	2d	
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or terminat	ed by the	e organization during the
	tax year ▶			
4	Number of states where property subject to cons	ervation easement is located <b>&gt;</b>		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		idling of	┌ Yes
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforc	ing cons	ervation easements during the
,	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing of	onserva	tion easements during the year
•	<b>▶</b> \$	3, 3		<i>y</i> ,
В	Does each conservation easement reported on Ii (B)(I) and section $170(h)(4)(B)(II)$ ?	ne 2(d) above satisfy the requirements of se	ction 17	0 (h)(4) Yes No
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financial sements	l statem	ents that describes
Pa i		ctions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Oth	er Similar Assets.
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	FAS 116 (ASC 958), not to report in its reversesses held for public exhibition, education,	or resea	arch in furtherance of public
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education,		
(	(i) Revenue included on Form 990, Part VIII, line	1	<b>&gt;</b> \$	

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

**▶** \$ \_

Par	Organizations Ma	intaining	Collections of	Art, H	listorio	cal T	reas	sures, or (	Oth	er Similar .	Ass	ets	
3	Using the organization's acqu collection items (check all tha	•	ession, and other re	ecords,	check a	iny of	the fo	ollowing that	are a	a sıgnıfıcant ι	ise o	fits	
а	Public exhibition			d		Loa	nore	xchange pro	gram	ns			
b	Scholarly research			e		Oth	er						
C	Preservation for future g	enerations											
4	Provide a description of the or Part XIII	rganızatıon's	s collections and e	xplain h	ow they	furth	er the	e organizatioi	n's e	xempt purpos	e in		
5	During the year, did the organ assets to be sold to raise fund										es	□No	
Par	rt IV Escrow and Custo Complete if the orga Part X, line 21.	dial Arra	ngements.										
1a	Is the organization an agent, to included on Form 990, Part X		todian or other inte	ermedia	ry for co	ontrib	utions	or other as:	sets	not	es	∏ No	
b	If "Yes," explain the arrang	jement in Pa	art XIII and comple	ete the	following	g tabl	e			А	mour	it	
c	Beginning balance							10	: [				
d	Additions during the year							1d	П				
e	Distributions during the yea	ar						1e	:				
f	Ending balance							1f					
<b>2</b> a	Did the organization include a	n amount oi	n Form 990, Part X	, line 2	1, for es	crow	or cu:	stodial accou	ınt lı	ability? <b>Y</b>	es	┌ No	
b	If "Yes," explain the arrangen												
r e	Lindowineitti und	s. Comple	(a)Current year		Prior yea				<del>.                                      </del>	Three years back		)Four yea	ars back
1a	Beginning of year balance .		(-,,		, ,		_ (-/-	,	(-,	,	,-	, ,	
b	Contributions												
c	Net investment earnings, gair	ns, and											
d	Grants or scholarships												
е	Other expenditures for facilities and programs	ies											
f	Administrative expenses .												
g	End of year balance												
2	Provide the estimated percen	tage of the o	current year end ba	alance (	lıne 1g,	colur	nn (a)	) held as			ı		
а	Board designated or quasi-en	dowment <b>&gt;</b>											
b	Permanent endowment ▶												
c	Temporarily restricted endowi	ment 🏲											
	The percentages on lines 2a,	2b, and 2c											
3а	Are there endowment funds no organization by	·	_	anızatıo	n that a	re he	ld and	l administere	d fo	_		Yes	No
	(i) unrelated organizations .					•		•		<u> </u>	Ba(i) Ba(ii)	+	
b	(ii) related organizations .  If "Yes" on 3a(ii), are the rela			· · uured o	 n Sched	ule R	? .				3b	+	
4	Describe in Part XIII the inte			•						_			
Par	rt VI Land, Buildings, a	nd Equip	ment.					_					
	Complete if the orga Description of pro		inswered 'Yes' to	Form		art I	V, lin	<u>е 11a.See</u> (ь)	Fori	n 990, Part  Accumulated		ne 10 (d)Book	
	Description of pro	perty			و) Cost or ot Invest)	ther ba		ost or other ba (other)	SIS	(c)depreciation		( <b>a</b> )500k	value
<b>1</b> a	Land							5,472,1	.04			5	,472,104
b	Buildings							34,809,7	21	7,512,2	230	27	,297,491
c	Leasehold improvements .			. [				9,446,4	15	2,599,7	20	6	,846,695
d	Equipment			. [				2,871,4	54	2,343,3	306		528,148
e	Other							3,557,9	92	3,187,1	81		370,811
Tota	al. Add lines 1a through 1e <i>(Colu</i>			art X, co	lumn (B,	), line	10(c)			>		40	,515,249

	ee Form 990, Part X, line 12.  (a) Description of security or category.	jory	<b>(b)</b> Book value		hod of valuation
(1)Financial de	(including name of security) erivatives			Cost or end	-of-year market value
(2)Closely-hel	ld equity interests				
(3)0 ther					
Total. (Column (	b) must equal Form 990, Part X, col (B) line 12	}		1	
Part VIII I	Investments—Program Related				
	Complete if the organization answe  (a) Description of investment	red 'Yes' on Form 990	, Part IV, line 11c. <sub>Se</sub> <b>(b)</b> Book value		art X, line 13.
	(a) Description of investment		(b) Book value		of-year market value
	b) must equal Form 990, Part X, col (B) line 13 )		200 Pert IV Ive		NO Part V Iva 45
	<b>Pther Assets.</b> Complete if the organiz		Form 990, Part IV, line		00, Part X, line 15
Part IX O	<b>Pther Assets.</b> Complete if the organiz (a) De EXPENSES - CES	ation answered 'Yes' on I	Form 990, Part IV, line		) Book value 17,468,758
(1) PREPAID II (2) ASSETS IN	<b>Pther Assets.</b> Complete if the organiz (a) De EXPENSES - CES N TRUST DEFERRED COMP	ation answered 'Yes' on I	Form 990, Part IV, line		9) Book value 17,468,758 6,695,872
(1) PREPAID I (2) ASSETS IN (3) OTHER AS	<b>Pther Assets.</b> Complete if the organiz (a) De EXPENSES - CES N TRUST DEFERRED COMP	ation answered 'Yes' on I	Form 990, Part IV, line		9) Book value 17,468,758 6,695,872 225,000
(1) PREPAID I (2) ASSETS IN (3) OTHER AS	Other Assets. Complete if the organiz (a) De EXPENSES - CES N TRUST DEFERRED COMP ESETS	ation answered 'Yes' on I	Form 990, Part IV, line :		9) Book value 17,468,758 6,695,872 225,000
(1) PREPAID I (2) ASSETS IN (3) OTHER AS	Other Assets. Complete if the organiz (a) De EXPENSES - CES N TRUST DEFERRED COMP ESETS	ation answered 'Yes' on I	Form 990, Part IV , line :		9) Book value 17,468,758 6,695,872 225,000
(1) PREPAID I (2) ASSETS IN (3) OTHER AS	Other Assets. Complete if the organiz (a) De EXPENSES - CES N TRUST DEFERRED COMP ESETS	ation answered 'Yes' on I	Form 990, Part IV, line		9) Book value 17,468,758 6,695,872 225,000
(1) PREPAID I (2) ASSETS IN (3) OTHER AS	Other Assets. Complete if the organiz (a) De EXPENSES - CES N TRUST DEFERRED COMP ESETS	ation answered 'Yes' on I	Form 990, Part IV, line		9) Book value 17,468,758 6,695,872 225,000
(1) PREPAID I (2) ASSETS IN (3) OTHER AS	Other Assets. Complete if the organiz (a) De EXPENSES - CES N TRUST DEFERRED COMP ESETS	ation answered 'Yes' on I	Form 990, Part IV, line		9) Book value 17,468,758 6,695,872 225,000
(1) PREPAID II (2) ASSETS IN (3) OTHER AS (4) DUE FROM	TTHE TOTAL COMPLETE IF THE ORGANIZE (A) DE EXPENSES - CES  N TRUST DEFERRED COMP SSETS  1 CEA FOUNDATION	ation answered 'Yes' on lescription		(t	9) Book value 17,468,758 6,695,872 225,000 94,922
(1) PREPAID II (2) ASSETS IN (3) OTHER AS (4) DUE FROM  Total. (Column  Part X O	EXPENSES - CES N TRUST DEFERRED COMP SSETS 1 CEA FOUNDATION  (b) must equal Form 990, Part X, col (B) In	rne 15)			9) Book value 17,468,758 6,695,872 225,000 94,922
(1) PREPAID II (2) ASSETS IN (3) OTHER AS (4) DUE FROM  Total. (Column  Part X O	THE ASSETS. Complete if the organiz  (a) De  EXPENSES - CES  N TRUST DEFERRED COMP  SSETS  1 CEA FOUNDATION  (b) must equal Form 990, Part X, col (B) In	rne 15)			9) Book value 17,468,758 6,695,872 225,000 94,922
(1) PREPAID II (2) ASSETS IN (3) OTHER AS (4) DUE FROM  Total. (Column Part X O S 1.	EXPENSES - CES  N TRUST DEFERRED COMP  SSETS  1 CEA FOUNDATION  The body of the Liabilities. Complete if the cee Form 990, Part X, line 25.  (a) Description of liability	nne 15 )  organization answered 'Yes' on lescription			9) Book value 17,468,758 6,695,872 225,000 94,922
(1) PREPAID II (2) ASSETS IN (3) OTHER AS (4) DUE FROM  Total. (Column Part X O	EXPENSES - CES  N TRUST DEFERRED COMP  SSETS  1 CEA FOUNDATION  The body of the Liabilities. Complete if the cee Form 990, Part X, line 25.  (a) Description of liability	nne 15 )  organization answered 'Yes' on lescription			9) Book value 17,468,758 6,695,872 225,000 94,922
(1) PREPAID II (2) ASSETS IN (3) OTHER AS (4) DUE FROM  Total. (Column Part X O S 1.	EXPENSES - CES  N TRUST DEFERRED COMP  SSETS  1 CEA FOUNDATION  The body of the Liabilities. Complete if the cee Form 990, Part X, line 25.  (a) Description of liability	nne 15 )  organization answered 'Yes' on lescription			9) Book value 17,468,758 6,695,872 225,000 94,922
(1) PREPAID II (2) ASSETS IN (3) OTHER AS (4) DUE FROM  Total. (Column Part X O S 1.	EXPENSES - CES  N TRUST DEFERRED COMP  SSETS  1 CEA FOUNDATION  The Liabilities Complete if the cee Form 990, Part X, line 25.  (a) Description of liability  e taxes	me 15 )			9) Book value 17,468,758 6,695,872 225,000 94,922
(1) PREPAID II (2) ASSETS IN (3) OTHER AS (4) DUE FROM  Total. (Column Part X O S 1.	EXPENSES - CES  N TRUST DEFERRED COMP  SSETS  1 CEA FOUNDATION  The Liabilities Complete if the cee Form 990, Part X, line 25.  (a) Description of liability  e taxes	me 15 )			9) Book value 17,468,758 6,695,872 225,000 94,922
(1) PREPAID II (2) ASSETS IN (3) OTHER AS (4) DUE FROM  Total. (Column Part X O S 1.	EXPENSES - CES  N TRUST DEFERRED COMP  SSETS  1 CEA FOUNDATION  The Liabilities Complete if the cee Form 990, Part X, line 25.  (a) Description of liability  e taxes	me 15 )			9) Book value 17,468,758 6,695,872 225,000 94,922
(1) PREPAID II (2) ASSETS IN (3) OTHER AS (4) DUE FROM  Total. (Column Part X O S 1.	EXPENSES - CES  N TRUST DEFERRED COMP  SSETS  1 CEA FOUNDATION  The Liabilities Complete if the cee Form 990, Part X, line 25.  (a) Description of liability  e taxes	me 15 )			9) Book value 17,468,758 6,695,872 225,000 94,922
(1) PREPAID II (2) ASSETS IN (3) OTHER AS (4) DUE FROM  Total. (Column Part X O S 1.	EXPENSES - CES  N TRUST DEFERRED COMP  SSETS  1 CEA FOUNDATION  The Liabilities Complete if the cee Form 990, Part X, line 25.  (a) Description of liability  e taxes	me 15 )			9) Book value 17,468,758 6,695,872 225,000 94,922
(1) PREPAID II (2) ASSETS IN (3) OTHER AS (4) DUE FROM  Total. (Column Part X O S 1.	EXPENSES - CES  N TRUST DEFERRED COMP  SSETS  1 CEA FOUNDATION  The Liabilities Complete if the cee Form 990, Part X, line 25.  (a) Description of liability  e taxes	me 15 )			9) Book value 17,468,758 6,695,872 225,000 94,922
(1) PREPAID II (2) ASSETS IN (3) OTHER AS (4) DUE FROM  Total. (Column Part X O S 1.	EXPENSES - CES  N TRUST DEFERRED COMP  SSETS  1 CEA FOUNDATION  The Liabilities Complete if the cee Form 990, Part X, line 25.  (a) Description of liability  e taxes	me 15 )			9) Book value 17,468,758 6,695,872 225,000 94,922
(1) PREPAID II (2) ASSETS IN (3) OTHER AS (4) DUE FROM  Total. (Column Part X O S  1.	EXPENSES - CES  N TRUST DEFERRED COMP  SSETS  1 CEA FOUNDATION  The Liabilities Complete if the cee Form 990, Part X, line 25.  (a) Description of liability  e taxes	me 15 )			9) Book value 17,468,758 6,695,872 225,000 94,922
(1) PREPAID II (2) ASSETS IN (3) OTHER AS (4) DUE FROM  Total. (Column Part X O S  1.	EXPENSES - CES  N TRUST DEFERRED COMP  SSETS  1 CEA FOUNDATION  The Liabilities Complete if the cee Form 990, Part X, line 25.  (a) Description of liability  e taxes	me 15 )			9) Book value 17,468,758 6,695,872 225,000 94,922
Total. (Column Part X O  Solution  Federal income	EXPENSES - CES  N TRUST DEFERRED COMP  SSETS  1 CEA FOUNDATION  The Liabilities Complete if the cee Form 990, Part X, line 25.  (a) Description of liability  e taxes	(b) Book value	0 903		9) Book value 17,468,758 6,695,872 225,000 94,922

Par		Revenue per Audited Financial Sta Inization answered 'Yes' on Form 990,			per Re	turn
1		er support per audited financial statements			1	92,519,694
2	Amounts included on line 1 b	ut not on Form 990, Part VIII, line 12				<u> </u>
а	Net unrealized gains (losses)	on investments	2a	-2,911,167		
b	Donated services and use of	facilities	2b			
c	Recoveries of prior year gran	ts	2c			
d	Other (Describe in Part XIII	)				
			2d			
e	Add lines <b>2a</b> through <b>2d .</b>				2e	-2,911,167
3	Subtract line <b>2e</b> from line <b>1</b> .				3	95,430,861
4	Amounts included on Form 99	90, Part VIII, line 12, but not on line 1				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b .	4a	125,295		
b	Other (Describe in Part XIII	)	4b			
c	Add lines <b>4a</b> and <b>4b</b>				4c	125,295
5		id <b>4c.</b> (This must equal Form 990, Part I, line			5	95,556,156
Par		Expenses per Audited Financial St Inization answered 'Yes' on Form 990,			s per	Return.
1		er audited financial statements		•	1	85,529,141
2	A mounts included on line 1 b	ut not on Form 990, Part IX, line 25				
а	Donated services and use of	facilities	2a			
b	Prior year adjustments .		2b		1	
c	Other losses		2c			
d	Other (Describe in Part XIII	)	. 2d		1	
e	•	,			2e	
3	Subtract line <b>2e</b> from line <b>1</b> .				3	85,529,141
4	A mounts included on Form 9	90, Part IX, line 25, but not on line 1:				· · · · · · · · · · · · · · · · · · ·
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b .	. 4a	125,295		
b	Other (Describe in Part XIII	)	. 4b			
с	·	•	. '		4c	125,295
5	Total expenses Add lines 3 a	and <b>4c.</b> (This must equal Form 990, Part I, I	ne 18	)	5	85,654,436
Dar	t XIII Supplemental In	formation		·	11	
Prov	vide the descriptions required fo	r Part II, lines 3, 5, and 9, Part III, lines 1				
	mation	I, lines 2d and 4b, and Part XII, lines 2d an	d 4 b <i>F</i>	Also complete this part t	o provid	e any additional
	Return Reference	Explanation				
Part )	(, Line 2	Under ASC 740-10, an organization mus taken for tax return purposes when it is m Organization does not believe there are a recognize any liability for unrecognized ta income tax exemptions in the jurisdiction has filed IRS Form 990 tax returns as recit is required. The Organization believes to non-US income tax examinations by tax Organization is still open to examinations years ended December 31, 2015 and 20	nore-like ny mai	vely than not that the post terial uncertain tax posit efits. The Organization h te it is required to do so and all applicable returns is no longer subject to U rities for years before 20 x authorities from fiscal	sition wi lions and as filed Addition s in thos S feder 012 How year 20	Il be sustained The daccordingly, will not for and received hally, the Organization e jurisdictions where ral, state and local, or wever, the 12 forward For the

Schedule D (Form 990) 2015		Page <b>5</b>
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
		_

efile GRAPHIC print - DO N	OT PROCESS	As Filed Da	ta -	DLN	: 93493320039466
SCHEDULE F St (Form 990)	atement of	Activities (	Outside the Unit	ed States	OMB No 1545-0047
Department of the Treasury	► Complete	Part IV, line	n answered "Yes" to Form 14b, 15, or 16. o Form 990.	990,	2015
Internal Revenue Service	ation about Schedi	ıle F (Form 990) a	and its instructions is at w	ww.irs.gov/form990.	Open to Public Inspection
Name of the organization CONSUMER TECHNOLOGY ASSO	CIATION			<b>Employer ide</b> 54-1963355	ntification number
Part I General Informat Complete if the orga			he United States. orm 990, Part IV, line		
1 For grantmakers. Does the and other assistance, the gused to award the grants of	grantees' eligibi			•	
2 For grantmakers. Describe assistance outside the Unit	ted States				nts and other
A ctivites per Region (The foll (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 program service, describe	
(1) East Asia and the Pacific	1		Program Services	See Part V	551,197
( 2) East Asia and the Pacific	0	0	Investments		1,540,060
(3)					
(4)					
(5)					
3a Sub-total b Total from continuation sheet to Part I	s 1				2,091,257
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, s	1	for Form 990		No 50082W <b>Sch</b> e	2,091,257 edule F (Form 990) 2015

/_/								1 . G
Part III Grants ai	nd Other Ass	istance to Organi	Partif Grants and Other Assistance to Organizations or Entities Outside the United States.	s Outside the Uni	ted States.			
Complete	if the organiza	ation answered "Yes	Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if	: IV, line 15, for any	recipient who rece	ived more than \$5,(	000. Part II can be	duplicated if
additional	additional space is needed.	led.						
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) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(T)								

(2)

vuntry, recognized as etter ▶
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as cax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
organizations listed above that are ri which the grantee or counsel has pro
Enter total number of recipient organizations listed above t :ax-exempt by the IRS, or for which the grantee or counse

Schedule F (Form 990) 2015 

Schedule F (Form 990) 2015  Partitit Grants and Other Assistance to Individuals Outs	her Assistance to	Individuals	Outside the Unit	ed States. Complete if	the organization a	Page 3 ide the United States. Complete If the organization answered "Yes" to Form 990, Part IV, line 16.	Page <b>3</b> 990, Part IV, line 16.
Part III can be o	Part III can be duplicated if additional space is needed	nal space is ne	eeded.				
(a) Type of grant or assistance (1)	(b) Region	(c) Number of recipients	(d) A mount 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)

Complete if the organization	(f) Amount of non-cash assistance		
Complete	r of cash ement		

(4)

(2) (9)

(2) (3) 5

(8) (6) (10) (11) (12) (13) (14) (15) (16) Schedule F (Form 990) 2015

(18) (11)

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

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

(see Instructions for Form 8865)

5713, do not file with Form 990)

Yes

Yes

√ No

Νo

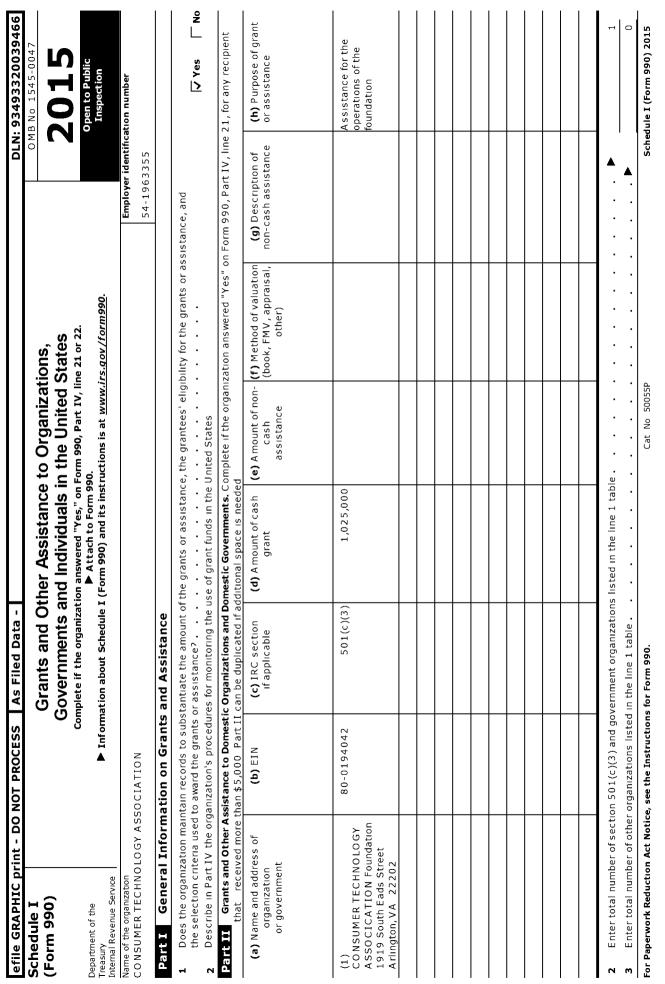
Schedule F

Return Reference

this part to provide any additional information (see instructions).

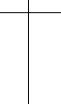
Explanation

Parts I and II Amounts are reported under the accrual basis of accounting Part I Line 3 ( 1), column (e). Activity Managment of trade show and business relationships



and Other Assistance to Domestic Individuals. C I can be duplicated if additional space is needed	and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 I can be duplicated if additional space is needed	mplete if the organizatioi	n answered "Yes" on Forr	n 990, Part IV, line 22	
rant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(e)Method of valuation (book, FMDescription of non-cash assistance FMV, appraisal, other)

	n-cē
	Description of non-ca
	ıptıor
	escr
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Contribution to the CONSUMER TECHNOLOGY ASSOCICATION Foundation to support its mission

Explanation

Part I Description of Procedure

Return Reference Part IV

for Monitoring Use of Funds

Schedule I (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule J

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493320039466 OMB No 1545-0047

2015

Open to Public Inspection

Treasury				
Internal Revenue Service				
Name of the organization				

(Form 990)

Department of the

terr	al Revenue Service						
Na	me of the organization			Employer identification	on nur	nber	
COI	NSUMER TECHNOLOGY ASSOCIATION			54-1963355			
Pa	rt I Questions Regarding Compensation			3 1 1 2 0 0 0 0 0			
						Yes	No
La	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		Housing allowance or residence fo				
	✓ Travel for companions	<u> </u>	Payments for business use of pers	i i			Ϊ
	Tax idemnification and gross-up payments	,   	Health or social club dues or initia	i			İ
	Discretionary spending account		Personal services (e.g., maid, chai	i			İ
	place coloniary appending decoding	'	r ersonar services (e g , mara, enav	inear, enery			ľ
b	If any of the boxes in line 1a are checked, did the orga reimbursement or provision of all of the expenses desc				<b>1</b> b	Yes	
2	Did the organization require substantiation prior to rei						
	directors, trustees, officers, including the CEO/Execut	tıve D	rector, regarding the items checked	ın line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organiz organization's CEO/Executive Director Check all that used by a related organization to establish compensat	t apply	Do not check any boxes for metho	ds			
	✓ Compensation committee	✓	Written employment contract				
	✓ Independent compensation consultant	<b>√</b>	Compensation survey or study				
	▼ Form 990 of other organizations	<b>√</b>	Approval by the board or compens	ation committee			
1	During the year, did any person listed on Form 990, Pa or a related organization	art VII	I, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control pa	ymen	t?		4a		Νo
b	Participate in, or receive payment from, a supplementa	al none	qualified retirement plan?		4b	Yes	
c	Participate in, or receive payment from, an equity-bas	ed cor	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde th	e applicable amounts for each item i	n Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ons mu	ıst complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, I compensation contingent on the revenues of	ıne 1a	a, did the organization pay or accrue	any			
а	The organization?				5a		
b	Any related organization?				5b		
	If "Yes," on line 5a or 5b, describe in Part III						
5	For persons listed on Form 990, Part VII, Section A, I compensation contingent on the net earnings of	ıne 1a	a, did the organization pay or accrue	any			
а	The organization?				6a		
b	Any related organization?				6b		
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," des			n-fixed	7		
3	Were any amounts reported on Form 990, Part VII, pa subject to the initial contract exception described in R in Part III				8		
9	If "Yes" on line 8, did the organization also follow the resection 53 4958-6(c)?	rebutt	able presumption procedure describ	ed in Regulations	9		

(F) Compensation in column(B) reported as deferred on prior

(E) Total of columns (B)(i)-(D)

(D) Nontaxable benefits

(C) Retirement and other deferred compensation

(B) Breakdown of W-2 and/or 1099-MISC compensation

(A) Name and Title

Other reportable

Bonus & incentive compensation

> (I) compensation 1,216,914

> > Ξ

1 Gary Shapiro President & CEO

445,686

compensation 520,199

Form 990 487,500

2,745,019

27,145

535,075

100,000

819,684

18,168

142,385

108,812

115,885

434,434

Ξ

COO/CFO & Treasurer

3 Glenda MacMullin

0

0

0

0

90,000

706,594

9,103

140,607

90,562

114,107

352,215

Ξ

SVP CES & Corp Bus

Strat/Sec

2 Karen Chupka

0

0

0

0

88,000

714,136

1,818

131,000

069'06

104,500

386,128

Ξ

VP Govern & Regu

Michael Petricone

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0

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0

0

55,000

513,258

23,338

98,551

55,400

72,050

263,919

Ξ

Brian Markwalter VP, Research and

0

0

0

1

80,350

98,725

360,452

Ξ

Jeff Joseph VP, Comm Strat R

0

0

0

296,386

23,064

25,156

100

40,030

208,036

Ξ

VP, Environmental Affairs and

7 Walter Alcorn

0

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0 0 0 0

0

80,000

683,660

23,708

120,425

0

0

0

0

Page 2 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2015 Part II

For each individual whose compensation must be reported on Schedule 1, report compensation from the organization on row (i) and from related organizations, described in	anizations, described in the
Instructions, on row (II) Do not list any individuals that are not listed on Form 990, Part VII	
Inition by the second of the second of the second of the second of the second of the second second second of the s	

		that individual	
סוואי מבארוומבת דון כוום		ne total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individu	
por compensation nom the organization on low (1) and nom reacted organizations, described		a, applicable column (I	
intacioni on row (i) and		VII, Section A, line 1.	
HSACIOII HOIII CHE OLGAI	t VII	unt of Form 990, Part	
dania J, rapor compa	ted on Form 990, Part VII	st equal the total amo	
of each individual whose compensation mast be reported on schiedule 3, let	viduals that are not lis	h listed individual mus	
ose compensación inc	) Do not list any indir	mns (B)(ı)-(ııı) for eac	
יסו במכון ווומואוממשו אוו	instructions, on row (II) Do not list any individuals that are not listed on Forr	Note. The sum of columns (B)(I)-(III) for each listed individual must equal the	

ividuals that are not listed	uals that are not listed
ch listed individual must ed	isted individual must ed
ıvıduals that are not listed on Forr	(II) Do not list any individuals that are not listed on Form 990, Pa
ch listed individual must equal th	lumns (B)(I)-(III) for each listed individual must equal the total am
ividuals that are not listed on For	(II) Do not list any individuals that are not listed on For
ch listed individual must equal th	lumns (B)(I)-(III) for each listed individual must equal th
ividuals that are n	(II) Do not list any individuals that are n
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Schedule J (Form 990) 2015

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VP, Technology Policy

9 Doug Johnson

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8 Julie Kearney VP, Regulatory Affai

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-Travel for companions CEO's and other executive spouse travel -Health or social club dues CEO and VP of Sales and Business Development country club membership

Explanation

Return Reference

Part I, Line 1a

in 2015, Gary Shapiro was paid \$487,500 under a deferred compensation plan. Per the contract payment is based on his continuous employment through.

2/31/2010 Annual payments equal 50% of base salary as of 12/31/2010 paid in 12 equal monthly installments. Senior executive are eligible for the Special Incentive Plan (SIP) ELIGIBLE EMPLOYEES WOULD RECEIVE AN AMOUNT EOUAL TO THEIR ANNUAL CASH BONUS THAT WILL BE EARMARKED IN THE SIP UPON THE THIRD ANNIVERSARY OF THE CREATION OF THE SPECIAL INCENTIVE PLAN AND EVERY YEAR

HEREAFTER, ELIGIBLE EMPLOYEES WILL BE ENTITLED TO WITHDRAW THE AWARD MADE THREE YEARS PRIOR SIP AMOUNTS PAID IN 2015 KAREN CHUPKA \$90,000 GLENDA MACMULLIN \$100,000 MICHAEL PETRICONE \$88,000 JEFF JOSEPH \$80,000 BRIAN MARKWALTER \$55,000

Schedule J (Form 990) 2015

Software ID:

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( <b>A</b> ) Name and Title	1	(B) Breakdown of W-2 and/or 1099	W-2 and/or 1099-MISC	C compensation	(c) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Baca	(ii)	(III)	other deferred compensation	benefits	(B)(I)-(D)	column (B) reported as deferred
		Compensation	incentive compensation	reportable compensation				on prior Form 990
1Gary Shapiro President & CEO	Ξ	1,216,914	45,68	20,19	20'5	,14	5,01	7,50
	Ξ		0	0	0	1 1 1	1 1 1	0
-1	‡					0	O	
IKaren Chupka SVP CES & Corp Bus	Ξ	352,215	114,107	90,562	140,607	9,103	706,594	000'06
Strat/Sec	Ξ	0		0	0			
2Glenda MacMullin	Ξ	434,434	115,885	108,812	142,385	18,168	819,684	100,000
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<b>3</b> Michael Petricone Sr VP Govern & Regu	(i)	386,128	104,50	069'06		1,818	714,136	000'88
	Ξ	0					! !	
41000 Joseph	‡	6					- 1	
4Jeff Joseph Sr VP, Comm Strat R	Ξ	360,452	98,725	80,350	120,425	23,708	099'889	000'08
	Ξ	0						
5Brian Markwalter Sr VD Becoarch and	Ξ	63,91	72,050	55,400	98,551	23,338	513,258	55,000
	Ξ	0		1	1			
	,					0	0	
<b>6</b> Walter Alcorn VP, Environmental Affairs and	Ξ	208,036	40,03	100	25,156	23,064	296,386	0
	Ξ	0	0	0	0	0	0	0
7Julie Keamey VP, Regulatory Affai	Ξ	246,803	47,59	2,900			5,0	0
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<b>8</b> Doug Johnson VP, Technology Policy	Ξ	202,072	40,51	220			2	0
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**Transactions with Interested Persons** ► Complete if the organization answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ.

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2015

Schedule L

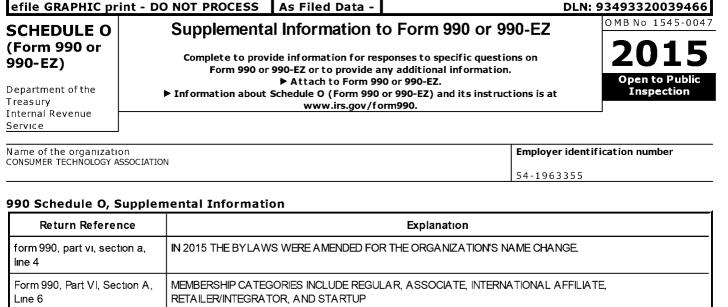
(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue S		Information a	about Sche	•	990 or 990-EZ) ov /form990.	and its instru	ıctions	is at			n to Pu Ispecti	
Name of the or		N						<b>nploye</b>		fication	n number	r
	ess Benefit T						)(29)	organı	zations			
	plete if the organi											
<b>1 (a)</b> Nar	ne of disqualified	person	( <b>b</b> ) Re		tween disqualif rganization	ned person and	a (•	•	criptior saction	1 01	(d) Corr Yes	No No
3 Enter the Part II Lo	amount of tax, if a common to and/o complete if the organization reports	any, on line 2, or <b>From Int</b> anization answ	above, rei terested wered "Yes	mbursed by t  Persons.  on Form 99	he organization	n				ne 26, d	or if the	
(a) Name of interested person	(b) Relationshi with organizatio		(d) Loan or from t organizati	he	(e)Original principal amount	<b>(f)</b> Balance due		) In ault?	(h Appro by boa	oved ard or	(i)Wrı agreen	
			То	From			Yes	No	Yes	No	Yes	No
Glenda (1) MacMullin	Employee	emp bene- mort assist		X	25,000	0		No	Yes		Yes	
<del>-</del>												
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(a) Name of pers		rganization of Relationshi terested person organizat	p between on and the	1	orm 990, Par t of assistance			stance	e (e)	Purpos	e of ass	ıstance

_				
Part V Supplemental I	nformation			

Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions)

Page 2



990 Schedule O. Supplemental Information

Return

Doforonce

line 7b

Reference	
form 990, part	MEMBERS OF THE BOARD OF INDUSTRY LEADERS SHALL BE ELECTED AT THE ANNUAL MEETING OF THE MEMBERS OF
vı, section a,	THE CORPORATION, AT WHICH A QUORUM IS PRESENT, BY MAJORITY VOTE OF THE REGULAR MEMBERS PRESENT
line 7a	EXECUTIVE BOARD MEMBERS SHALL BE FLECTED AT THE ANNUAL MEETING OF THE BOARD OF INDUSTRY LEADERS, AT

Explanation

EXECUTIVE BOARD MEMBERS SHALL BE ELECTED AT THE ANNUAL MEETING OF THE BOARD OF INDUSTRY LEADERS. AT WHICH A QUORUM IS PRESENT. BY MAJORITY VOTE OF THOSE PRESENT OR AT THE ANNUAL MEETING OF THE MEMBERS. AT WHICH A QUORUM IS PRESENT. BY A MAJORITY OF THE REGULAR MEMBERS PRESENT

APPROVAL OF BOARD AND OFFICERS

form 990, part vi. section a.

990 Schedule O, Supplemental Information

Return Reference	Explanation
form 990, part vi, section b, line 11	MEMBERS OF THE FINANCE DEPARTMENT INCLUDING THE COO/CFO REVIEW THE 990 PRIOR TO FILING
form 990, part vi, section b, line 12c	EACH NEW EMPLOYEE SHALL BE REQUIRED TO REVIEW A COPY OF THIS POLICY AND TO ACKNOWLEDGE IN WRITING THAT HE OR SHE HAS DONE SO EACH EMPLOYEE SHALL ANNUALLY COMPLETE A DISCLOSURE FOR M IDENTIFY ING ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES IN WHICH THE EMPLOYEE IS INVOL  VED THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST THIS POLICY SHALL BE REVIEWED ANNUALLY BY CEA LEADERSHIP ANY CHANGES TO THE POLICY SHALL BE COMMUNICATED IM MEDIATELY TO ALL EMPLOYEES

990 Schedule O. Supplemental Information

STATEMENTS AVAILABLE TO THE PUBLIC

Return Reference

section c. line 19

 15a - THE COO/CFO AND THE COMPENSATION COMMITTEE MEET TO SET METRICS FOR CEO CONTRACT 15b - THE CEO, COO/CFO AND THE COMPENSATION COMMITTEE MEET TO SET COMPENSATION FOR KEY EMPLOYEES FOR KEY EMPLOYEES
KEY EMPLOYEES

Explanation

form 990, part vi, THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS. CONFLICT OF INTEREST POLICY, OR FINANCIAL

990 Schedule O, Supplemental Information

Return Reference Explanation

	·
FORM 990 PART IX LINE 11G	DESCRIPTION TEMPORARY STAFFING TOTAL FEES 429277

DESCRIPTION DATA PROCESSING TOTAL FEES 28630

FORM 990 PART IX LINE 11G

990 Schedule O, Supplemental Information

Return Reference Explanation

110101111110101101	
FORM 990 PART IX LINE 11G	DESCRIPTION CONFERENCE SERVICES TOTAL FEES 4880786

FORM 990 PART IX LINE 11G DESCRIPTION CONFERENCE SERVICES TOTAL FEES 4880786

FORM 990 PART IX LINE 11G DESCRIPTION OTHER SERVICES TOTAL FEES 5471384

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SCHEDULE R		<b>Organizations and Unrelated Partnerships</b>	nd Unrelated	Partnership	S	OMB No 1545-0047	545-0047
(Form 990)	► Complete if the organi	anization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	s" on Form 990, Part	IV, line 33, 34, 35b	, 36, or 37.	<b>70</b>	15
Department of the Treasury Internal Revenue Service	► Attach to Form 990. ► Info	► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.	R (Form 990) and its	s instructions is at	www.irs.gov/form	Open to Public Inspection	Public ction
Name of the organization CONSUMER TECHNOLOGY ASSOCIATION	NO:				Employer identi	Employer identification number	
Part I Identification	n of Disregarded Entities Complete	54-196 e if the organization answered "Yes" on Form 990, Part IV, line 33	answered "Yes" on	Form 990, Part	1 54-1963355 IV, line 33.		
Name, address, and EIN (	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income Er	(e) End-of-year assets	(f) Direct controlling entity	
Part II Identification or more related	Identification of Related Tax-Exempt Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	ations Complete if the tax year.	e organization ans	swered "Yes" on	Form 990, Part IV	, line 34 because it h	ad one
Name, address, and	(a) Name, address, and EIN of related organization	Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(if section 501(c)(3))	(f) Direct controlling entity	Section 512(b) (13) controlled entity?
(1)CONSUMER TECHNOLOGY ASSOC Foundation 1919 SOUTH EADS STREET arlington, VA 22202 R0-0194042	. Foundation	supporting	۸۸	501(c)(3)	11a	иа	
(2)INTERNATIONAL CES (SHANGHAI) EXHIBITION ROOM 1535NO 66HUA YUAN SHI QIAO SHANGHAI, PUDONG NEW DISTRI CH	) EXHIBITION	trade assoc	5	501(c)(6)	N/A	CTA	Yes
For Paperwork Reduction Act	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 50135Y	35Y		Schedule R (Form 990) 2015	990) 2015

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

(k) Percentage ownership					
al or ging ier?	No				
Gener Gener mana partr	Yes				
Share of Disproptionate Code V-UBI General or assets allocations Schedule K-1 (Form 1065)					
ons?	No				
(h) Disproprt allocati	Yes				
(g) Share of [end-of-year assets					
t Share of Share of Dispersion of total income end-of-year all assets massets					
Predominant income (related, to unrelated, excluded from tax under sections 512-514)	(: 1)				
(d) Direct controlling entity					
(c) Legal domicile state or foreign					
Primary activity Legal domicile (state or foreign country)					
(a) Name, address, and EIN of related organization					

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

(-)	(4)	3	5	[3	9	[1]	(4)	3		
(a) Name, address, and EIN of	Primary activity	(C) Legal	Direct controlling	Type of entity	trolling   Type of entity   Share of total   Sha	(y)	Percentage	Section 512		
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)		
		(state or foreign		согр,		assets		controlled		
		country)		or trust)				entity?		
								Yes	Ŷ	
							Schedule	Schedule R (Form 990) 2015	0) 201	15

(10111 )					r age	,
Part V Transactions With Related Organizations Complete if the organization answered "Yes"	on Form	990, Part IV, line	e 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				, X	Yes No	
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	e related organizations li	sted in Parts II-IV	^			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.				1a	S.	ه[
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b Ye	Yes	[
<b>c</b> Gift, grant, or capital contribution from related organization(s)				11	Š	ه ا
<b>d</b> Loans or loan guarantees to or for related organization(s)				뭐	Š	٥
e Loans or loan guarantees by related organization(s)				1e	No	ا ہ ِ
				;		
f Dividends from related organization(s)				1f		
<b>g</b> Sale of assets to related organization(s)				19	N <sub>N</sub>	ا ،
<b>h</b> Purchase of assets from related organization(s)				ŧ,	ž	。
i Exchange of assets with related organization(s).	•			17	2	。
i Lease of faculities, equipment, or other assets to related organization(s)				1j Ye	Yes	
	•			+	+	
( ) and the many both low most above to the second most long and letter to the second long to the second lon				<u> </u>	2	6
Lease of facilities, equipment, of other assets from refaced organizati				+	4	<u>.</u>
I Performance of services or membership or fundraising solicitations for related organization(s)				# #	Yes	
				-	-	
$oldsymbol{m}$ Performance of services or membership or fundraising solicitations by related organization(s) .				ĘŢ	2	ا ہ
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).				<b>1</b> n	N <sub>O</sub>	٥
o Sharing of paid employees with related organization(s)				10	ž	。
					<u> </u>	1
n Reimbirsement naid to related organization(s) for expenses				1p	2	ا .
				+	4	,
<b>q</b> Reimbursement paid by related organization(s) for expenses				19 Ye	Yes	
<b>r</b> Other transfer of cash or property to related organization(s)				#	2	.
				٤	Ž	6
<b>s</b> Other transfer of cash or property from related organization(s)				3	2	<u>.</u>
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	sploi		
<b>(a)</b> Name of related organization	(b) Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved	<b>I)</b> ng amount invol	lved	
(1)INTERNATIONAL CES (SHANGHAI)EXHIBITION CO LTD	q	700,000	cash paid			

Page 4

Schedule R (Form 990) 2015

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

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)	Predominant income (related, unrelated, excluded from tax under sections 512-	Are a s 50 orga	(e) Are all partners section 501(c)(3) organizations?	Share of total income	(g) Share of end-of-year assets	(h) Disproprtonate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes No	_
										•		
										Sched	Schedule R (Form 990) 2015	990) 2015

Explanation

Schedule R (Form 990) 2015

Return Reference