

Information Trust Exchange Governing Association 75 Water St. Williamstown MA 01267 617-448-6600 http://www.infotrust.org

May 15, 2020

Registry of Charitable Trusts P.O. Box 903447 Sacramento CA 94203-4470

> Re: CT0258886 Calif. Org. #: C3988420

FEIN: 81-5393558

Dear Folks:

Enclosed please find our Form RRF-1 filing for the fiscal/calendar year 2019.

Enclosed please find check No. _____ for \$25.00 comprising our annual filing fee, reflecting gross annual revenue of \$61,255 in 2019.

Our IRS Form 990 was filed electronically on May 15, 2020 as required by IRS rules. A signed, physical copy of the return is enclosed herewith.

Please call me if there are any questions.

Best regards,

William P. Densmore Jr. Executive Director & Secretary

Telephone: 617-448-6600

STATE OF CALIFORNIA RRF-1 (Rev. 09/2017)

> MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities

Signature of Authorized Agent

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT	OF JUSTICE	
	PAGE 1 of 5	
or Registry l	Jse Only)	

Information Trust Exchange Go	verning /	Association	Check if:	ge of address		
ITEGA	on uses or	has used	☐ Amended report			
List all DBAs and names the organization uses or has used 75 Water St. PO Box 367 Address (Number and Street)		State Ch	State Charity Registration Number CT0258886			
Williamstown MA 01267				02088420		
City or Town, State, and ZIP Code			Corporati	on or Organization No. C3988420		
413-458-8001 Telephone Number		rpdensmore@itega.org -mail Address	Federal F	Employer ID No. 81-539-3558		
		RENEWAL FEE SCHEDULE (11 Cal. Co Make Check Payable to Departmen	de Regs.	sections 301-307, 311, and 312)		
Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	F	ee
Less than \$25,000 Between \$25,000 and \$100,000	0 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million	\$50 \$75	Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	\$2	150 225 300
PART A - ACTIVITIES						
For your most recent full a	counting	period (beginning 01 / 01 / 2019	ending	12 / 31 / 2019) list:		
Gross Annual Revenue \$ 61	,255.00	Noncash Contributions \$		Total Assets \$ 7,912	.00	
Program Ex	penses \$_	133,794.00 Total E	Expenses	\$		
PART B - STATEMENTS REGARDING	ORGANI	ZATION DURING THE PERIOD OF THIS	S REPOR	Γ		
Note: All questions must be answ	ered. If yo	ou answer "yes" to any of the question for each "yes" response. Please revie	s below,	you must attach a separate page	Yes	No
 During this reporting period, were t officer, director or trustee thereof, e 	here any co	ontracts, loans, leases or other financial t ly or with an entity in which any such office	ransaction cer, directo	s between the organization and any or or trustee had any financial interest?	1	
2. During this reporting period, was th	ere any the	off, embezzlement, diversion or misuse o	f the orgar	ization's charitable property or funds?		1
3. During this reporting period, were a	iny organiz	ation funds used to pay any penalty, fine	or judgme	nt?		1
During this reporting period, were t coventurer used?	he services	of a commercial fundraiser, fundraising	counsel fo	r charitable purposes, or commercial		1
5. During this reporting period, did the	organizati	on receive any governmental funding?				1
6. During this reporting period, did the	organizati	on hold a raffle for charitable purposes?				1
7. Does the organization conduct a ve	ehicle dona	tion program?				1
 Did the organization conduct an inc generally accepted accounting prin 		audit and prepare audited financial stater nis reporting period?	ments in a	ccordance with		1
9. At the end of this reporting period,	did the org	anization hold restricted net assets, while	reporting	negative unrestricted net assets?		1
I declare under penalty of perjury that belief, the content is true, correct an	d complete	camined this report, including accomp		ecuments, and to the best of my knowl	edge ar	

Printed Name

Title

Date

ATTACHMENT #1

INFORMATION TRUST EXCHANGE GOVERNING ASSOCIATION

CT0258886 Calif. Org. #: C3988420 FEIN: 81-5393558

ATTACHMENT #1 to Form RRF-1 for fiscal/calendar year 2018

Supplemental response to Part B, Question No. 1, officer contract:

During Fiscal Calendar 2018 the Information Trust Exchange Governing Association paid consulting fees totaling \$46,068 to William P. Densmore Jr. for services carrying out responsibilities as Executive Director, President, Secretary and Treasurer of the organization.

The amount of \$46,068 is reported on Line 11, Part II (CA 199) – Compensation of Officers, Directors, and Trustees.

Mr. Densmore provided services pursuant to a written Consulting Agreement (at the rate of \$75/hour) and a related Scope of Services which were provided to the Board of Directors and negotiated with and signed by board Chairman Jo Ellen Green Kaiser. The terms of the Agreement provided that Mr. Densmore was required to submit approximately monthly invoices detailing services provided and hours billed and that each invoice was required to be approved by the board chair before being paid.

Line 11, Part II (CA 199) - Compensation of Officers, Directors, and Trustees

							46,06
Name	Street Address	City	State	Zip Code	Title	Time Devoted	Compensation
1 Bill Densmore					Executive Director	35	46.06
ott Bradner					Director and Treasurer		**************************************
3 Jo Ellen Green Kaiser					Director (Chair)		
4 William E. Buzenberg					Director		ATTACA TO TACA CA
5 Linda K. Miller					Director		ALTERNATION OF THE PROPERTY OF
6 John Taysom					Director	0	

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

Department of the Treasury

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

Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection For the 2019 calendar year, or tax year beginning and ending Check if applicable: C Name of organization Information Trust Exchange Governing Association D Employer identification number Address change Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 81-5393558 Name change P.O. Box 367 Telephone number Initial return City or town ZIP code (617) 448-6600 Williamstown 01267 inal return/terminated Foreign country name Foreign province/state/county Foreign postal code Amended return G Gross receipts \$ F Name and address of principal officer: Application pending H(a) Is this a group return for subordinates? Yes X No William P. Densmore 75 Water Street, Williamstown, MA 01267 H(b) Are all subordinates included? X 501(c)(3) Tax-exempt status: 501(c) If "No," attach a list. (see instructions)) 🛥 (insert no.) 4947(a)(1) or Website: www.infotrust.org H(c) Group exemption number ▶ X Corporation Form of organization: Association Other -L Year of formation: 2017 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: Its general purpose is to pursue the Activities & Governance charitable and public purposes of lessening the burdens of government and promoting the global public interest in the operational stability of the Internet Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) . . . 4 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 5 Total unrelated business revenue from Part VIII, column (C), line 12. 7a 0 Net unrelated business taxable income from Form 990-T, line 39. 7b **Current Year** Contributions and grants (Part VIII, line 1h) 8 134,475 2,000 Program service revenue (Part VIII, line 2g) 9 0 60,945 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 108 310 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 207 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). 134,790 63,255 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 0 0 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) . . . Expenses 0 95.053 Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 64,472 38.741 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 64,472 133.794 19 Revenue less expenses. Subtract line 18 from line 12. 70.318 -70,539 Assets or **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16). 7,912 Total liabilities (Part X, line 26) 21 0 0 22 Net assets or fund balances. Subtract line 21 from line 20 78.451 7,912 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 Signature of officer EXEC. DIR/SCTY Here WILLIAM PI Type or print name and title Print/Type preparer's name Preparer's signature Date Check Paid Billie Jo Sawyer self-employed P01071637 Preparer Firm's name Sawyer, LLC Firm's EIN : 27-1294850 Use Only Firm's address \$ 1310 MASS MoCA Way, North Adams, MA 01247 (413) 664-6777 May the IRS discuss this return with the preparer shown above? (see instructions)