#### DLN: 93493307023380

OMB No. 1545-0047

2019

Department of the Treasury

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

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

		nue Service			l i i	- 01 01 201	0	J: 4.3	24 204				
				ear, or tax year borganization	beginning	01-01-201	.9 , and end	iing 12	2-31-201	.9	D Employer i	dentif	ication number
		pplicable: change		PUTING TECHNOLOG	GY INDUSTR	Y ASSOC							
□ Nai		-	Doing bus	cinose as							06-105820 -	0	
☐ Init		turn n/terminated	Doing bus	siriess as									
		return		ind street (or P.O. bo		not delivered to	o street address	s) Room	n/suite		E Telephone n	umber	
□ Арі	olicatio	on pending		EY ROAD SUITE 100							(630) 678-	8300	
				wn, state or province S GROVE, IL 60515		and ZIP or fore	ign postal code				<b>G</b> Gross receip	ite & Ri	6 097 793
			<b>F</b> Name	and address of pri	rincipal offi	cer:			H/a	) Is th	is a group return		
			TODD TH	IBODEAUX					"("		ordinates?	1 101	□Yes <b>☑</b> No
				EY RD 100 S GROVE, IL 605:	15				H(b	) Are	all subordinates		☐ Yes ☐No
[ Tax	<-exer	npt status:	☐ 501(c)	(3) <b>2</b> 501(c)(	6 ) <b>◀</b> (inser	rt no.}	1947(a)(1) or	□ 527	,		ided? lo," attach a list.	(see	
J W	ebsit	e:▶ WW	/W.COMPTI			<u> </u>			I	) Grou	p exemption nu	mber	•
									1-		Tas		
<b>K</b> Forn	n of o	rganization:	: 🗹 Corpor	ation 🗌 Trust 🔲	Associatio	n 🔲 Other 🕨	•		<b>L</b> Yea	r of forn	nation: 1982 M	State	of legal domicile: CT
Pa	ırt I	Sumi	mary								<b>_</b>		
	1 8	Briefly des	scribe the o	rganization's miss									
				DBAL TECH INDUS G B2B PARTNERS									
မှ	F	OR INNO	VATION, A	SKILLED WORKFO	ORCE AND								
anc	]	rechnolo	OGY BUSIN	ESS SOLUTIONS.									
em	_												
Governance	-												
				if the organization if the government in the second in the government in the governm								ts. <b>3</b>	16
Activities &			_	ent voting membe	-		•					4	15
<b>X</b>			•	viduals employed		-		,				5	273
AC				unteers (estimate		•	•	•				6	1,690
				ness revenue from								7a	152,637
	b	Net unrel	lated busine	ess taxable income	ne from For	m 990-T, lin	e 39				•	7b	151,637
										Pı	rior Year		Current Year
Qi.	8	Contribut	ions and gr	ants (Part VIII, lin	ne 1h) .						124,550		1,649
Rəvenue	9	Program	service rev	enue (Part VIII, lin	ne 2g) .						73,289,102		84,035,239
Rev	10	Investme	nt income	(Part VIII, column	(A), lines	3, 4, and 7d	)				5,539,606		2,060,905
				VIII, column (A), I							2,817,477	_	0
				lines 8 through 11		<u> </u>					81,770,735		86,097,793
				mounts paid (Part			•				4,563,576		2,748,337
		•		or members (Part							0		40,109,446
Expenses			•	ensation, employ sing fees (Part IX,		-			''  -	35,367,702 40,1			
e)				sing rees (Part IX, ses (Part IX, column	•								0
짚				t IX, column (A), l		-	e)				38,340,034		44,516,526
		•		lines 13–17 (mus			-				78,271,312		87,374,309
		•		ses. Subtract line	•	•					3,499,423		-1,276,516
8 G									В	ginnin	g of Current Year		End of Year
Net Assets or Fund Balances												_	
Ass Ba				line 16)							36,057,742	<del>                                     </del>	30,801,925
End				X, line 26)							27,279,024	<del>                                     </del>	28,717,713
	ill	_	ature Blo	alances. Subtract	i iine ZI fro	om line 20 .		•			8,778,718		2,084,212
				clare that I have	examined	this return, i	ncluding acco	mpanyi	ing sched	ules ar	nd statements, a	nd to	the best of my
knowl any ki			f, it is true,	correct, and com	nplete. Dec	laration of p	reparer (othe	r than c	officer) is	based	on all informatio	n of v	which preparer has
arry K	i owic	lı											
		******	* ure of officer								120-10-30 ate		
Sign										De	rte		
Here	i		LAFFEY CFO r print name										
		14		parer's name	Pre	eparer's signati	ure		Date		PTIN	ı	
Paic	1		. ,,						2020-10			95979	3
Pre		er 🖪	irm's name	► BAKER TILLY US	S LLP				•		rm's EIN ► 39-085	9910	
Use		<u> </u>	irm's address	s ► 205 N MICHIGAN	V AVE 2800					DH	none no. (312) 729	-8000	
			5 dadi 63	CHICAGO, IL 60							ione no. (312) 729	0000	
<u> </u>			LL: ·	·								[.#].	
۹ay tا	ne IR	S discuss	this return	with the preparer	r shown at	oove? (see in	structions)					⊻ \	∕es □No

Form	990 (2019)				Page <b>2</b>
Pa	rt III Statement	of Program Service Ac	complishments		
	Check if Sche	dule O contains a response o	note to any line in this Part III		🗹
1	Briefly describe the o	organization's mission:			
			ORMATION TECHNOLOGY INDUSTRY		UCATIONAL PROGRAMS,
MARI	KET RESEARCH, NETW	ORKING EVENTS, PROFESSIO	NAL CERTIFICATIONS, AND PUBLIC PO	OLICY ADVOCACY.	
2	Did the organization	undertake any significant pro	gram services during the year which w	vere not listed on	
	the prior Form 990 o	or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Schedule	0.		
3	Did the organization	cease conducting, or make si	gnificant changes in how it conducts, a	iny program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedule O.			
4	Describe the organiz	ation's program service accor	nplishments for each of its three larges		
			required to report the amount of gran	nts and allocations to others	s, the total
	expenses, and reven	ue, if any, for each program s	service reported.		
4a	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	72,648,360 )
	See Additional Data				, , ,
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	2,624,126 )
	See Additional Data				
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	8,349,476 )
	See Additional Data				
	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	414,926 )
			DUSTRY RESEARCH FOR ITS MEMBERS FREE		
			AMICS, AND THE IT WORKFORCE. COMMUNI O 6 ADVISORY COUNCILS TO SERVE ITS MEM		
			COMMUNITY, BENELUX BUSINESS TECHNOL		
			IK BUSINESS TECHNOLOGY. THE ADVISORY I APPLICATIONS ADVISORY COUNCIL, CHANNE		
		JBLIC ADVOCACY - AS A VOICE IN FEN COMMENTS ON VARIOUS IT IN	GOVERNMENT THE ASSOCIATION COORDIN	ATES WITH ITS MEMBER COMP.	ANIES TO PROVIDE EXPERT
	TESTIMONT AND WRITE	TEN COMMENTS ON VARIOUS IT II	NUUSINI-NELATEU MATTERS.		
4d	Other program servi	ces (Describe in Schedule 0.)			
	(Expenses \$	,		Revenue \$	414,926 )
4e	Total program serv	vice expenses >	- · · · · · · · · · · · · · · · · · · ·	· ·	·

Form 990 (2019) Page <b>3</b>										
Par	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	<u> </u>	No						
	· · · · · · · · · · · · · · · · · · ·	2	<u> </u>	No						
	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 2	3	Yes	<u></u>						
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	l'							
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							
	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? <i>If "Yes," complete Schedule D,</i> Part   📆	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						
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No						
	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? <i>If "Yes," complete Schedule D, Part V</i>	10		No						
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.									
	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							
	assets reported in rate X, line 10. If res, complete schedule B, rate Vii 2 1 1 1 1 1 1 1 1	11b		No						
	total assets reported in rail x, line 10. 17 Feb, complete schedule b, rail viii 2 1 1 1 1 1 1 1 1	11c	<u> </u>	No						
	in rain, in co. in res, complete senedate b, rain 2	11d	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	1 _						
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	12a		No						
	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	12b		No						
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	No						
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes							
	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	Yes							

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

16

17

18

19

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

16

17

18

19

20a

20b

21

Yes

Form **990** (2019)

Nο

Nο

Nο

Nο

Nο

rm 9	990 (2019)			Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
	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
	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	
	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 and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			<b>✓</b>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   359			

Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1b

0

**1**c

Yes

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	273		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2/3 2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 3b	Yes	
_	At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	
D	If "Yes," enter the name of the foreign country: ►JA, UK, SF, BE, CA, GM, IN  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FB	(AB)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gift: not tax deductible?	s were <b>6b</b>	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and provided to the payor?	services <b>7a</b>		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Form 8282?	to file 7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 1098-C?	Form <b>7h</b>		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	. 8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a b				
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	? <b>12a</b>		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
	Is the organization subject to the section 4900 tax on payment(s) or more than \$1,000,000 in remuneration or parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 15		No
16	16		No	

Form	990 (2019)			Page <b>6</b>
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	•	onse to i	ines
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 16			
	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 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u> Code</u>		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
		16b	Yes	
	<b>ction C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed▶			
17	List the states with which a copy of this Form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  BRIAN LAFFEY 3500 LACEY ROAD SUITE 100 DOWNERS GROVE, IL 60515 (630) 678-8300			

(17) TODD THIBODEAUX

PRESIDENT/CEO

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part  $\mbox{VII}\,\,$  .

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 • 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."

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

- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- 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.

Check this box if neither the organization no	r any related or	ganizat	ion c	omp	ens	ated a	any (	current officer, dire	ctor, or trustee.		
(A) Name and title	(B) Average hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations	
(1) GORDON PELOSSE	1.00										
CHAIR		X						0	0	0	
(2) SCOTT BARLOW VICE CHAIR	1.00	х						0	0	0	
(3) QUY NGUYEN	1.00										
VICE CHAIR	•••••	Х						0	0	0	
(4) AMY KARDEL JD PAST CHAIR	1.00	Х						0	0	0	
(5) MJ SHOER IMMEDIATE PAST CHAIR	1.00	X						0	0	0	
(6) STEVE CAPPER DIRECTOR	1.00	Х						0	0	0	
(7) TONI CLAYTON-HINE DIRECTOR	1.00	Х						0	0	0	
(8) GEORGETTE FRASER-MOORE DIRECTOR	1.00	X						0	0	0	
(9) ERIC HUGHES	1.00	X						0	0	0	
DIRECTOR		Α .						, and the second	-		
(10) JASON MAGEE DIRECTOR	1.00	X						0	0	0	
(11) LISETTE MARTINEZ DIRECTOR	1.00	X						0	0	0	
(12) TRACY POUND DIRECTOR	1.00	Х						0	0	0	
(13) ROBERT RAE DIRECTOR	1.00	Х						0	0	0	
(14) JOHN SCOLA DIRECTOR	1.00	Х						0	0	0	
(15) RAJA K SINGH DIRECTOR	1.00	Х						0	0	0	
(16) LOUIS STEWART DIRECTOR	1.00	Х						0	0	0	

40.00

37,715

1,256,853

Form 990 (2019)			<del>_</del>	_	_						Page <b>8</b>
Part VII Section A. Officers, Directors	i i	ey Em	ploy			ıd Hig	<u>jhe</u> s		1		
(A) Name and title	(B) Average hours per week (list any hours for related	than o	one bo	ox, u an of tor/t	ot che unles fficer trust		rson a	compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-	Estim amount of compen from organizat	nated of other nsation n the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	relat organiz	ited
(18) BRIAN LAFFEY CFO	40.00 5.00	×		х				335,194	0		28,407
(19) COURTNEY FONG CHIEF LEGAL OFFICER	40.00 3.00	x		Х				298,930	0		31,444
(20) JOHN MCGLINCHEY  EVP - GLOBAL CERTIFICATION	40.00					х		638,218	0		34,211
(21) JOSEPH PADIN VICE PRESIDENT SALES	40.00					х		450,164	1 0	,	23,139
(22) DENNIS KWOK VICE PRESIDENT SALES	40.00					х		404,438	0		27,941
(23) NANCY HAMMERVIK  EVP - INDUSTRY RELATIONS	40.00					х		391,160	0		28,107
(24) KIRK SMALLWOOD SENIOR DIRECTOR SALES	40.00		!			х		363,603	0		26,472
1b Sub-Total						<u> </u>					
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)  2 Total number of individuals (including but of reportable compensation from the orga	t not limited to t	those lis			•	who red	 ceiv	4,138,560 yed more than \$100	0,000		237,436
3 Did the organization list any former office	ar director or t	trustee.	l/eV	-mr	love	or l		est compensated e	maloves on	Yes	No
line 1a? <i>If "Yes," complete Schedule J for</i> 4 For any individual listed on line 1a, is the	such individual	/	•	٠	•		٠.		3		No
organization and related organizations gre									4	Yes	
<b>5</b> Did any person listed on line 1a receive or services rendered to the organization? <i>If</i> "									<u> </u>		No
Section B. Independent Contractors  1 Complete this table for your five highest of	compensated in									nsation	
from the organization. Report compensati										(c	<u>~`</u>
	business address						—	Descript	otion of services	Comper	nsation
PO BOX 650615 DALLAS, TX 75265								HEALIN 1950.	ANCE		2,981,901
LOGICAL OPERATIONS 3535 WINTON PLACE								CONTENT PROV	VIDER	2	2,193,692
ROCHESTER, NY 14623 SURGE IT SERVICES LLC				—				CONSULTING		1	1,146,801
502 S SHARP STREET SUITE 2200 BALTIMORE, MD 21201 CLUNE CONSTRUCTION COMPANY								BUILDING CON	NCTBLICTION	<u> </u>	1,063,809
10 SOUTH RIVERSIDE PLAZA SUITE 220 CHICAGO, IL 60606								00122	15 TRUCTION		,000,00
3500 LACEY ROAD CO HAMILTON PARTNERS 300 PARK BOULEVARD SUITE 500								RENT		1	1,050,434
ITASCA, IL 60143  Total number of independent contractors (in	ncluding but no	t limite	d to t	 :hose	 e list	ed ab	ove)	who received mor	 e than \$100,000 of	f ·	
compensation from the organization ▶ 66				_	_		_				<b>0</b> (2019)

Total revenue   Related or   Country   Exercise   Related or   Country		_	Statement	of =	) OV 0 =						Page <b>9</b>
Total revenue	rart V	uli i	<del></del> '			resno	onse or note to an	v line in this Part VIII			$\square$
			CHECK II SCHOOL	uic	o contains a	гезре	of flote to all	(A)	(B) Related or exempt function	Unrelated business	(D) Revenue excluded from tax under sections 512 - 514
Business Code		1a	Federated campa	aigns	[	1a					022 021
Business Code	unt	b	Membership due	s.	. [	<b>1</b> b					
Business Code	James		_		Ŀ						
Business Code	lar /				Ŀ						
Business Code	E.	_	•	•	· [	1e	1,649				
Business Code	er S	١	and similar amount	s not	included	1f					
Business Code	O <del>t</del>	g	Noncash contributio	ns in	cluded in	1.0					
Business Code	nd	h		1a-1	L f		•				
2a GRITIFICATION TESTS			- I otali / Ida III o				Business Code	1,649			
TATATING PROCESANTS   541900   8,349,778   6,349,778	2	2a	CERTIFICATION TEST	ΓS				72,648,360	72,648,360		
9 Total: Add lines 2a-2f.   04,035,239  3 Investment income (including dividends, interest, and other similar amounts)   4 Income from investment of tax-exempt bond proceeds   5 Royalties   (ii) Real (iii) Personal   6a   (iii) Personal   7a   (iii) Personal   7a	ا <u>ڇ</u>		TRAINING DROCRAM				341300	8,349,476	8,349,476		
9 Total: Add lines 2a-2f.   04,035,239  3 Investment income (including dividends, interest, and other similar amounts)   4 Income from investment of tax-exempt bond proceeds   5 Royalties   (ii) Real (iii) Personal   6a   (iii) Personal   7a   (iii) Personal   7a	e Ke	b	TRAINING PROGRAM	5			541900	5,5 .5 , 5	2,2 .2, 2		
9 Total. Add lines 2a-2r.	e	c	MEMBERSHIP DUES				900099	2,624,126	2,624,126		
9 Total. Add lines 2a-2r.	₹ Ş	d ·	ALL OTHER PROGRAM	M SER	RVICES		541900	260,640	260,640		
9 Total. Add lines 2a-2r.	<u>ج</u>		ADVEDTICING INCOM	<b>4</b> E			311300	152.637		152.637	
9 Total. Add lines 2a-2r.	100 L	e	ADVERTISING INCOM	41E			511190				
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties	_	f.	All other program	serv	ice revenue.		1				
### Similar amounts   ### All norme from investment of tax-exempt bond proceeds   ### S Royalties   ##	-   ,	g	Total. Add lines 2	2a-2	f	•	84,035,239		l		
4 Income from investment of tax-exempt bond proceeds  5 Royalties	3	3 Iı	nvestment income						;		2,060,905
Ga Gross rents b Less; rental expenses c Rental income or (loss) d Net rental income or (loss).  7a Gross amount from sales of other inventory b Less; rose or other inventory b Less; rose or other inventory for income from fundraising events c Gain or (loss) d Net gain or (loss) Zc Osh or (loss) c See Part IV, line 19 b Less; clored expenses c Rental income or (loss) from fundraising events c Net income or (loss) from fundraising events c Net income or (loss) from gaming activities.  9a Gross income from gaming activities b Less; cost of goods sold b Less; cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue  Business Code  11a b d All other revenue e Total. Add lines 11a-1.1d b 13. Table statewards for intervatives.	4		,				· · · · · · · · · · · · · · · · · · ·				
Ga Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss).  d Net rental income or (loss).  (ii) Securities (iii) Other  7a Gress amount from sales of the intervention o	5	<b>5</b> R	Royalties					•			
b Less: rental expenses 6b 6c					(i) Rea	al .	(ii) Personal				
excenses c Rental income or (loss) d Net rental income or (loss).  7a Gross amount from the inventory b Less; cost or other base and sales expenses c Gain or (loss) 77b Jacob	6	ĵa '	Gross rents	6a							
C Rental income or (loss)  d Net rental income or (loss)	b	_		6b							
d Net rental income or (loss)	c	2	Rental income								
Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses  c Gain or (loss)  d Net gain or (loss)  d Net gain or (loss)  c Gain or (loss)  To contributions reported on line 1c).  See Part IV, line 18					(loss)			_			
from sales of assets other than inventory  b Lass: cost or other basis and sales expenses  c Gain or (loss)  d Net gain or (loss)  3a Gross income from fundraising events c intetuding s of contributions reported on tine 1c).  See Part IV, line 18			Tree remaining								
assets other than inventory by Less: cost or other basis and sales expenses cost of social	7			7a							
other basis and sales expenses  c Gain or (loss)  7c  d Net gain or (loss)  8a Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18			assets other								
Total Landson Control	b			7b							
d Net gain or (loss)											
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a  b Less: direct expenses 8b c Net income or (loss) from fundraising events	c		Gain or (loss)	7c							
In the tuning is contributions reported on line 1c). See Part IV, line 18											
9a Gross income from gaming activities. See Part IV, line 19	<u> </u>		(not including \$		of						
9a Gross income from gaming activities. See Part IV, line 19	5										
9a Gross income from gaming activities. See Part IV, line 19	2	b	Less: direct expen	ses		-					
9a Gross income from gaming activities. See Part IV, line 19	5	С	Net income or (los	ss) fr	om fundraisi	ing ev	ents 🕨				
See Part IV, line 19		a	Gross income from	gami	ing activities.						
c Net income or (loss) from gaming activities						1					
10aGross sales of inventory, less returns and allowances							i				
returns and allowances 10a b Less: cost of goods sold 10b  c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code  11a  b  c  d All other revenue		С	Net income or (los	ss) fr	om gaming	activit	les •				
b Less: cost of goods sold	10	0a	Gross sales of inveretures and allower	entor	y, less	10					
c Net income or (loss) from sales of inventory .   Miscellaneous Revenue Business Code  11a  b  c  d All other revenue  e Total. Add lines 11a-11d						_		$\dashv$			
b  c  d All other revenue  e Total. Add lines 11a-11d								_			
d All other revenue				us R	evenue		Business Code				
d All other revenue e Total. Add lines 11a–11d	1	ι1a	a								
d All other revenue e Total. Add lines 11a–11d		b.									
d All other revenue  e Total. Add lines 11a-11d											
e Total. Add lines 11a-11d		c									
e Total. Add lines 11a-11d											
12 Total vavanua Cos instructions											
12 Total revenue. See instructions							•				
86,097,793 83,882,602 152,637	1	12	Total revenue. S	ee ir	structions .	• •	• • • •	86,097,793	83,882,602	152,637	2,060,905

Part IX Statement of Functional Expenses				Page 10
Section 501(c)(3) and 501(c)(4) organizations in	nust complete all columns.	All other organizati	ons must complete col	umn (A).
Check if Schedule O contains a response or note	e to any line in this Part IX		<u></u>	<u> 🗆</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
Grants and other assistance to domestic organizations a domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	•			
<b>3</b> Grants and other assistance to foreign organizations, for governments, and foreign individuals. See Part IV, lines and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	d 4,375,996			
<b>6</b> Compensation not included above, to disqualified person defined under section 4958(f)(1)) and persons described section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	27,990,942			
<b>8</b> Pension plan accruals and contributions (include section (k) and 403(b) employer contributions)	401 1,538,586			
9 Other employee benefits	4,389,702			
<b>10</b> Payroll taxes	1,814,220			
<b>11</b> Fees for services (non-employees):				
a Management				
<b>b</b> Legal	560,564			
c Accounting	550,372			
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<ul><li>g Other (If line 11g amount exceeds 10% of line 25, colun</li><li>(A) amount, list line 11g expenses on Schedule O)</li></ul>	nn 4,511,978			
12 Advertising and promotion	4,349,551			
13 Office expenses	558,894			
<b>14</b> Information technology	2,779,459			
<b>15</b> Royalties				
<b>16</b> Occupancy	1,589,757			
<b>17</b> Travel	3,470,195			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	3,580,309			
<b>20</b> Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,924,755			
23 Insurance	729,313			
24 Other expenses. Itemize expenses not covered above (L miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COST OF TESTS DELIVERED	14,358,501			
b PROGRAM DEVELOPMENT	3,644,006			
c ALL OTHER EXPENSES	931,972			
d RESEARCH EXPENSES	515,238			
e All other expenses	461,662			
25 Total functional expenses. Add lines 1 through 24e	87,374,309			
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 990 (2019)

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 6,838,452

28.717.713

2.084,212

2,084,212

30,801,925

Form 990 (2019)

(B)

End of year

Page **11** 

Check if Sch	hedule O cont	ains a respons	se or note to a	any line in this l	Part IX .	

L	Cash-non-interest-bearing	5,396,709	1	5,020,3
2	Savings and temporary cash investments	148,230	2	
3	Pledges and grants receivable, net		3	
ŀ	Accounts receivable, net	4,665,794	4	5,425,5

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 Notes and loans receivable, net . . . Assets 8 Inventories for sale or use . . . . Prepaid expenses and deferred charges . 893,150 9 10a Land, buildings, and equipment: cost or other 10a 5.804,414 basis. Complete Part VI of Schedule D

10b 4,734,966 2,258,547 10c b Less: accumulated depreciation 11 11 Investments—publicly traded securities . 12 Investments—other securities. See Part IV, line 11 . 12 13 13 Investments—program-related. See Part IV, line 11 14 14 Intangible assets . 22,695,312 15 15 Other assets. See Part IV, line 11 . . . 36,057,742 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . 17 Accounts payable and accrued expenses 3,201,901 17 18 18 Grants payable . 19 17.491.754 19 Deferred revenue . . . 20 Tax-exempt bond liabilities . .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square</a> and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

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

Retained earnings, endowment, accumulated income, or other funds

1,131,194 1,069,448 18,155,404 30,801,925 2,932,369 18.946.892 20

21

22

23

24

25

26

27

28

29

30

31

32

33

6,585,369

27,279,024

8,778,718

8,778,718

36,057,742

Beginning of year

3h

Form 990 (2019)

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.

#### Additional Data

Software ID:

Software Version:

Form 990 (2019)

INC

**EIN:** 06-1058206

Name: THE COMPUTING TECHNOLOGY INDUSTRY ASSOC

Form 990, Part III, Line 4a: CERTIFICATION - COMPTIA IS THE LEADING PROVIDER OF VENDOR-NEUTRAL CERTIFICATIONS IN THE WORLD. DURING THE CURRENT YEAR 313.352 CERTIFICATION EXAMS WERE GIVEN IN PC SUPPORT, NETWORKING, SECURITY, CLOUD, LINUX, SERVER AND OTHER IT SKILLS. COMPTIA HAS BEEN DELIVERING CERTIFICATION EXAMS FOR MORE THAN 23 YEARS AND IS COMMITTED TO CONTINUALLY IMPROVING THE SERVICE WE PROVIDE TO THE INDUSTRY.

#### Form 990, Part III, Line 4b: MEMBERSHIP - COMPTIA IS A THRIVING COMMUNITY OF ORGANIZATIONS THROUGHOUT THE IT CHANNEL, INCLUDING VENDORS, RESELLERS, DISTRIBUTORS, AND EDUCATORS. OUR MISSION IS TO ADVANCE THE INTERESTS OF OUR VALUED MEMBERS AND THE GLOBAL IT INDUSTRY AS A WHOLE. COMPTIA PROVIDES ITS MEMBERS WITH GLOBAL CERTIFICATIONS AND BUSINESS ACCREDITATIONS. IN-DEPTH INDUSTRY RESEARCH, TARGETED NETWORKING OPPORTUNITIES, IMPACTFUL LEADERSHIP

AND ADVOCACY, AND VALUABLE BUSINESS TOOLS SUCH AS MANAGEMENT EDUCATION, LEGAL TEMPLATES, ROI CALCULATORS, AND BEST BUSINESS PRACTICES.

Form 990, Part III, Line 4c: TRAINING & ELFARNING - COMPTIA PROVIDES EVERYTHING NEEDED TO PREPARE FOR THE CERTIFICATION EXAM. COMPTIA DEVELOPED TRAINING WITH OPTIONS THAT FIT VARIOUS LEARNING STYLES AND TIMELINES INCLUDING SELE-STUDY OR CLASSROOM TRAINING.

# **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

**Employer identification number** 

06-1058206

DLN: 93493307023380

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I-A

5

6

THE COMPUTING TECHNOLOGY INDUSTRY ASSOC

"political campaign activities")

EZ)

SCHEDULE C (Form 990 or 990-

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

▶Go to www.irs.gov/Form990 for instructions and the latest information.

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. 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.

Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of

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

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

2	Political campaign activity expend	ditures (see instructions)		<b>&gt;</b>	\$_		793,830		
3	· · · · · · · · · · · · · · · · · · ·	paign activities (see instructions)							
Par	t I-B Complete if the orga	nization is exempt under see	ction 501(c)(3).						
1	Enter the amount of any excise to	ax incurred by the organization unde	er section 4955	<b>&gt;</b>	\$_				
2	Enter the amount of any excise to	ax incurred by organization manage	rs under section 4955	<b>&gt;</b>	\$_				
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720	for this year?			☐ Yes	□ No		
4a	Was a correction made?					☐ Yes	□ No		
b	If "Yes," describe in Part IV.								
Par	t I-C Complete if the orga	nization is exempt under sec	ction 501(c), exce	ept section 501(c)(3	).				
1	Enter the amount directly expend	led by the filing organization for sec	tion 527 exempt funct	ion activities 🕨	\$_		0		
2	Enter the amount of the filing org		\$_		0				
3	Total exempt function expenditur	es. Add lines 1 and 2. Enter here an	d on Form 1120-POL,	line 17b ▶	\$				
4	Did the filing organization file Fo	rm 1120-POL for this year?				☐ Yes	□ No		
5	organization made payments. For of political contributions received	employer identification number (EIN r each organization listed, enter the that were promptly and directly del ee (PAC). If additional space is need	amount paid from the ivered to a separate p	filing organization's fund olitical organization, such	funds. Also enter the amount				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	0	e) Amount of contributions and promp directly delive separate proganization enter -	received otly and rered to a political . If none,		
(1)	COMPTIA PAC	322 4TH STREET NE WASHINGTON, DC 20002	38-3758906						
2									
3									
4									

Cat. No. 50084S

Schedule C (Form 990 or 990-EZ) 2019

activity.

Form 5768 (election under section 501(h)).

instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference

PART I-A LINE 1:

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

(b)

(a)

Vec | No

activ	iy.	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				_
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				_
e	Publications, or published or broadcast statements?				_
f	Grants to other organizations for lobbying purposes?				_
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				_
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				_
i	Other activities?				_
j	Total. Add lines 1c through 1i				_
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				_
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				_
Par	<b>t III-A</b> Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r secti	on	_
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	1	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		[	3 Yes	
Pai	tIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."				6)
1	Dues, assessments and similar amounts from members	1		2,624	1,126
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a		1,081	
b	Carryover from last year	2b		-1,606	
С	Total	2c			4,027
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues .	3		1,547	7,029
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5		-2,071	1,056
	art IV Supplemental Information				

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see

FAVORABLE TO OUR MEMBERS' INTERESTS.

Explanation

INFORMATION TECHNOLOGY INDUSTRY ADVOCACY RESPONDS TO THE POLITICAL NEEDS OF THE IT COMMUNITY. OUR PUBLIC POLICY WORK LEVERAGES THE INTERPLAY BETWEEN GOVERNMENTS, BUSINESS, INSTITUTIONS, AND INDIVIDUALS TO HELP CREATE AND MAINTAIN BUSINESS CLIMATES THAT REMAIN

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493307023380

OMB No. 1545-0047

2019

## **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.

Open to Public

Department of the Treasury

(Form 990)

Na	me of the organization  COMPUTING TECHNOLOGY INDUSTRY ASSOC	nocidet	ul			er identification	number		
INC					06-1058206				
Pa	rt I Organizations Maintaining Donor Advis Complete if the organization answered "Yes				or Accou	nts.			
	Complete if the organization answered Te			sed funds	(b)	) Funds and other	accounts		
1	Total number at end of year	` `							
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 advisor organization's property, subject to the organization's exc						Yes 🗌 No		
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor,	or for a	any other purpose		impermissible	Yes □ No		
Pa	rt II Conservation Easements.  Complete if the organization answered "Yes	s" on Form 990,	Part 1	V, line 7.					
1	Purpose(s) of conservation easements held by the organ	nization (check all	that ap	ply).					
	Preservation of land for public use (e.g., recreation	or education)		Preservation of ar	historical	ly important land	area		
	Protection of natural habitat			Preservation of a	certified hi	storic structure			
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conserva	tion co	ntribution in the fo		nservation Held at the End o	of the Year		
а	Total number of conservation easements				2a				
b	Total acreage restricted by conservation easements . $% \left( {{{\bf{r}}_{{\bf{r}}}}} \right)$ .				2b				
c	Number of conservation easements on a certified historic	c structure include	d in (a	)	2c				
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06,	and no	ot on a historic	2d				
3	Number of conservation easements modified, transferred tax year ▶	d, released, exting	juished	, or terminated by	the organ	ization during the			
4	Number of states where property subject to conservatio	n easement is loca	ted 🕨						
5	Does the organization have a written policy regarding th and enforcement of the conservation easements it holds	ne periodic monito	ing, in	spection, handling	of violation	ns,	□ No		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of $v$	iolation	ns, and enforcing c	onservatio	n easements durir	ng the year		
7	Amount of expenses incurred in monitoring, inspecting,  ▶ \$	handling of violati	ons, ar	d enforcing conser	vation eas	sements during the	e year		
8	Does each conservation easement reported on line 2(d)				.70(h)(4)(E	3)(i)			
	and section 170(h)(4)(B)(ii)?					☐ Yes	□ No		
9	In Part XIII, describe how the organization reports cons- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the or							
Par	<b>Organizations Maintaining Collections</b> Complete if the organization answered "Yes				ner Simil	ar Assets.			
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition,	educati	on, or research in <sup>.</sup>					
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items:	ic exhibition, educ	ation, (	or research in furth	nerance of	public service, pro	ovide the		
(	i) Revenue included on Form 990, Part VIII, line ${f 1}$				•	<b>\$</b>			
(i	i)Assets included in Form 990, Part X				🕨	• \$			
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1				ncial gain,	, provide the			
а	Revenue included on Form 990, Part VIII, line 1					<b>&gt;</b> \$			
b	Assets included in Form 990, Part X					<b>▶</b> \$			
For I	Paperwork Reduction Act Notice, see the Instruction						orm 990) 2010		

<b>E</b> (11)	4111	Organizations Maintaining Co	nections of Art,	HISCOLI	cai II	easur	es, or	Other	Sillillai ASS	sets (conti	nuea)
3		the organization's acquisition, accessic (check all that apply):	n, and other records		any of t	he follo	wing tl	hat are a	significant us	e of its coll	ection
а		Public exhibition		d		Loan or	r excha	inge prog	ırams		
b		Scholarly research		е		Other					
c		Preservation for future generations									
4	Provid Part >	de a description of the organization's co	llections and explain	how the	ey furth	er the c	organiz	ation's e	kempt purpos	e in	
5	Durin	g the year, did the organization solicit on the solicit of the sold to raise funds rather than t								☐ Yes	□ No
Par	t IV	Escrow and Custodial Arrange Complete if the organization ansa X, line 21.	ements.								
<b>1</b> a	Is the	e organization an agent, trustee, custod led on Form 990, Part X?	ian or other intermed	diary for	contrib	utions (	or othe	r assets 	not 	Yes	□ No
b	If "Ye	s," explain the arrangement in Part XII	I and complete the f	ollowing	table:		Γ		An	nount	
С		ning balance		_			ļ	1c			
d	Additi	ions during the year						1d			
е	Distri	butions during the year					.	1e			
f	Endin	g balance					. [	1f			
2a	Did th	ne organization include an amount on F	orm 990, Part X, line	21, for	escrow	or cust	odial a	ccount lia	ability?	☐ Yes	□ No
b	If "Ye	s," explain the arrangement in Part XII	I. Check here if the ε	explanati	ion has	been pi	rovided	in Part	XIII		
Pa	rt V	Endowment Funds.				·					
		Complete if the organization ans							I		
4 -	D = =i==	:	(a) Current year	<b>(b)</b> P	rior year	· (c)	) Two ye	ears back	(d) Three year	s back (e) F	our years back
	-	ing of year balance									
		outions								-	
		estment earnings, gains, and losses								-	
		or scholarships								-	
		expenditures for facilities ograms									
f	Admini	strative expenses									
g	End of	year balance									
2	Provid	de the estimated percentage of the curr	ent year end balance	e (line 1	g, colun	nn (a))	held as	5:			
а	Board	l designated or quasi-endowment 🟲									
b	Perma	anent endowment ►									
С	Temp	orarily restricted endowment <b>&gt;</b>									
	The p	ercentages on lines 2a, 2b, and 2c show	ıld equal 100%.								
3a		nere endowment funds not in the posse vization by:	ssion of the organiza	tion tha	t are he	eld and	admini	stered fo	r the		Yes No
	` ,	nrelated organizations			•					3a(i)	
L							•			3a(ii)	
ь 4		s" on 3a(ii), are the related organizatio ibe in Part XIII the intended uses of the				• •	•			3b	
	t VI	Land, Buildings, and Equipme		Willelic	unus.						
rai	LAT	Complete if the organization ans		rm 990	, Part	IV. line	e 11a.	See Fo	m 990. Pari	t X. line 1	).
	Descri	ption of property (a) Cost or ot (investm	ther basis (b) Cos	t or other					lepreciation		ook value
1a	Land					$\dashv$					
b	Buildin	gs									
		old improvements			80	7,487			641,479		166,00
		nent			2,68	8,769			2,437,592		251,17
					2,30	8,158			1,655,895		652,26
		lines 1a through 1e. (Column (d) must	equal Form 990, Par	t X, colu			O(c).)		<b>&gt;</b>		1,069,44

Part VII	Investments—Other Securities.				rage 5
	Complete if the organization answered "Yes" on Form 990, I  (a) Description of security or category	Part IV, II (b)	ne 11t		Part X, line 12. d of valuation:
	(including name of security)	Book value		Cost or end-of	-year market value
	al derivatives				
(2) Closely- (3)Other <u> </u>	held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	nn (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments—Program Related.  Complete if the organization answered 'Yes' on Form 990, I	Part IV, li	ne 110	:. See Form 990,	Part X, line 13.
	(a) Description of investment	· .		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)		Þ		
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, lir	ne 11d	. See Form 990, Par	t X, line 15.
/1\SECHDIT	(a) Description				(b) Book value
	TY DEPOSITS DM SUBSIDIARY				132,546 4,541,725
(3)OTHER A	ASSETS UCTION IN PROGRESS				7,596,623 5,884,510
(5)	OCTION IN PROGRESS				3,004,310
(6)					
(7)					
(8)					
(9)					
	umn (b) must equal Form 990, Part X, col.(B) line 15.)				18,155,404
Part X 1.	Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, P  (a) Description of liability	art IV, lir	ne 11e	or 11f.See Form	990, Part X, line 25. <b>(b)</b> Book value
(1) Federal (3)	income taxes				
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.)			•	6,838,452
2. Liability fo	or uncertain tax positions. In Part XIII, provide the text of the footnot		-	ion's financial state	ments that reports the
organization	's liability for uncertain tax positions under FIN 48 (ASC 740). Check	nere if the	text of	the footnote has be	en provided in Part XIII 🗹

Schedule D (Form 990) 2019

	Complete if the organize	zation answered 'Yes' on Form 990, Part	t IV, li	ne 12a.		
1	Total revenue, gains, and other su	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on in	nvestments	2a			
b	Donated services and use of facilit	ties	2b			
c	Recoveries of prior year grants .		2c			
d	Other (Describe in Part XIII.) .		2d			
e	Add lines 2a through 2d		٠		2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, P	art VIII, line 12, but not on line 1:				
а	Investment expenses not included	on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.) .		4b			
c	Add lines <b>4a</b> and <b>4b</b>		٠		4c	
5	Total revenue. Add lines 3 and 4c	. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem		•	Retur	n.
	•	zation answered 'Yes' on Form 990, Part			1 .	
1	•	lited financial statements			1	
2	Amounts included on line 1 but no	, ,		1		
а		cies	2a			
b	Prior year adjustments		2b		_	
С	Other losses		2c			
d	Other (Describe in Part XIII.) .		2d		]	
е	Add lines 2a through 2d				2e	
3	Subtract line <b>2e</b> from line <b>1</b>				3	
4	Amounts included on Form 990, P	art IX, line 25, but not on line 1:				
а	Investment expenses not included	l on Form 990, Part VIII, line 7b 🔒 🔒	4a			
b	Other (Describe in Part XIII.) .		4b			
C	Add lines 4a and 4b				4c	
5	Total expenses. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 18.	.) .		5	
Pai	t XIII Supplemental Info	rmation				
		art II, lines 3, 5, and 9; Part III, lines 1a and a 2d and 4b. Also complete this part to provide			t V, line	4; Part X, line 2; Part
	Return Reference		Ex	olanation		
See A	Additional Data Table					

Page 4

chedule D (Forn	n 990) 2019	Page <b>5</b>
Part XIII	Supplemental Info	rmation (continued)
Return Reference		Explanation

Schedule D (Form 990) 2019

#### Additional Data

Software ID: Software Version:

**EIN:** 06-1058206

Name: THE COMPUTING TECHNOLOGY INDUSTRY ASSOC

INC

**Supplemental Information** 

Return Reference

S THE GUIDANCE PRESCRIBES RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENTS R

PART X, LINE 2: POSITION

THE ASSOCIATION FOLLOWS RELEVANT ACCOUNTING STANDARDS IN EVALUATING UNCERTAIN TAX

Explanation

ECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CER TAIN TO BE REALIZED. MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS TAKEN BY THE A SSOCIATION AS OF DECEMBER 31, 2019 AND 2018. THE ASSOCIATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES. THE ACCRUED INCOME TAX WAS \$327,4 33 AND \$88,122 FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018, RESPECTIVELY.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493307023380 OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2019 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** THE COMPUTING TECHNOLOGY INDUSTRY ASSOC INC 06-1058206 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States. Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (such as, program service, describe for and investments region and independent fundraising, program specific type of in the region contractors in the services, investments, grants service(s) in the region region to recipients located in the region) See Add'l Data 31 6.047.223 3a Sub-total . b Total from continuation sheets to Part I . . . c Totals (add lines 3a and 3b) 6,047,223

Cat. No. 50082W

Schedule F (Form 990) 2019

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

	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.										
_	(a) Name of organization	(b) IRS code section and EIN (if	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV,		

_	organization	section and EIN (if applicable)	(c) Kegion	grant	cash grant	cash disbursement	of noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
	See Add'l Data								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	( <b>b)</b> Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sche	dule F (Form 990) 2019		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	<b>✓</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		∐ Yes	<b>✓</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	<b>✓</b> Yes	Пло
		ı <b>⊻</b> ı res	
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	<b>☑</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	• •	$\square$ Yes	<b>☑</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the		
	organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	<b>✓</b> Yes	□No

Schedule F (Form 990) 2019 Page <b>5</b>							
Part V  990 Sche	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.  90 Schedule F, Supplemental Information						
	Return Reference	Explanation					
PART III A	ACCOUNTING METHOD:						

### 990 Schedule F, Supplemental Information

	Return Reference	Explanation			
	FORM 990,	INFORMATION TECHNOLOGY INDUSTRY ADVOCACY THAT RESPONDS TO THE POLITICAL NEEDS OF THE I.T.			
	SCHEDULE F,	COMMUNITY. OUR PUBLIC POLICY WORK LEVERAGES THE INTERPLAY BETWEEN GOVERNMENTS, BUSINESS,			
ı	PART I, LINE 2:	INSTITUTIONS, AND INDIVIDUALS TO HELP CREATE AND MAINTAIN BUSINESS CLIMATES THAT REMAIN			
ı		FAVORABLE TO OUR MEMBERS' INTERESTS.			

#### **Additional Data**

NORTH AMERICA

**EUROPE** 

#### Software ID: Software Version:

**EIN:** 06-1058206

Name: THE COMPUTING TECHNOLOGY INDUSTRY ASSOC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of		
	offices in the	employees or	in region (by typ
	region	agents in	fundraising, pr
		region	services, gran

INC

(e) If activity listed in (d) is a program service, describe specific type of service(s) in region

(f) Total expenditures for region

/pe) (i.e.,

onducted

rogram , grants to recipients located in the

CERTIFICATION

MEMBERSHIP,

CERTIFICATION

588,882

2,518,478

region)

MEMBERSHIP.

3 PROGRAM SERVICES

15 PROGRAM SERVICES

Form 990 Schedule F Part I - Activities Outside The United States							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region		
EAST ASIA AND THE PACIFIC	3	8		MEMBERSHIP, CERTIFICATION	1,866,690		
SUB-SAHARAN AFRICA	1	5		MEMBERSHIP, CERTIFICATION	765,072		

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (f) Total expenditures (d) Activities conducted offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of reaion agents in fundraising, program services, grants to service(s) in region region recipients located in the reaion) MIDDLE EAST AND NORTH 0 PROGRAN SERVICES MEMBERSHIP. 308,101 AFRICA CERTIFICATION

(i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, cash non-cash and EIN(if organization cash grant non-cash grant disbursement assistance appraisal, applicable) assistance other) INORTH ISUPPORT 175,000 WIRE TRANSFER IFMV IAMERICA -IEDUCATION ICANADA AND IPROGRAMS IN MEXICO, BUT STEM INOT THE IUNITED ISTATES INORTH PROGRAMMING 5.000 WIRE TRANSFER IFMV

# NORTH PROGRAMMING 5,000 WIRE TRANSFER AMERICA - WORKSHOPS FOR CANADA AND MEXICO, BUT NOT THE UNITED STATES

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

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (a) Name of section (d) Purpose of (e) Amount of (c) Region non-cash (book, FMV, cash and EIN(if organization arant cash grant non-cash appraisal, disbursement assistance applicable) assistance other) NORTH AMERICA SUPPORT 5,000 WIRE TRANSFER **IFMV** - CANADA AND DISABLED IMEXICO, BUT INDIVIDUALS INOT THE UNITED WITH USE OF ISTATES ITECHNOLOGY 5,000 WIRE TRANSFER IEUROPE SUPPORT YOUTH IFMV (INCLUDING OPPORTUNITIES IN STEM ICELAND & GREENLAND) -WORKPLACE ALBANIA. ANDORRA, AUSTRIA, BELGIUM

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) **LEAST ASIA** ISUPPORT GIRLS 5,000 WIRE TRANSFER **IFMV** IAND THE IOPPORTUNITIES

PACIFIC IN STEM

WORKPLACE

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I (Form 990)

### **Grants and Other Assistance to Organizations**, **Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No. 1545-0047 2019

Open to Public

DLN: 93493307023380

pepartment of the freesury	Inspection
lame of the organization Employer	identification number
THE COMPUTING TECHNOLOGY INDUSTRY ASSOC NC 06-10582	206
Part I General Information on Grants and Assistance	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	☑ Yes ☐ N
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	
<b>Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b> Complete if the organization answered "Yes" on Form 990, Part that received more than \$5,000. Part II can be duplicated if additional space is needed.	: IV, line 21, for any recipient
(a) Name and address of organization or government  (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (b) EIN (f) Method of valuation (book, FMV, appraisal, other) (g) Description (book, FMV, appraisal, other)	
1) See Additional Data	
(3)	
4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(12)	
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	21
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule I (Form 990) 2019

Page **2** 

Schedule I (Form 990) 2019

(2)

(3)

Schedule I (Form 990) 2019

SCHEDULE I, PART I, LINE 2:

CAREERS.

(4)

(5) (6)

(7)

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Explanation Return Reference

> ITHE ASSOCIATION PROVIDES FUNDS TO THE CREATING I.T. FUTURES FOUNDATION, INC. THE FOUNDATION IS A RELATED ENTITY THAT IS CONTROLLED BY THE ASSOCIATION. THE FOUNDATION HELPS AT-RISK INDIVIDUALS AND POPULATIONS UNDER-REPRESENTED IN I.T. PREPARE FOR, SECURE AND BE SUCCESSFUL IN I.T.

#### **Additional Data**

3500 LACEY RD

ASSOCIATION

DOWNERS GROVE, IL 60515 TECHNOLOGY STUDENT

1904 ASSOCIATION DRIVE RESTON, VA 20191

Software ID:

52-1133845

**Software Version: EIN:** 06-1058206

288,786

INC

Name: THE COMPUTING TECHNOLOGY INDUSTRY ASSOC

(a) Name and address of	(0)	(c) Inc section	(a) / intount of cush	(C) / another or non	(1) Hechica of Valdacion [	
organization		if applicable	grant	cash	(book, FMV, appraisal,	i
or government				assistance	other)	ì
						1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valu (book, FMV, appr other)
CREATING IT FUTURES FOUNDATION INC	36-4295421	501(C)(3)	2,189,511		

501(C)(3)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. aluation

(g) Description of non-cash assistance

(h) Purpose of grant

or assistance

EDUCATION

GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) JUNIOR ACHIEVMENT USA 84-1267604 501(C)(3) 30.000 IGENERAL SUPPORT ONE EDUCATION DRIVE COLORADO SPRING, CO

IGENERAL SUPPORT

25.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

80906

CHICHTECH
921 SW WASHINGTON STREET

PORTLAND, OR 97205

SUITE 500

46-3780208

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government L SUPPORT

INTERNATIONAL SPY MUSEUM	46-1479450	501(C)(3)	25,000		GENERAL
800 F STREET NW					
WASHINGTON, DC 20004					
4					

NPOWER INC 13-4145441 501(C)(3) 20,000 IGENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

99 WALL STREET SUITE 350 NEW YORK, NY 10005

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 46-2657728 501(C)(3) 20.000 YOUR GRATEFUL NATION IGENERAL SUPPORT

IGENERAL SUPPORT

15.000l

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

YOUR GRATEFUL NATION PO BOX 55 VALPARAISO, FL 32580

CRADLES TO CRAYONS

4141 WEST GEORGE STREET CHICAGO, IL 60641 04-3584367

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 30-0728021 501(C)(3) 15.000 IGENERAL SUPPORT GIRLS WHO CODE 28 WEST 23RD STREET FLOOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MINNEAPOLIS, MN 55415

4 NEW YORK, NY 10010					
MINNESOTA HIGH TECH FOUNDATION 400 SOUTH 4TH STREET SUITE 416	36-3367684	501(C)(3)	10,000		GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) FEDERATION OF GALAXY 52-2347667 501(C)(3) 10.000 IGENERAL SUPPORT EXPLORERS 6404 IVY LANE SUITE 810 GREENBELT, MD 20770

IGENERAL SUPPORT

6.420

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

THE OUTREACH PROGRAM 301 CENTER STREET PO BOX

UNION, IA 50258

361

20-0636360

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 26-2947725 501(C)(3) 5.000 IGENERAL SUPPORT IGNITE WORLDWIDE PO BOX 471

MOUNTLAKE TERRACE, WA 98043 UNITED FEDERATION OF 13-5582895 501(C)(3) 5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

IGENERAL SUPPORT TEACHERS 52 BROADWAY NEW YORK, NY 10004

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) HIRE HEROES 43-1562688 501(C)(3) 5.000 IGENERAL SUPPORT 1360 UNION HILL ROAD SUITE 2-A 52-1328557 501(C)(3) 5.000 GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ALEXANDRIA, VA 22314

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) WOUNDED WARRIOR PROJECT 20-2370934 501(C)(3) 5.000 IGENERAL SUPPORT 4899 BELFORT ROAD SUITE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BETHESDA, MD 20814

300 JACKSONVILLE, FL 32256					
MANAGEMENT LEADERSHIP FOR TOMORROW 7201 WISCONSIN AVENUE SUITE 400	52-1795164	501(C)(3)	5,000		GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 13-3935309 501(C)(3) 5.000 IGENERAL SUPPORT POWERMYLEARNING 520 EIGHTH AVENUE FLOOR

IGENERAL SUPPORT

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

NEW YORK, NY 10018

FISHER HOUSE FOUNDATION
12300 TWINBROOK PARKWAY

ROCKVILLE, MD 20852

SUITE 410

11-3158401

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 501(C)(3) 5.000 ON-RAMPS TO CAREERS 46-4824282 IGENERAL SUPPORT 700 PENNSYLVANIA AVENUE SUITE 2103

WASHINGTON, DC 20003

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49330	7023	380
Sch	nedule J	Co	ompensati	ion Information	0	MB No.	1545-0	0047
(For	m 990)	For certain Office		rustees, Key Employees, and Hig	hest			
		Complete if the ord		ited Employees ered "Yes" on Form 990, Part IV	, line 23.	2019		
D			► Attach	to Form 990. instructions and the latest inform		Open		
•	tment of the Treasury al Revenue Service	P do to <u>www.ms.ig</u> c	101	mistractions and the latest infor	nation:		ectio	
	me of the organization of the computing Technology	ation NOLOGY INDUSTRY ASSOC			Employer identifica	tion nu	ımber	
INC					06-1058206			
Pa	rt I Questi	ons Regarding Compensa	ition				l	
<b>1</b> a				the following to or for a person liste y relevant information regarding the			Yes	No_
	☐ First-class	s or charter travel		Housing allowance or residence for	personal use			
		companions		Payments for business use of perso	•			
	✓ Tax idemr	nification and gross-up payment	ts 🔲	Health or social club dues or initiati	on fees			
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chau	ffeur, chef)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b	Yes	
2				or allowing expenses incurred by all		2	Yes	
	directors, truste	es, officers, including the CEO/1	executive Director	r, regarding the items checked on Lir	ne Ia?			
3				d to establish the compensation of t not check any boxes for methods	he			
				CEO/Executive Director, but explain	in Part III.			
	<b>✓</b> Compensa	ation committee	<b>✓</b>	Written employment contract				
		ent compensation consultant	$\overline{\mathbf{Z}}$	Compensation survey or study				
	<b>✓</b> Form 990	of other organizations	$\checkmark$	Approval by the board or compensa	ation committee			
4	During the year, related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-con	itrol payment? .			4a		No
b	Participate in, o	r receive payment from, a supp	lemental nonqual	ified retirement plan?		4b		No
C			,	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	licable amounts for each item in Par	τ 111.			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	) organizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Section ontingent on the revenues of:		the organization pay or accrue any				
а	The organization	n?				5a		
b		anization?				5b		
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any				
а	-	n?				6a		
b						6b		
7	•	6a or 6b, describe in Part III.	باداد عددا ۸ مد	the organization provide any nonfixe	d			
7	payments not de	escribed in lines 5 and 6? If "Ye	s," describe in Pa	the organization provide any nonfixe rt III	u 	7		
8	subject to the in	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," d		8		_
9				presumption procedure described in		9		
For F	Paperwork Redu	iction Act Notice, see the Ins	structions for Fo	orm 990. Cat. No. 5	50053T Schedule 3	l (Forn	1 990)	2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 900. Part VII

instructions, on row (ii). D <b>Note.</b> The sum of column	o nc s (B)	ot list any individuals that )(i)-(iii) for each listed inc	are not listed on Form 99 dividual must equal the to	90, Part VII. tal amount of Form 990,	Part VII, Section A, line	1a, applicable column (D)	) and (E) amounts for tha	t individual.	
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base (ii) Bonus & incentive (iii) Other		(C) Retirement and other deferred	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported		
		compensation	compensation	reportable compensation	compensation			as deferred on prior Form 990	
1 TODD THIBODEAUX PRESIDENT/CEO	(i)	770,372	441,750	44,731	25,000	12,715	1,294,568	0	
	(ii)	0	0	0	0	0	0	0	
2 BRIAN LAFFEY CFO	(i)	253,588	75,000	6,606	14,192	14,215	363,601	0	
	(ii)	0	0	0	0	0	0	0	
3 COURTNEY FONG CHIEF LEGAL OFFICER	(i)	225,867	67,500	5,563	18,029	13,415	330,374	0	
	(ii)	0	0	0	0	0	0	0	
4 JOHN MCGLINCHEY EVP - GLOBAL	(i)	443,372	184,900	9,946	19,496	14,715	672,429	0	
	(ii)	0	0	0	0	0	0	0	
5 JOSEPH PADIN VICE PRESIDENT SALES	(i)	378,015	64,192	7,957	21,298	1,841	473,303	0	
ALGIDENI SALES	(ii)	0	0	0	0	0	0	0	
6 DENNIS KWOK VICE PRESIDENT SALES	(i)	297,983	94,449	12,006	15,226	12,715	432,379	0	
	(ii)	0	0	0	0	0	0	0	
7 NANCY HAMMERVIK EVP - INDUSTRY RELATIONS	(i)	282,675	85,500	22,985	15,392	12,715	419,267	0	
	(ii)	0	0	0	0	0	0	0	
8 KIRK SMALLWOOD SENIOR DIRECTOR SALES	(i)	285,929	71,585	6,089	13,757	12,715	390,075	0	
	(ii)	0	0	0	0	0	0	0	
-	$\vdash \vdash$								
İ									
	$\mid \mid \mid$								
-	$\vdash \vdash$								
l									
	<u> </u>						Schedule	J (Form 990) 2019	



efile GRAPH	C print - DO NOT PROCES	S As Filed Data -		DLN:	93493307023380	
SCHEDUL	E O O	4-1  64!-	to Former 000 on 00	0.57	OMB No. 1545-0047	
(Form 990 or EZ)	990- Complete to	Supplemental Information to Form 990 or 990-EZ  Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.				
► Attach to Form 990 or 990-EZ.  Department of the Treasury  Department of the Treasury  ► Go to <u>www.irs.qov/Form990</u> for the latest information.						
Namel Betherofe			E	mployer identi	fication number	
INC	CHNOLOGY INDUSTRY ASSOC		0	6-1058206		
Return Reference	O, Supplemental Informa	ition	Explanation			
FORM 990, PART VI, SECTION A, LINE 1	-CHAIR, AUDIT AND INVESTM T CHAIR OF THE BOARD. ALL E BOARD OF DIRECTORS, TH ACT ON BEHALF OF THE ORG THAT SUCH MATTER DOES N	ENT COMMITTEE CHAIF OF THE MEMBERS OF E GOVERNING BODY O ANIZATION IN ANY MAT OT REQUIRE A BOARD DRITY OF THE EXECUTI	TEE ARE COMPRISED OF THE E R, THE PRESIDENT AND CEO, AN THE EXECUTIVE COMMITTEE AF F THE ORGANIZATION. THE EXE TER WHEN THE BOARD IS NOT VOTE AS PROVIDED FOR IN THI VE COMMITTEE SHALL CONSTI	ND THE IMMEDI RE ALSO MEMB ECUTIVE COMM IN SESSION PI E BYLAWS OR A	ATE PAS ERS OF TH ITTEE MAY ROVIDED ANY APPLIC	

Return Explanation

FORM 990,	THE ORGANIZATION HAS 1690 MEMBERS MADE UP OF INFORMATION TECHNOLOGY (IT)
PART VI,	
SECTION A,	
LINE 6	

Return Explanation

FORM 990, PART VI, SECTION A, LINE 7A

Return Explanation
Reference

FORM 990, PART VI, SECTION B, LINE 11B

Datum

Reference	Explanation
FORM 990,	THE ASSOCIATION HAS A WRITTEN CONFLICT OF INTEREST POLICY FOR THE BOARD OF DIRECTORS AND P
PART VI,	ERIODICALLY ASKS FOR UPDATED SIGNED COPIES OF THIS POLICY FROM ITS BOARD MEMBERS. IT ALSO
SECTION B,	HAS A WRITTEN CONFLICT OF INTEREST POLICY FOR ITS EMPLOYEES AND HAS NEW EMPLOYEES SIGN THE
LINE 12C	POLICY. THE BOARD'S AUDIT AND INVESTMENT COMMITTEE REVIEWS THE BOARD, OFFICER AND EMPLOYE
	E CONFLICT OF INTEREST STATEMENTS TAKING ACTION AS DEFINED BY THE POLICY.

Funlametica

Return Explanation
Reference

FORM 990, COMPENSATION IS DETERMINED BY THE COMPENSATION COMMITTEE USING AN INDEPENDENT COMPENSATION CONSULTANT, THE FORM 990 OF OTHER ORGANIZATIONS, WRITTEN EMPLOYMENT CONTRACTS, COMPENSATION SECTION B, ON SURVEYS AND STUDIES, AND APPROVAL BY THE COMMITTEE AND BOARD OF DIRECTORS.

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation
Reference

FORM 990,	DIVIDENDS PAID BY COMPTIA INVESTMENTS 2018 ADJ -5,526,508. ELIMINATING ENTRY - TRAINING RE
PART XI,	VENUE -25,000. ELIMINATING ENTRY - OTHER INCOME 144,984. IN-KIND CONTRIBUTIONS -245,016. E
LINE 9:	LIMINATING ENTRY - COSTS OF TESTS DELIVERED 7,854. ELIMINATING ENTRY - CONSULTING 142,868.
	ELIMINATING ENTRY - PROGRAM DEVELOPMENT 25,000. ELIMINATING ENTRY - OTHER EXPENSES -49,41
	8. ELIMINATING ENTRY - DONATIONS TO OTHER CHARITIES 94,297. INTERCOMPANY ELIMINATING ENTRY
	12,949.

990 Schedule O, Supplemental Information

Return

Reference	
PART XII,	THE ORGANIZATION HAS NEITHER CHANGED ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX
LINE 2C	YEAR.

Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

d Data - DLN: 93493307023380

# **Related Organizations and Unrelated Partnerships**

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

**SCHEDULE R** 

Name of the organization THE COMPUTING TECHNOLOGY INDUSTRY ASSOC INC Employer identification number

06-1058206

INC				06-1058206			
Part I Identification of Disregarded Entities. Complete in	f the organization answ	ered "Yes" on Form	990, Part IV, line	33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	<b></b>	
(1) COMPTIA MEMBER SERVICES LLC 3500 LACEY RD SUITE 100 DOWNERS GROVE, IL 60515 27-4001437	SEE PART VII	IL	364,455	110,384	N/A		_
(2) COMPTIA CERTIFICATIONS LLC 3500 LACEY RD SUITE 100 DOWNERS GROVE, IL 60515 27-4002416	SEE PART VII	IL	62,348,191	228,055,082	N/A		
(3) METACOG TECHNOLOGIES LLC (FORMERLY EXAMPLIFY LLC AND FORMERLY COMPTIA EXAM) 3500 LACEY RD SUITE 100 DOWNERS GROVE, IL 60515 27-4101229	SEE PART VII	IL	0	246,744	N/A		
(4) COMPTIA LEARNING LLC 3500 LACEY RD SUITE 100 DOWNERS GROVE, IL 60515 46-2011241	SEE PART VII	IL	16,373,821	21,208,028	N/A		
							_
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.				· · · · · · · · · · · · · · · · · · ·			
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section (13) cor enti	512(b)
(1)CREATING IT FUTURES FDN 3500 LACEY ROAD SUITE 100	IT EDUCATION	СТ	501(C)(3)	LINE 7	COMPTIA	Yes	
DOWNERS GROVE, IL 60515 36-4295421							
(2)COMPTIA PAC 515 2ND STREET NE	POL ACTION	DC	527		COMPTIA	Yes	
WASHINGTON, DC 20002 38-3758906							
(3)COMPUTING TECHNOLOGY INDUSTRY ASSOC - CA 15 ALLSTATE PARKWAY SUITE 200 MARKHAM, ONTARIO 3B 5B4 CA	MEMBERSHIP	CA			COMPTIA	Yes	
(4)COMPTIA INVESTMENTS NFP INC 3500 LACEY ROAD SUITE 100	INVESTMENTS	IL	501(C)(2)		COMPTIA	Yes	
DOWNERS GROVE, IL 60515 37-1712758							
(5)ASSOCIATION OF INFORMATION TECHNOLOGY PROFESSIONALS 3500 LACEY ROAD SUITE 100	PROFESSIONAL ASSOCIATION	IL	501(C)(6)		COMPTIA	Yes	
DOWNERS GROVE, IL 60516 36-2434629							
(6) COMPTIA TECH CAREER ACADEMY (FORMERLY CENTER FOR TECHNOLOGY AND WORKFORCE) 3500 LACEY ROAD SUITE 100	IT EDUCATION	ΙL	501(C)(3)				No
DOWNERS GROVE, IL 60515 82-4863904							
(7)INTERNATIONAL INTERNET TESTING ASSOCIATION 3500 LACEY ROAD SUITE 100	PROFESSIONAL ASSOCIATION	IL	501(C)(6)		COMPTIA	Yes	
DOWNERS GROVE, IL 60515 84-1971995							
For Paperwork Reduction Act Notice, see the Instructions for Form 9	990.	Cat. No. 50135	Υ		Schedule R (Form	990) 20	)19

(a)  Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, excluded from tax under sections 512-514)	l, total income		Disprop	<b>h)</b> ortionate otions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partr	ral or Pe ging ov	<b>(k)</b> ercentag wnershi
					314)			Yes	No		Yes	No	
Part IV Identification of Related Organiz	estions Toyoble as a f	Corporation	S Trus	• Complete	o if the ergar	lization and	wared "Ve	a" an I	-0 = 0	)00 Part IV	lino	24	
because it had one or more related						iization ans	wered re	S UII I	-01111 5	990, Pait IV	, iiie	34	
e Additional Data Table (a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	L do (state	(c) _egal emicile or foreign		entity (C o	(e) pe of entity corp, S corp, or trust)	<b>(f)</b> Share of total income		(g) e of end- year assets	ar ownership		(13)	(i) ion 512 controll entity?
		со	untry)					+				Yes	s No
								+					+

Schedule R (Form 990) 2019		Pa	ige <b>3</b>
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	 1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	 <b>1</b> b	Yes	
c Gift, grant, or capital contribution from related organization(s)	 <b>1</b> c	Yes	
d Loans or loan guarantees to or for related organization(s)	 <b>1</b> d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f	Yes	
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	 11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	 <b>1</b> p		No
<b>q</b> Reimbursement paid by related organization(s) for expenses	 <b>1</b> q		No
r Other transfer of cash or property to related organization(s)	 1r		No

k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No						
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	No						
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m	No						
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No						
О	Sharing of paid employees with related organization(s)	1o	No						
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p	No						
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q	No						
r	Other transfer of cash or property to related organization(s)	1r	No						
s	Other transfer of cash or property from related organization(s)	1s	No						
2	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.								
	(a) (b) (c) (d)								

Transaction type (a-s) Amount involved Name of related organization Method of determining amount involved (1)CREATING IT FUTURES FOUNDATION 2,287,738 В FMV (2)COMPTIA INVESTMENTS NFP INC 49,424 FMV (3)CREATING IT FUTURES FOUNDATION 2,055,946 FMV

Schedule R (Form 990) 2019

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that

was not a related organization. See instructions regarding exc	clusion for certain inv	/estment p	partnerships.										
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Aı o	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate ?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managir partner	ng	<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
									<u> </u>	Schedul	e R (Forn	n 99	0) 2019

Schedule R (Form 990) 2019									
Part VII	Supplemental Info	ental Information							
	Provide additional information for responses to questions on Schedule R. (see instructions).								
Return Reference		Explanation							

COMPTIA UK LIMITED

COMPTIA AUSTRALIA

COMPTIA JAPAN

DUSSELDORF GM

HONG KONG

SYDNEY, NEW S WALES

COMPTIA GERMANY GMBH

COMPTIA SOUTH AFRICA

COMPTIA HONG KONG

SECTOR, GURGAON GTSLEARNING LTD

150 ALDERSGATE LONDON UK

ABU DHABI ΑE

3RD FLR LONGPOINT BLDG FOURWAYS, GAUTENG

IMMERMANSTR 50 D-40210

LONDON UK

AS

TOKYO JA

15TH FLOOR CITY POINT 1 ROPEMAKER

LEVEL 14 LUMLEY HOUSE 309 KENT ST

SUIDOBASHI MS BLDG 7F 3-4-9 MISAKI

19/F SEAVIEW COMMERCIAL BLDG 21-24

COMPTIA TECHNOLOGY INDIA PRIVATE LTD

COMPTIA CERTIFICATIONS LLC - ABU DHABI CERTIFICATION

AIPL BUSINESS CEN GOLF COURSE RD

20TH FLOOR AL WAHDA TOWERS

## Software ID:

CERTIFICATION

CERTIFICATION

CERTIFICATION

CERTIFICATION

CERTIFICATION

CERTIFICATION

CERTIFICATION

CONTENT

Software Version:

**EIN:** 06-1058206

country)

UK

AS

JA

GΜ

SF

НК

IN

UK

ΑE

		INC									
Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	ı			
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-of-year	Percentage	ĺ			
related organization		domicile	entity	(C corp. S corp.	income	l assets l	ownership	l			

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

Name: THE COMPUTING TECHNOLOGY INDUSTRY ASSOC

3,422,462

203,787

1,122,430

295,626

818,927

229,892

481,209

20,338

2,452,337

127,131

597,031

265,311

472,368

298,707

258,522

4,364,466

33,307

100.000 %

100.000 %

100.000 %

100.000 %

100.000 %

100.000 %

100.000 %

100.000 %

100.000 %

(i) Section 512 (b)(13)controlled

entity? Yes

No

No

Nο

No

No

No

Nο

No

No

No

		INC											
m 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust													
(a)	(b)	(c)	(d)	(e)	(f								
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share o								
related organization		domicile	entity	(C corp, S corp,	inco								
		(state or foreign		or trust)	İ								