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**Objectid: 202013199349301436 - Submission: 2020-11-14**

**TIN: 80-0194042**

Form **990**



Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

# 2019

Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019**

- B** Check if applicable:  Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
Consumer Technology Association Foundation

**D** Employer identification number  
80-0194042

**E** Telephone number  
(703) 907-7600

**G** Gross receipts \$ 3,178,108

**F** Name and address of principal officer:  
DENISE GIBSON  
1919 S Eads Street  
Arlington, VA 22202

Doing business as  
CTA Foundation

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1919 S Eads Street

City or town, state or province, country, and ZIP or foreign postal code  
Arlington, VA 22202

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ [www.cta.tech/CTA-Foundation](http://www.cta.tech/CTA-Foundation)

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**L** Year of formation: 2008 **M** State of legal domicile: VA

**Part I Summary**

Activities & Governance

**1** Briefly describe the organization's mission or most significant activities:  
THE CTA FOUNDATION MISSION IS TO LINK SENIORS AND PEOPLE WITH DISABILITIES WITH TECHNOLOGIES TO ENHANCE THEIR LIVES.

**2** Check this box

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	26
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	24
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	2
<b>6</b> Total number of volunteers (estimate if necessary)	6	26

ACI	7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .		7a	0
	b Net unrelated business taxable income from Form 990-T, line 39 . . . . .		7b	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h) . . . . .	1,262,294	1,340,742
	9	Program service revenue (Part VIII, line 2g) . . . . .	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	125,566	187,746
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	4,999
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,387,860	1,533,487
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	759,913	744,848
	14	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	280,323	322,743
	16a	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <b>32,895</b>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	247,973	185,560
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,288,209	1,253,151
19	Revenue less expenses. Subtract line 18 from line 12 . . . . .	99,651	280,336	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16) . . . . .	3,888,795	4,518,015
	21	Total liabilities (Part X, line 26) . . . . .	303,333	310,284
	22	Net assets or fund balances. Subtract line 21 from line 20 . . . . .	3,585,462	4,207,731

Part II **Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** 2020-11-11  
Date  
 Signature of officer \_\_\_\_\_  
 TYLER SUITERS TREASURER/SECRETARY  
 Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00022361
Firm's name <b>BDO USA LLP</b>			Firm's EIN <b></b>	
Firm's address <b>8401 GREENSBORO DRIVE 800</b>			Phone no. (703) 893-0600	

MCI FAN VA 22102

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

THE FOUNDATION IS FOCUSED ON STRATEGIC SUPPORT OF PROGRAMS TO IMPACT THESE COMMUNITIES AND HAS LAUNCHED ITS FIRST SERIES OF GRANTS IN 2012. IT ALSO SERVES FACILITATE DIALOG BETWEEN INDUSTRY, CONSUMERS, GOVERNMENT, ADVOCACY GROUPS, AND OTHER KEY STAKEHOLDERS AROUND IMPORTANT ISSUES.

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

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

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

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

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

4a (Code: ) (Expenses \$ 297,336 including grants of \$ 233,546 ) (Revenue \$ )  
SUPPORT INNOVATIVE SOLUTIONS ASSISTING SENIORS THORUGH USE OF TECHNOLOGY.

4b (Code: ) (Expenses \$ 650,957 including grants of \$ 511,302 ) (Revenue \$ )  
SUPPORT INNOVATIVE SOLUTIONS ASSISTING PEOPLE WITH DISABILITIES THROUGH USE OF TECHNOLOGY.








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

<b>4d</b>	Other program services (Describe in Schedule O.) (Expenses \$ _____ including grants of \$ _____ ) (Revenue \$ _____ )
<b>4e</b>	<b>Total program service expenses</b>  <b>948,293</b>

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Part IV Checklist of Required Schedules

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>		No
<b>6</b> 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, Part I</i> 		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		No
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> 		No
<b>10</b> 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> 		No

<b>11</b>	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.		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	<b>11a</b>	Yes
<b>b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	<b>11b</b>	No
<b>c</b>	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	<b>11c</b>	No
<b>d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	<b>11d</b>	No
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	<b>11e</b>	Yes
<b>f</b>	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)? <i>If "Yes," complete Schedule D, Part X.</i>	<b>11f</b>	Yes
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	<b>12a</b>	Yes
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	<b>12b</b>	Yes
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	<b>13</b>	No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<b>14b</b>	No
<b>15</b>	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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	<b>15</b>	No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<b>16</b>	No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	<b>17</b>	No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	<b>18</b>	No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	<b>19</b>	No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	<b>20a</b>	No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	<b>21</b>	Yes

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**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
26	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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		No
27	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
c	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> . . . . .		No

<b>28c</b>		No
<b>29</b>		No
<b>30</b>		No
<b>31</b>		No
<b>32</b>		No
<b>33</b>		No
<b>34</b>	Yes	
<b>35a</b>		No
<b>35b</b>		
<b>36</b>		No
<b>37</b>		No
<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

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**Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)**

<b>2a</b> 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				
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		<b>2a</b>	2		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>		Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<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?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			

<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . .	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	<b>16</b>		No

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

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

				Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	26			
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

<b>1b</b>				
	24			
<b>2</b>	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? . . . . .			No
<b>3</b>	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? . . . . .			No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .			No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .			No
<b>6</b>	Did the organization have members or stockholders? . . . . .			No
<b>7a</b>	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? . . . . .			No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .			No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b>	The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<b>9</b>	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> . . . . .			No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		No
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .		No
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . . . . .	<b>12a</b>	Yes
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> . . . . .	<b>12c</b>	Yes
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes

<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	Yes
<b>b</b>	Other officers or key employees of the organization . . . . .	<b>15b</b>	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	No
<b>b</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? . . . . .	<b>16b</b>	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed: VA
- 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:  
 ■ GLENDA MACMULLIN 1919 SOUTH EADS STREET ARLINGTON, VA 22202 (703) 907-7600

Form **990** (2019)

**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 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 year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TIFFANY MOORE ..... TRUSTEE	0.1 ..... 40.0	X						0	409,482	37,817
(2) ELLEN SAVAGE ..... TREASURER/SECRETARY	0.1 ..... 40.0	X		X				0	219,832	51,217
(3) STEVE EWELL ..... EXECUTIVE DIRECTOR	40.0 ..... 0.0				X			198,949	0	38,883
(4) JOHN PENNEY ..... TRUSTEE	0.0 ..... 0.0	X						0	0	0
(5) BRUCE BORENSTEIN ..... TRUSTEE	0.0 ..... 0.0	X						0	0	0
(6) S SCOTT BURNETT ..... TRUSTEE	0.0 ..... 0.0	X						0	0	0
(7) LEE CHANG ..... TRUSTEE	0.0 ..... 0.0	X						0	0	0
(8) LEVY GERZBERG ..... TRUSTEE	0.0 ..... 0.0	X						0	0	0
(9) ROBERT HEIBLIM ..... TRUSTEE	0.0 ..... 0.0	X						0	0	0

(10) HENRY CHIARELLI ..... TRUSTEE	0.0 ..... 0.0	X							0	0	0
(11) JIM MAULT ..... TRUSTEE	0.0 ..... 0.0	X							0	0	0
(12) MIKE MAY ..... TRUSTEE	0.0 ..... 0.0	X							0	0	0
(13) Linda Kinney ..... TRUSTEE	0.0 ..... 0.0	X							0	0	0
(14) KRISTEN KR LIU ..... TRUSTEE	0.0 ..... 0.0	X							0	0	0
(15) DANIEL PIDGEON ..... TRUSTEE	0.0 ..... 0.0	X							0	0	0
(16) ROBIN RASKIN ..... TRUSTEE	0.0 ..... 0.0	X							0	0	0
(17) SKIP WEST ..... TRUSTEE	0.0 ..... 0.0	X							0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

(18) R Dennis Shapiro	0.0	X								0	0	0
TRUSTEE	0.0											
(19) GARY YACOUBIAN	0.0	X		X						0	0	0
VICE CHAIR	0.0											
(20) Joellyn Gray	0.0	X								0	0	0
Trustee	0.0											
(21) DENISE GIBSON	0.0	X		X						0	0	0
CHAIRMAN	0.0											
(22) JOHN GODFREY	0.0	X		X						0	0	0
CHAIRMAN EMERITUS	0.0											
(23) MATT ATER	0.0	X								0	0	0
TRUSTEE	0.0											
(24) ERIC HSIA	0.0	X								0	0	0
TRUSTEE	0.0											
(25) MIKE MASSERMAN	0.0	X								0	0	0
TRUSTEE	0.0											
(26) ERIC F REED	0.0	X								0	0	0
TRUSTEE	0.0											
(27) LAURA SALLATA	0.0	X								0	0	0
TRUSTEE	0.0											

<b>1b Sub-Total</b>												
<b>c Total from continuation sheets to Part VII, Section A</b>												
<b>d Total (add lines 1b and 1c)</b>										198,949	629,314	127,917

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  1

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

5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .	4	Yes
		5	No

**Section B. Independent Contractors**

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

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Part VIII **Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
erated campaigns . . . . . <b>1a</b>				
embership dues . . . . . <b>1b</b>				
draising events . . . . . <b>1c</b>				
ated organizations <b>1d</b>	1,050,050			
ernment grants (contributions) <b>1e</b>				
ther contributions, gifts, grants, and similar amounts not included above <b>1f</b>				

290,692

**g** Noncash contributions included in lines 1a-1f:

**1g**

**h Total.** Add lines 1a-1f . . . . . **1,340,742**

2a	Business Code				
<b>f</b> All other program service revenue.					
<b>9 Total.</b> Add lines 2a-2f. . . . .			<b>0</b>		

<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			132,133		132,133
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0		
<b>5</b> Royalties . . . . .			0		

6a	6a	(i) Real		(ii) Personal	
<b>6a</b> Gross rents					
<b>b</b> Less: rental expenses	<b>6b</b>				
<b>c</b> Rental income or (loss)	<b>6c</b>		0	0	
<b>d</b> Net rental income or (loss) . . . . .				0	

7a	7a	(i) Securities		(ii) Other	
<b>7a</b> Gross amount from sales of			1,700,234		

	from sales of assets other than inventory		2,100,207			
<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>	1,644,621			
<b>c</b>	Gain or (loss)	<b>7c</b>	55,613			
<b>d</b>	Net gain or (loss)			55,613		55,613
<b>8</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>	0			
	Less: direct expenses	<b>8b</b>	0			
	Net income or (loss) from fundraising events			0		
<b>9</b>	Gross income from gaming activities. See Part IV, line 19	<b>9a</b>	0			
	Less: direct expenses	<b>9b</b>	0			
	Net income or (loss) from gaming activities			0		
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>	0			
	Less: cost of goods sold	<b>10b</b>	0			
	Net income or (loss) from sales of inventory			0		
Miscellaneous Revenue		Business Code				
<b>11a</b>	PUBLICATION SALE			4,999		4,999
<b>b</b>						
<b>c</b>						
<b>d</b>	All other revenue					
<b>e</b>	<b>Total.</b> Add lines 11a–11d			4,999		
<b>12</b>	<b>Total revenue.</b> See instructions					

1,533,487

192,745

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	744,848	744,848		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	237,832	156,691	55,806	25,335
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3) (B) . . . . .	0			0
<b>7</b> Other salaries and wages . . . . .	63,869	42,078	14,986	6,805
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,008	664	237	107
<b>9</b> Other employee benefits . . . . .	6,089	4,012	1,429	648
<b>10</b> Payroll taxes . . . . .	13,945		13,945	0
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	20,000		20,000	0
<b>b</b> Legal . . . . .	13,817		13,817	0
<b>c</b> Accounting . . . . .	2,225		2,225	0
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	2,249		2,249	0

<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	46,166		46,166	
<b>12</b> Advertising and promotion . . . . .	39,500		39,500	0
<b>13</b> Office expenses . . . . .	5,509		5,509	0
<b>14</b> Information technology . . . . .	5,676		5,676	0
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	0			
<b>17</b> Travel . . . . .	23,982		23,982	0
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	23,032		23,032	0
<b>20</b> Interest . . . . .	0			
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	0			
<b>23</b> Insurance . . . . .	0			
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEMBERSHIPS AND SUBSCRIPTIONS	3,404		3,404	
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	1,253,151	948,293	271,963	32,895
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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Part I Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	643,220	<b>1</b>	441,542
	<b>2</b> Savings and temporary cash investments . . . . .	60,924	<b>2</b>	562,634
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> Loans and other 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 . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,683	<b>9</b>	6,151
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 18,075		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 18,075	<b>10c</b>	
	<b>11</b> Investments—publicly traded securities . . . . .	3,181,968	<b>11</b>	3,507,688
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	3,888,795	<b>16</b>	4,518,015	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	10,678	<b>17</b>	16,962
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	150,000	<b>19</b>	150,000
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other 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 . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0

Net Assets or Fund Balances	24	Unsecured notes and loans payable to unrelated third parties . . . . .	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	142,655	25	143,322
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	303,333	26	310,284
	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions . . . . .	3,585,462	27	4,207,731
	28	Net assets with donor restrictions . . . . .	0	28	0
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds . . . . .		29	
	30	Paid-in or capital surplus, or land, building or equipment fund . . . . .		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	<b>Total net assets or fund balances</b> . . . . .	3,585,462	32	4,207,731	
33	<b>Total liabilities and net assets/fund balances</b> . . . . .	3,888,795	33	4,518,015	

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**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	1,533,487
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	1,253,151
3	Revenue less expenses. Subtract line 2 from line 1 . . . . .	3	280,336
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	4	3,585,462
5	Net unrealized gains (losses) on investments . . . . .	5	341,933
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	
10	<b>Net assets or fund balances at end of year.</b> Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,207,731

Part XII **Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</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.		

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**Additional Data**

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**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

Special Condition Description
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efile Public Visual Render

ObjectID: 202013199349301436 - Submission: 2020-11-14

**SCHEDULE A**  
**(Form 990 or**  
**990EZ)**Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**Name of the organization**

Consumer Technology Association Foundation

**Employer ident**

80-0194042

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hos
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **se**  
Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public de  
**(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or unive  
of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross r  
its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income  
income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Co
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpose  
supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines  
the type of supporting organization and complete lines 12e, 12f, and 12g.
- a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the  
power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete**
- b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having contro  
supporting organization vested in the same persons that control or manage the supported organization(s). **You must compl**
- c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its :  
instructions). **You must complete Part IV, Sections A, D, and E.**
- d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) th  
The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You r**  
**Sections A and D. and Part V.**

- e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functional functionally integrated supporting organization.
- f Enter the number of supported organizations 1

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)
			Yes	No	
(A) CONSUMER TECHNOLOGY ASSOCIATION (CTA)	541963355	6	Yes		1,
<b>Total</b>	<b>1</b>				<b>1</b>

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Schedule A (Form 990 or 990-EZ) 2019

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")					
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.					
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge.					
<b>4 Total.</b> Add lines 1 through 3					
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).					
<b>6 Public support.</b> Subtract line 5 from line 4.					

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019
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Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019
7 Amounts from line 4.					
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.					
9 Net income from unrelated business activities, whether or not the business is regularly carried on.					
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).					
11 <b>Total support.</b> Add lines 7 through 10					
12 Gross receipts from related activities, etc. (see instructions)					12
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization here <input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14
15 Public support percentage for 2018 Schedule A, Part II, line 14	15
16a <b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.	
b <b>33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.	
17a <b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	
b <b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	

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Schedule A (Form 990 or 990-EZ) 2019

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part I. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019
1 Gifts, grants, contributions, and					

<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513				
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge				
<b>6</b>	<b>Total.</b> Add lines 1 through 5				
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons				
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				
<b>c</b>	Add lines 7a and 7b.				
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)				

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019
<b>9</b> Amounts from line 6.					
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.					
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.					
<b>c</b> Add lines 10a and 10b.					
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)					
<b>14</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b>					

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	
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*supported organizations.*

- c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and (1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization used exclusively for section 170(c)(2)(B) purposes.*
- 5a** Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below, if applicable. Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; (iv) how the action was accomplished (such as by amendment to the organizing document).*
- b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," detail in **Part VI**.*
- 7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 49(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part III of Schedule L (Form 990 or 990-EZ).*
- 8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part III of Schedule L (Form 990 or 990-EZ).*
- 9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI**.*
- b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI**.*
- c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI**.*
- 10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type I supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
- b** Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*

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**Part IV Supporting Organizations (continued)**


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- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body supported organization?
  - b** A family member of a person described in (a) above?
  - c** A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in **Part VI**.*

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**Section B. Type I Supporting Organizations**


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- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

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**Section C. Type II Supporting Organizations**


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- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was different from the same persons that controlled or managed the supported organization(s).*

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**Section D. All Type III Supporting Organizations**


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- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recent as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) served as the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe the role the organization's supported organizations played in this regard.*

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**Section E. Type III Functionally-Integrated Supporting Organizations**


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- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
  - a  The organization satisfied the Activities Test. Complete **line 2** below.
  - b  The organization is the parent of each of its supported organizations. Complete **line 3** below.
  - c  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instruct
  
- 2 Activities Test. **Answer (a) and (b) below.**
  - a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organiza which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these e directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organ determined that these activities constituted substantially all of its activities.*
  
  - b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's s organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supporte organization(s) would have engaged in these activities but for the organization's involvement.*
  
- 3 Parent of Supported Organizations. **Answer (a) and (b) below.**
  - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supp organizations? *Provide details in **Part VI**.*
  
  - b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI** the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2019

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See i** non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year
1	Net short-term capital gain	1
2	Recoveries of prior-year distributions	2
3	Other gross income (see instructions)	3
4	Add lines 1 through 3	4
5	Depreciation and depletion	5
6	Portion of operating expenses paid or incurred for production or collection of gross income or for	6

	management, conservation, or maintenance of property held for production of income (see instructions)		
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>			(A) Prior Year
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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Schedule A (Form 990 or 990-EZ) 2019

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b>	Amounts paid to acquire exempt-use assets	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b>	Distributable amount for 2019 from Section C, line 6	
<b>10</b>	Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6		
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.		
<b>3</b> Excess distributions carryover, if any, to 2019:		
<b>a</b> From 2014. . . . .		
<b>b</b> From 2015. . . . .		
<b>c</b> From 2016. . . . .		
<b>d</b> From 2017. . . . .		
<b>e</b> From 2018. . . . .		
<b>f</b> <b>Total</b> of lines 3a through e		
<b>g</b> Applied to underdistributions of prior years		
<b>h</b> Applied to 2019 distributable amount		
<b>i</b> Carryover from 2014 not applied (see instructions)		
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
<b>4</b> Distributions for 2019 from Section D, line 7:		



## Additional Data

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**Software ID:**  
**Software Version:**

efile Public Visual Render

ObjectID: 202013199349301436 - Submission: 2020-11-14

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.Name of the organization  
Consumer Technology Association Foundation

Employer

80-0194

**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling more than \$5,000 (or more than 1% of the organization's gross receipts) from any one contributor. Complete Parts I and II. See instructions for determining contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 1, received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the organization's net assets, as shown on Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions were received for an *exclusive* purpose. If this box is checked, enter here the total contributions that were received during the year for an *exclusive* purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it is a religious, charitable, etc., organization with total contributions totaling \$5,000 or more during the year . . . . .

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Consumer Technology Association Foundation	Employer identification number 80-0194042
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Part I		
<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
<u>RESTRICTED</u>		\$ <u>RESTRICTED</u>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
-		\$
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
-		\$
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
-		\$
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
-		\$

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
-		\$

Schedule B (F

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Consumer Technology Association Foundation	Employer identification number 80-0194042
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)
-		\$
-		\$
-		\$
-		\$

-		\$
<b>(a) No. from Part I</b>	<b>(b) Description of noncash property given</b>	<b>(c) FMV (or estimate) (See instructions)</b>
-		\$
<b>(a) No. from Part I</b>	<b>(b) Description of noncash property given</b>	<b>(c) FMV (or estimate) (See instructions)</b>
-		\$

Schedule B (F

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Consumer Technology Association Foundation	Employ 80-0194
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**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc
-	_____ _____	_____ _____	_____ _____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4 _____ _____	Relationship of transferor _____ _____	
-	_____ _____	_____ _____	_____ _____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4 _____ _____	Relationship of transferor _____ _____	
-	_____ _____	_____ _____	_____ _____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4 _____ _____	Relationship of transferor _____ _____	

Schedule B (Form 990)

**Additional Data**

Software ID:

**Software Version:**

**efile Public Visual Render** | **ObjectID: 202013199349301436 - Submission: 2020-11-14**

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

<b>Name of the organization</b> Consumer Technology Association Foundation	<b>Employer identifica</b> 80-0194042
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**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds a
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year . . . . .		
<b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

**1** Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important lar
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the of the tax year.

	Held at
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

- 4 Number of states where property subject to conservation easement is located
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, his other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historic other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relat
  - (i) Revenue included on Form 990, Part VIII, line 1  \$
  - (ii) Assets included in Form 990, Part X  \$
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
  - a Revenue included on Form 990, Part VIII, line 1  \$
  - b Assets included in Form 990, Part X  \$

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

Cat. No. 52283D

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Schedule D (Form 990) 2019

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection it apply):
  - a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other .....
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance . . . . .
- d Additions during the year . . . . .
- e Distributions during the year . . . . .
- f Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

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

- a Board designated or quasi-endowment
- b Permanent endowment
- c Term endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) Unrelated organizations . . . . .
- (ii) Related organizations . . . . .

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

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

**Part VI Land, Buildings, and Equipment.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation
<b>1a</b> Land . . . . .			
<b>b</b> Buildings . . . . .			
<b>c</b> Leasehold improvements			
<b>d</b> Equipment . . . . .			
<b>e</b> Other . . . . .		18,075	18,075
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			

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Schedule D (Form 990) 2019

**Part VII Investments  Other Securities.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation (Cost or end-of-year)
<b>(1)</b> Financial derivatives . . . . .		
<b>(2)</b> Closely-held equity interests . . . . .		
<b>(3)</b> Other _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (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, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	Cost
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability
1.

(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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Schedule D (Form 990) 2019

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**  
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b> 341,933	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b> 2,249	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	2,249
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>

**Part XIII Supplemental Information**

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

Return Reference	Explanation
PART X, LINE 2:	UNDER ASC 740-10, AN ORGANIZATION MUST RECOGNIZE THE TAX B POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE-L POSITION WILL BE SUSTAINED. THE ORGANIZATION DOES NOT BELIE UNCERTAIN TAX POSITIONS AND ACCORDINGLY, WILL NOT RECOGNI. UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION HAS FILED FOR EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO ORGANIZATION HAS FILED IRS FORM 990 TAX RETURNS AS REQUIRE IN THOSE JURISDICTIONS WHERE IT IS REQUIRED. THE ORGANIZATI LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S TAX AUTHORITIES FOR YEARS BEFORE 2016. HOWEVER, THE ORGAN EXAMINATIONS BY TAX AUTHORITIES FROM FISCAL YEAR 2016 FORV DECEMBER 31, 2019 AND 2018, THERE WERE NO INTEREST OR PENA CONSOLIDATED STATEMENTS OF ACTIVITIES.

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**Additional Data**



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**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization Consumer Technology Association Foundation	<b>Empi</b> 80-0
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**Part I General Information on Grants and Assistance**

- 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? . . . . .
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any that received more than \$5,000. Part II can be duplicated if additional space is needed.

(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 valuation (book, FMV, appraisal, other)	(g) Desi noncash
(1) NATIONAL ACADEMY OF SCIENCES 2101 CONSTITUTION AVE NW WASH, DC 20037	53-0196932	501(c)(3)	10,000			
(2) MAB COMMUNITY SERVICE 200 IVY STREET BROOKLINE, MA 02446	04-2109859	501(c)(3)	40,000			
(3) BYTE BACK 899 NORTH CAPITAL STREET NE NO 850 WASH, DC 20002	52-2061398	501(c)(3)	45,000			
(4) OAK HILL 120 HOLCOMB STREET HARTFORD, CT 06112	86-1169503	501(c)(3)	96,302			
(5) BENEFICENT TECHNOLOGY INC DBA BENETECH 480 S CALIFORNIA AVE SUITE 201 PALO ALTO, CA 94304	77-0555413	501(c)(3)	40,000			
(6) OLDER ADULTS TECHNOLOGY SERVICES INC 168 7TH STREET SUITE 3A BROOKLYN, NY 11215	55-0882599	501(C)(3)	50,000			
(7) FRONT PORCH COMMUNITIES AND SERVICES 800 N BRAND BLVD 19TH FLOOR GLENDALE, CA 91203	95-4538269	501(C)(3)	65,000			
(8) SENIORNAVIGATOR 7501 BOULDERS VIEW DR N CHESTER, VA 23225	54-1977334	501(C)(3)	6,369			
(9) EASTER SEALS OF GREATER HOUSTON INC 4500 BISSONNET SUITE 340 BELLAIRE, TX 77401	74-1238418	501(C)(3)	25,000			
(10) SOUTH FLORIDA INSTITUTE	59-1297932	501(C)(3)	40,000			

ON AGING 2038 N DIXIE HWY WILTON MANORS, FL 33305					
(11) MEALS ON WHEELS CENTRAL TEXAS 3227 EAST FIFTH STREET AUSTIN, TX 78702	23-7202594	501(C)(3)	25,000		
(12) AARP FOUNDATION 601 E STREET NW WASHINGTON, DC 20049	52-0794300	501(C)(3)	42,177		
(13) ENVISION 9 BOIS D ARC ST FARMINGTON, AR 72730	82-5423540	501(C)(3)	60,000		
(14) JEWISH HEALTHCARE FOUNDATION 650 SMITHFIELD ST PITTSBURGH, PA 15222	25-1624347	501(C)(3)	50,000		
(15) TEACH ACCESS 2406 FLOYD AVE RICHMOND, VA 23220	27-2291583	501(C)(3)	10,000		
(16) THE ARC OF THE UNITED STATES 1825 K ST NW STE 1200 WASHINGTON, DC 20006	13-5642032	501(C)(3)	70,000		
(17) THE FILM COLLABORATIVE 3405 CAZADOR ST LOS ANGELES, CA 90065	32-0295081	501(C)(3)	40,000		

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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Cat. No. 50055P

Schedule I (Form 990) 2019

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)
(1)				
(2)				
(3)				
(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.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2:	THE CTA FOUNDATION REQUIRES GRANT RECIPIENTS TO SIGN A GRANT AGREEMENT WHICH OUTLINES THE POLICIES AND PROCEDURE FOR THE GRANT. THE AGREEMENT REQUIRES THAT A WRITTEN REPORT SIGNED BY AN APPROPRIATE OFFICER OF THE RECIPIENTS ORGANIZATION MUST BE SUBMITTED TO THE CTA FOUNDATION WITHIN THIRTY (30) MONTHS AFTER THE CLOSE OF EACH FISCAL YEAR IN WHICH YOUR ORGANIZATION RECEIVES OR SPENDS ANY PORTION

THREE (3) MONTHS AFTER THE CLOSE OF EACH FISCAL YEAR IN WHICH YOUR ORGANIZATION RECEIVES OR SPENDS ANY PORTION OF SUCH FUNDS (INCOME, IF ANY, FROM SUCH FUNDS) UNTIL THE GRANT FUNDS ARE SPENT IN FULL OR THE GRANT IS OTHERWISE TERMINATED. THE REPORT AT ANY TIME FOR ANY REASON. EACH WRITTEN REPORT MUST CONTAIN TWO PARTS: A NARRATIVE ACCOUNT AND A FINANCIAL STATEMENT OF THE EXPENDITURE OF THE GRANT FUNDS DURING THE PERIOD COVERED BY THE REPORT. IN ADDITION, CTA FOUNDATION STAFF WILL BE AVAILABLE TO MONITOR PROGRESS AND BE AWARE OF CHALLENGES.

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### Additional Data

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**Schedule J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Consumer Technology Association Foundation

Employer identification number  
80-0194042

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b>	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .	<b>1b</b>	
<b>2</b>	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . . . . .	<b>2</b>	
<b>3</b>	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	<input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b>	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b>	Receive a severance payment or change-of-control payment? . . . . .	<b>4a</b>	No
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .	<b>4b</b>	No
<b>c</b>	Participate in, or receive payment from, an equity-based compensation arrangement? . . . . . If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b>	The organization? . . . . .	<b>5a</b>	No
<b>b</b>	Any related organization? . . . . . If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No
<b>6</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b>	The organization? . . . . .	<b>6a</b>	No
<b>b</b>	Any related organization? . . . . . If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No




Schedule J (Form 990) 2019

**Part III Supplemental Information**

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

Return Reference	Explanation
Schedule J, part I, line 3:	The supported organization utilizes independent compensation consultants, compensation surveys and the Forms 990 of other organizatio Foundation's Executive Director.

**Additional Data**

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<b>SCHEDULE O (Form 990 or 990-EZ)</b>		<b>Supplemental Information to Form 990 or 990-EZ</b>	
Department of the Treasury Internal Revenue Service Name of the organization Consumer Technology Association Foundation		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. Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	
		<b>Employer ic</b>	80-0194042

Return Reference	Explanation
Part VI Section A Line 11A	Members of the Consumer Technology Association's finance department, including the COO/CFO, re
Part VI Section A Line 12C	EACH NEW CTA FOUNDATION DIRECTOR SHALL BE REQUIRED TO REVIEW A COPY OF THIS ACKNOWLEDGE IN WRITING THAT HE OR SHE HAS DONE SO. EACH DIRECTOR SHALL ANUA DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES IF INVOLDED THAT HE OR SHE BELEIVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST.
PART VI SECTION A LINE 15A	COMPENSATION IS REVIEWED AND APPROVED BY LEADERSHIP OF THE SUPPORTING ORG THIS REVIEW INCLUDES CONSIDERATION OF COMPARABLE BENEFITS DATA AND EMPLOYE ENSURE ALIGNMENT WITH RESPONSIBILITIES.
PART VI SECTION A LINE 15B	COMPENSATION IS REVIEWED AND APPROVED BY LEADERSHIP OF THE SUPPORTING ORG THIS REVIEW INCLUDES CONSIDERATION OF COMPARABLE BENEFITS DATA AND EMPLOYE ENSURE ALIGNMENT WITH RESPONSIBILITIES.
PART VI LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTERE STATEMENTS AVAILABLE TO THE PUBLIC.
PART XII LINE 2C	There was no change in the process from the prior year.

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**SCHEDULE R  
(Form 990)**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization Consumer Technology Association Foundation	<b>Employer iden</b> 80-0194042
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	End-of

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))
(1) CONSUMER TECHNOLOGY ASSOCIATION 1919 SOUTH EADS STREET  ARLINGTON, VA 22202 54-1963355	SEE PART VII	VA	501(c)(6)	

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	Dis

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	Sh

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**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.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .
- b Gift, grant, or capital contribution to related organization(s) . . . . .
- c Gift, grant, or capital contribution from related organization(s) . . . . .
- d Loans or loan guarantees to or for related organization(s) . . . . .
- e Loans or loan guarantees by related organization(s) . . . . .
  
- f Dividends from related organization(s) . . . . .
- g Sale of assets to related organization(s) . . . . .
- h Purchase of assets from related organization(s) . . . . .
- i Exchange of assets with related organization(s) . . . . .
- j Lease of facilities, equipment, or other assets to related organization(s) . . . . .
  
- k Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o Sharing of paid employees with related organization(s) . . . . .
  
- p Reimbursement paid to related organization(s) for expenses . . . . .
- q Reimbursement paid by related organization(s) for expenses . . . . .
  
- r Other transfer of cash or property to related organization(s) . . . . .
- s Other transfer of cash or property from related organization(s) . . . . .

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	
(1) CONSUMER TECHNOLOGY ASSOCIATION	C	1,050,050	CASH
(2) CONSUMER TECHNOLOGY ASSOCIATION	K	9,166	COST
(3) CONSUMER TECHNOLOGY ASSOCIATION	M	37,000	COST
(4) CONSUMER TECHNOLOGY ASSOCIATION	P	385,390	COST

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross receipts) during the year. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign)	(d) Predominant income (related, unrelated)	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations



**Software ID:**  
**Software Version:**