${\color{blue} COMMITTEE\ ON\ NATURAL\ RESOURCES} \\ {\color{blue} 113^{th}\ Congress\ Disclosure\ Form} \\ As\ required\ by\ and\ provided\ for\ in\ House\ Rule\ XI,\ clause\ 2(g)\ and }$ the Rules of the Committee on Natural Resources

Oversight hearing titled "American Energy Jobs: Opportunities for Innovation." June 12, 2014

For Individuals:
1. Name: Matthew Stepp
2. Address: 1101 K Street Suite 610, Washington, D.C. 20005
3. Email Address: [Information redacted for privacy]
4. Phone Number: [Information redacted for privacy]

For Witnesses Representing Organizations:
1. Name: Matthew Stepp
2. Name of Organization(s) You are Representing at the Hearing: Center for Clean Energy Innovation
3. Business Address: 1101 K Street Suite 610, Washington, D.C. 20005
4. Business Email Address: mstepp@itif.org
5. Business Phone Number: 202-626-5723

For all Witnesses

Name/Organization Matthew Stepp, Center for Clean Energy Innovation

Title/Date of Hearing: Oversight hearing titled "American Energy Jobs: Opportunities for Innovation." / June 12, 2014

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Rochester Institute of Technology, Master of Science in Science, Technology, and Public Policy

Millersville University, Bachelor of Science in Meteorology

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

The Center for Clean Energy Innovation is an affiliated Center of the Information Technology and Innovation Foundation.

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

None.

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

None.

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None.

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None.

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

None.

Witnesses Representing Organizations

Name/Organization Matthew Stepp, Center for Clean Energy Innovation

Title/Date of Hearing: Oversight hearing titled "American Energy Jobs: Opportunities for Innovation." / June 12, 2014

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Executive Director, Center for Clean Energy Innovation

i. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

None.

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

None.

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None.

1. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Digital copies of the Information Technology and Innovation Foundation are attached to this disclosure form. ITIF is the host 501(c)3 CCEI is affiliated with.

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 black lung benefit trust or private foundation)

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

Open to Public Inspection

OMB No 1545-0047

A For the 2010 calendar year, or tax year beginning MAR 1, 2010 and ending		
B Check if applicable INFORMATION TECHNOLOGY AND	D Employer identific	cation number
Address INNOVATION FOUNDATION		
Name change Doing Business As ITIF	20-4	403497
Initial return Number and street (or P 0 box if mail is not delivered to street address) Room/s		
Termin-		626-5732
Amended Chrystawa state or country and ZID . A	G Gross receipts \$	2,471,944
Applica- tion WASHINGTON, DC 20005	<u>-</u> -	
F Name and address of principal officer:ROBERT D. ATKINSON	H(a) Is this a group re	Yes X No
	for affiliates?	
SAME AS C ABOVE	H(b) Are all affiliates inc	
I Tax-exempt status:		list. (see instructions)
J Website: ► WWW.ITIF.ORG	H(c) Group exemptio	
	Year of formation. 2006 N	vi State of legal domicile D
Part I Summary	A MON DADETCA	N DECEADOR
Total number of volunteers (estimate if necessary) Briefly describe the organization's mission or most significant activities: ITIF IS AND EDUCATIONAL INSTITUTE. Check this box In the organization discontinued its operations or disposed of a 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) Total number of individuals employed in calendar year 2010 (Part V, line 2a) Total number of volunteers (estimate if necessary) Ta Total unrelated business revenue from Part VIII, column (C), line 12	A NON-PARTISA	N RESEARCH
2 Check this box If the organization discontinued its operations or disposed of	more than 25% of its net as	ssets.
3 Number of voting members of the governing body (Part VI, line 1a)	3	1
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	1
2 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	
6 Total number of volunteers (estimate if necessary)	6	
7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	Ö
b Net unrelated business taxable income from Form 990-T, line 34	7b	0
b Net differated business taxable income from Form 990-1, line 34	Prior Year	Current Year
Contributions and areata /Dart VIII has the	2,195,073.	2,424,014
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	2,424,014
9 Program service revenue (Part VIII, line 2g)	9,125.	10,410
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		37,520
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,204,198.	2,471,944
13 Grants and similar amounts paid (Part IX, column (A), lines 1·3)	0.	C
Benefits paid to or for members (Part IX, column (A), line 4)	0.	1 150 550
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	740,378.	1,159,559
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 94,852	32,500.	94,852
b Total fundraising expenses (Part IX, column (D), line 25) 94,852.		<u></u>
17 Other expenses (Harry, Column (A), Unespitia 110, 111-241)	448,562.	951,205
18 Total expenses. Applines 13-17 (must equal Part 💢 column (A), line 25)	1,221,440.	2,205,616
19 Revenue less expenses 3 Sübtractiline 18 from Inte 12	982,758.	266,328
20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,052,082.	2,031,091
28 21 Total liabilities (Part X, line 26)	673,345.	539,252
22 Net assets or fund balances. Subtract line 21 from line 20	1,378,737.	1,491,839
Part II Signature Block		
ledge resulting of payment I declare that I have examined the return regulating accompanying schedules and of	atements, and to the best of m	v knowledge and belief, it
ue, correct, and complete Degraration of preparer (other than officer) is based on all information of which pre		,
Polish Determina	7-15	3-20/1
Signature of officer	Date	'
Here ROBERT D. ATKINSON, PRESIDENT		
sign ROBERT D. ATKINSON, PRESIDENT Type or print name and title		·
	Date Check	PTIN
Print/Type preparer's name	7/12 COIL if self-employ	
Preparer Firm's name TATE AND TRYON Firm's address 2021 L STREET, NW SUITE 400	Firm's EIN ▶	
, , , , , , , , , , , , , , , , , , , ,		2021 202 220
WASHINGTON, DC 20036	Phone no (202) 293–220
May the IRS discuss this return with the preparer shown above? (see instructions)		X YesN
22001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (20
	0	-17

•	, INFORMATION TECHNOLOGY AND		_
	1990 (2010) INNOVATION FOUNDATION	20-4403497	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III	<u> </u>	X
1	Briefly describe the organization's mission:	TIME THOSE	
	ITIF IS A NON-PARTISAN RESEARCH AND EDUCATIONAL INSTIT	TUTE WHOSE	
	MISSION IS TO FORMULATE AND PROMOTE PUBLIC POLICIES TO		
	TECHNOLOGICAL INNOVATION AND PRODUCTIVITY INTERNATIONAL		*
	WASHINGTON AND IN THE STATES. RECOGNIZING THE VITAL F	COLE OF	
2	Did the organization undertake any significant program services during the year which were not listed on	Van	X No
	the prior Form 990 or 990-EZ?	1es	21 110
_	If "Yes," describe these new services on Schedule O	vo?	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	:S'1es	110
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by	/ AYDADSAS	
4	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	or granto ano	
4a) (Revenue \$	
70	ITIF IS A NON-PARTISAN RESEARCH AND EDUCATIONAL INSTITUTE		SION
	IS TO FORMULATE AND PROMOTE PUBLIC POLICIES TO ADVANCE		
	INNOVATION AND PRODUCTIVITY INTERNATIONALLY, IN WASHIN		
	STATES. RECOGNIZING THE VITAL ROLE OF TECHNOLOGY IN F	ENSURING AMERI	CAN
	PROSPERITY, ITIF FOCUSES ON INNOVATION, PRODUCTIVITY,	AND DIGITAL	
	ECONOMY ISSUES.		
			-
		\ /D	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$,
			
		<u> </u>	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		<u> </u>	
			-
			· · ·
		 	
			····

032002 12-21-10 Form **990** (2010)

including grants of \$ 1,855,987.

) (Revenue \$

4e Total program service expenses ▶

4d Other program services. (Describe in Schedule O.)

Form 990 (2010)

INNOVATION FOUNDATION Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
_	If "Yes," complete Schedule A	1 2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		х
	public office? If "Yes," complete Schedule C, Part I			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	N/	A
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	-		
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			_
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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			l
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		İ	.,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI, XII, and XIII	12a	_	X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	Λ
Þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14b		Х
4-	and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140	-	
15		15		Х
46	or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	-13		
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		1
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		<u> </u>	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	- 		1
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	T	X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
-	operate one or more hospitals must attach audited financial statements (see instructions)	20ь		1
			990	(2010)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	l '		v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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? If "Yes," complete			Х
	Schedule L, Part I	25b		Λ
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	26		х
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
27	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	<u></u>		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701·2 and 301.7701·37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	١		
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
00	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes X No			
36	Section 501 (c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		Х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		_^_
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<u> </u>		<u></u>
	Note. All Form 990 filers are required to complete Schedule O	38	х	
				2010)

Form 990 (2010)

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	⊣		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
		1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	_3b	ļ <u>.</u>	
4a	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)?	4a	ļ	X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			١
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	-	ļ
6a	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?	6a_	-	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b	[.	ļ
7	Organizations that may receive deductible contributions under section 170(c).	. _		v
a	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		 	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		Х
	to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year 7d	7c		<u> </u>
		٠,		х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			<u> </u>
9	If the organization received a contribution of qualified intellectual property, and the organization file rollin does as required rather organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A	1,1,1		
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.	, <u> </u>		
	Did the organization make any taxable distributions under section 4966? N/A	9a		1
	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b	 	1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders N/A 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a	L	
	Note. See the instructions for additional information the organization must report on Schedule O.	***************************************		
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			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2010)

20-4403497

Page 6

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

	Check if Schedule O contains a response to any question in this Part VI						X					
Sec	tion A. Governing Body and Management											
		1	1	1 cl		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	10		16 15								
ь	Enter the number of voting members included in line 1a, above, who are independent	1		13								
2												
•	officer, director, trustee, or key employee?											
3												
4	of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?											
4 5	Did the organization make any significant changes to its governing documents since the prior room. Did the organization become aware during the year of a significant diversion of the organization's as			F	5		X					
6	Does the organization have members or stockholders?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			6		X					
	Does the organization have members, stockholders, or other persons who may elect one or more m	emb	ers of the	F								
	governing body?			ĺ	7a		X_					
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	erson	s?	Γ	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken			ſ								
	by the following:											
а	The governing body?			L	8a	_X						
b	Each committee with authority to act on behalf of the governing body?				8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ache	d at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		<u> X</u>					
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	Reve	nue Code.)				1					
				г		Yes	No					
	Does the organization have local chapters, branches, or affiliates?			-	10a		X					
b	If "Yes," does the organization have written policies and procedures governing the activities of such	n cha	pters, affiliates,		40.							
	and branches to ensure their operations are consistent with those of the organization?	£.1	4h - fa0		10b		Х					
	Has the organization provided a copy of this Form 990 to all members of its governing body before	ıllırıg	the form?	F	11a							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				12a		Х					
	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that co	ould a	nive rise	F	120							
U	to conflicts?	, ala	give rise		12b							
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	f "Yes	s." describe	- 1								
Ŭ	In Schedule O how this is done		,		12c							
13	Does the organization have a written whistleblower policy?				13	Х						
14	Does the organization have a written document retention and destruction policy?				14	Х						
15	Did the process for determining compensation of the following persons include a review and approv	val by	y independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?										
а	The organization's CEO, Executive Director, or top management official			L	15a	X	ļ					
b	Other officers or key employees of the organization			_	15b	X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	emen	t with a				.,					
	taxable entity during the year?			, h	16a		X					
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluation to evaluation to evaluation and organization adopted a written policy or procedure requiring the organization to evaluation and organization and organization to evaluation and organization and organizat		• •									
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	ganiz	ation's		401							
<u></u>	exempt status with respect to such arrangements?				16b	L	l					
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE											
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T /50	11(c)(3)e only) avai	lable f								
18	public inspection. Indicate how you make these available. Check all that apply.	ı (öl	Truggoja omyj aval	iiauit l	OI .							
	Own website Another's website X Upon request											
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conf	lict of interest police	cv. and	d fina	ncıal						
	statements available to the public.			, wii≀	IU							
20	State the name, physical address, and telephone number of the person who possesses the books a	and r	ecords of the ora	anızatı	on: 🕨	•						
-	THE ORGANIZATION - 202-626-5732											
	1101 K STREET, NW STE 610, WASHINGTON, DC 20005											
			-		Form	990	(2010)					

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

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

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.

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

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

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

(A)	(B)		(C) Position (check all that apply)				(D)	(E)	(F)	
Name and Title	Average hours per week	<u> </u>			Reportable compensation from	Reportable compensation from related	Estimated amount of other			
,	(describe hours for related organizations in Schedule O)	Individual trustee or director	institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
GRANT D. ALDONAS									_	-
DIRECTOR	1.00	X					_	0.	0.	0.
BILL ANDRESEN										
DIRECTOR	1.00	X	ļ			ļ		0.	0.	0.
ROBERT ATKINSON										
DIRECTOR	1.00	X						0.	0.	0.
WILLIAM B. BONVILLIAN										
DIRECTOR	1.00	X						0.	0.	0.
CHRISTOPHER G. CAINE	1							_		
DIRECTOR	1.00	X						0.	0.	0.
JEFFREY CAMPBELL										
DIRECTOR	1.00	X						0.	0.	0.
MELIKA CARROLL			ŀ				ŀ			
DIRECTOR	1.00	X				ļ	<u> </u>	0.	0.	0.
PETER M. CLEVELAND						İ				
DIRECTOR	1.00	Х						0.	0.	0.
GREG FARMER						ļ				
DIRECTOR	1.00	Х						0.	0.	0.
VIC FAZIO										
DIRECTOR	1.00	Х				ļ	L.	0.	0.	0.
TOM GALVIN			l			ļ				
DIRECTOR	1.00	X	ļ					0.	0.	0.
DEAN GARFIELD										
DIRECTOR	1.00	X	<u> </u>			<u> </u>		0.	0.	0.
DAVID GOLDSTON			ł							
DIRECTOR	1.00	X	_			<u> </u>		0.	0.	0.
SHANE GREEN						1				
DIRECTOR	1.00	Х				<u> </u>		0.	0.	0.
DAVID A. GROSS						1				
DIRECTOR	1.00	X	ļ	_		<u> </u>		0.	0.	0.
NANCY JOHNSON										_
DIRECTOR	1.00	X	<u> </u>			_		0.	0.	0.
FREDERICK S. HUMPHRIES JR.		:								_
DIRECTOR	1.00	X	<u></u>	نـــا				0.	0.	0.
032007 12-21-10										Form 990 (2010)

Form 990 (2010) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Average Position Name and title Reportable Reportable Estimated hours per (check all that apply) compensation compensation amount of week other from from related (describe organizations compensation the hours for (W-2/1099-MISC) from the organization related (W-2/1099-MISC) organization organizations and related ın Schedule organizations Officer O) BLAIR LEVIN 1.00 0. X 0. 0. DIRECTOR JASON MAHLER 1.00 X 0 0. 0. DIRECTOR CATHERINE NOVELLI 1.00 X 0. 0. 0. DIRECTOR CHRISTOPHER PADILLA 0 1.00 X 0 0. DIRECTOR SHANE TEWS 1.00 X 0. 0. 0 DIRECTOR ROBERT ATKINSON X X 0 17,254. 40.00 283,136. PRESIDENT STEPHEN EZELL Х 0. 6,334. 40.00 112,072 SENIOR ANALYST DANIEL CASTRO 101,234 0 11,013. 40.00 SENIOR ANALYST STEPHEN NORTON 12,354. 117,010. 0 COMMUNICATIONS DIRECTOR 40.00 613,452. 0. 46,955. 1b Sub-total 0. Ο. c Total from continuation sheets to Part VII, Section A 46,955. 613,452. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable 2 compensation from the organization Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on X 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization Х 4 and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C) Description of services Compensation Name and business address RICHARD BENNETT RESEARCH 118,855. 661 RUBY ROAD, LIVERMORE, CA 94550 HELEN MILBY, 233 PENNSYLVANIA AVE., S.E. 2ND FLOOR, WASHINGTON, DC 20003 FUNDRAISING 106,526.

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

Form 990 (2010)

ra	rt VIII	1 Statement of Rever	iue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ	1 a	Federated campaigns	1a					
필		Membership dues	1b					
S, B	c	Fundraising events	1c					
ar a	d	Related organizations	1d					
S, E	е	Government grants (contribut	ions) 1e					
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, gran	1 1	2424014				
흘制		similar amounts not included above	<u> </u>	2424014.				
P P	_	Noncash contributions included in lines	1a-1f \$		2424014.			
5 8	<u>h</u>	Total. Add lines 1a-1f			2424014.			
	_			Business Code				
Š	2 a	-1-2-						
ine Se	b	***					-	
K a	c							
E8	d							<u> </u>
Program Service Revenue	e 4	All other program service reve						
	'	Total. Add lines 2a-2f	niue	•				
-	3	Investment income (including	dividends intere					
	•	other similar amounts)	GIVIGOTIGS, IIITOTO).ot, uno	10,410.			10,410.
	4	Income from investment of ta	x-exempt bond o	roceeds				· · · · · · · · · · · · · · · · · · ·
	5	Royalties	x exempt bond p	NO00000				
	•	Hoyames	(ı) Real	(II) Personal				1
	6 a	Gross Rents	(ly riour	(ii) i diddina				
		Less: rental expenses						
		Rental income or (loss)	-					1
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(II) Other				
- 1		assets other than inventory		1				
İ	ь	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		>				
nue		Gross income from fundraisin including \$						
Other Revenue		contributions reported on line	·					
<u>بر</u>		Part IV, line 18	a					
흏	b	Less: direct expenses	ь					
0		Net income or (loss) from fund	draising events	•				
	9 a	Gross income from gaming ad	ctivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gan	ning activities	<u> </u>			,,,,,	
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale	s of inventory	>				
		Miscellaneous Revenu	ie	Business Code				
	11 a	OTHER INCOME		900099	37,520.	<u> </u>		37,520.
	b							<u> </u>
	С	<u> </u>						ļ
	d	All other revenue			6			
	е	Total. Add lines 11a-11d		>	37,520.			4.7.000
2022	12	Total revenue. See instructions		<u> </u>	2471944.	0.	0	. L '
03200	.⊎ -10							Form 990 (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
	3b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	300,390.	264,343.	36,047.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	650 150	570 174	70 070	
7	Other salaries and wages	658,153.	579,174.	78,979.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	201 016	176 004	24 122	·
9	Other employee benefits	201,016.	176,894.	24,122.	
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management			· - · - · -	
b	Legal				
С	Accounting				
d	Lobbying	94,852.			94,852.
e	Professional fundraising services See Part IV, line 17	94,652.			94,032
f	Investment management fees	410,684.	361,402.	49,282.	
9	Other	1,365.	164.	1,201.	
12	Advertising and promotion	44,762.	38,943.	5,819.	
13	Office expenses	24,649.	21,691.	2,958.	
14	Information technology	24,040.	21,051.	2,550.	
15	Royalties	129,894.	114,307.	15,587.	
16	Occupancy	24,943.	21,950.	2,993.	·
17	Travel	24/343.	21,550.	2,773.	
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings	183,795.	161,740.	22,055.	
20	Interest	100,700.		22,033.	
21	Payments to affiliates	-			
22	Depreciation, depletion, and amortization	3,072.	2,703.	369.	
23	Insurance	-,			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f If line				
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0)				
а	ITI OVERHEAD	117,650.	103,532.	14,118.	
ь	DUES AND SUBSCRIPTIONS	8,377.	7,372.	1,005.	
c	MISC. EXPENSES	2,014.	1,772.	242.	
ď			•		
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,205,616.	1,855,987.	254,777.	94,852.
26	Joint costs. Check here ▶ ☐ If following SOP		•	*	
-•	98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising				

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Form 990 (2010)

INNOVATION FOUNDATION Part X Balance Sheet (A) Beginning of year End of year 705,458. 379,875. 1 Cash - non-interest-bearing 1,430,440. 1,295,648. Savings and temporary cash investments 3 Pledges and grants receivable, net 47,500. 169,838. Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 54,159. 10a basis. Complete Part VI of Schedule D 3,839 976. 50,320. 10c 10b b Less: accumulated depreciation 11 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments · program-related. See Part IV, line 11 14 14 Intangible assets 618. 2,500. 15 15 Other assets. See Part IV, line 11 2,052,082. 2,031,091. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 277,595. 143,752. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 395,500. 395,750. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 25 25 Other liabilities, Complete Part X of Schedule D 539,252. 673,345. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here

X
and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,378,737. 1,491,839. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here
and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds

> 2,031,091. Form **990** (2010)

1,491,839.

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

1,378,737.

2,052,082.

33

Form **990** (2010)

Pa	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
	The Land Court and Dart VIII askess (A) has 40)	• 1	2,47	1.9	44.
1	Total revenue (must equal Part VIII, column (A), line 12)		2,20		
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3			28.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,37		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u> 26.</u> :
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,49	1,8	<u> 39.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				Ш
•				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued		- 1		
_	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	and the surface where Sahadula O and departs any stops tolers to undergo such sudits		3h	1	

SCHEDULE A

(Form 990 or 990-EZ)

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. ► See separate instructions.

2010

Open to Public Inspection

Name of the organization

INFORMATION TECHNOLOGY AND INNOVATION FOUNDATION

Employer identification number 20-4403497

n -			for Dublic Obser	- C1-1 (All									
	rt I			ity Status (All organiz	_				tructions.				
The	organi			because it is: (For lines 1									
1	닏	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2	닏	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3	닏	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	Ш	A medical res	search organization	operated in conjunction	with a hos	pıtal desci	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospital	's nam	ie,
		city, and stat									_		
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)												
6		A federal, sta	ite, or local governm	ent or governmental uni	t described	d ın sectio	n 170(b)(1)(A)(v).					
7	X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general p	ublic desc	nbed i	n
		section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8		A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9		An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, an	d gross red	eipts	from
		activities rela	ted to its exempt fur	nctions - subject to certa	ıın exceptı	ons, and (2	2) no more	than 33 1	/3% of its	support 1	rom gross	ınvest	ment
		income and i	unrelated business to	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	ınızatıon a	fter June 3	0, 197	'5.
	_	See section	509(a)(2). (Complete	Part III.)									
10	\sqsubseteq	An organizati	on organized and or	perated exclusively to te	st for publ	ıc safety. S	See sectio	n 509(a)(4	I).				
11		An organizati	on organized and or	perated exclusively for the	ne benefit (of, to perfo	orm the fur	nctions of,	or to carr	y out the p	ourposes o	f one	or
		more publicly	supported organiza	ations described in section	on 509(a)([.]	1) or section	on 509(a)(2	?). See se c	ction 509(a)(3). Che	ck the box	that	
		describes the	e type of supporting	organization and comple	ete lines 1	1e through	11h.						
		a Type I	l b ∟	J Type II c	: 🔲 Тур	e III - Func	tionally int	egrated		d 🔲	Type III - C	Other	
e		By checking	this box, I certify tha	it the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified p	ersons oth	er tha	n
		foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	itions desi	cribed in s	ection 509	9(a)(1) or s	ection 509	(a)(2).	
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting of	rganization, check th	nis box									
g		Since August	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the folk	owing pers	sons?			
		(i) A perso	n who directly or ind	rectly controls, either al	one or tog	ether with	persons o	lescribed i	ın (II) and (ııi) below,		Yes	No
		the gove	erning body of the si	upported organization?							11g(i)		
		(ii) A family	member of a persor	described in (i) above?							11g(ii)		
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	∍?					11g(iii)		
h		Provide the fe	ollowing information	about the supported or	ganization	(s).							
(i)	Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did you	notify the	(vi) !s	the	(vii) Am	nount o	 f
1.7		nization	(,	organization (described on lines 1-9		sted in your			organizátic (i) organiz	on in colled	sup		•
	·			above or IRC section	governing	document?	(i) of you	support?	\' \ U S		•		
			1	(see instructions))	Yes	No	Yes	No	Yes	No			
				-									
Tota	<u> </u>							. ,					

032021 12-21-10

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 INNOVATION FOUNDATION

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 Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

900	ction A. Public Support						
_		(=) 0006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	indar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(6) 2008	(u) 2009	(e) 2010	iy rotai
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	609,000.	748,000.	903,106.	2,142,574.	2,424,014.	6,826,694.
2	Tax revenues levied for the organ-	003,000	, 10 / 000	,	-,,		
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					-	
•	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	609,000.	748,000.	903,106.	2,142,574.	2,424,014.	6,826,694.
	The portion of total contributions						
Ū	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)						1,093,113.
6	Public support. Subtract line 5 from line 4	., .'\ 1:\ h: 1::	,, , , , , , , , , , , , , , , , , , , ,			thininin .	5,733,581.
	ction B. Total Support			·		<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	609,000.	748,000.	903,106.	2,142,574.	2,424,014.	6,826,694.
	Gross income from interest,		•				
-	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		11,106.	5,218.	8,816.	10,410.	35,550.
9			•				
-	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 IV.)		845.			37,520.	38,365.
11	Total support. Add lines 7 through 10		-10				6,900,609.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	k year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
Se	ction C. Computation of Publ	ic Support Pe	rcentage		_		
14	Public support percentage for 2010 (line 6, column (f) d	ivided by line 11, o	column (f))		14	83.09 %
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	%
16	a 33 1/3% support test - 2010.If the o	rganization did no	t check the box or	line 13, and line 14	4 is 33 1/3% or m	iore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			$\triangleright X$
ŀ	o 33 1/3% support test - 2009. If the o	rganization did no	t check a box on li	ne 13 or 16a, and li	ne 15 is 33 1/3%	or more, check this	box
	and stop here. The organization qual	• •					▶ []
178	a 10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check tl	his box and stop he	e re. Explain in Pa	rt IV how the organi	zation
	meets the "facts-and-circumstances"						▶∟
ŧ	o 10% -facts-and-circumstances tes	t - 2009. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, c	heck this box and s	t op here. Explair	n in Part IV how the	
	organization meets the "facts-and-cire						
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990 -	or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below please complete Part II.)

quality under the tests listed be Section A. Public Support	iow, piease com	piete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and	(u) 2000	(5) 2507	(0) 2000	(4) 2000	(0, 20.0	(7.0.0.
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,					-	<u> </u>
merchandise sold or services per-			1			
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513		_				
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						n.
furnished by a governmental unit to						i İ
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
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			}			
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support	-			·• -	•	
alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
IOa Gross income from interest,	-					
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
` <u>'</u>				 	· · ··	
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,				Ì		
whether or not the business is			į			
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)			<u>L</u>	l		
14 First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organız	ation,
check this box and stop here						▶∟
Section C. Computation of Publi	<u>c Support Pe</u>	ercentage				
5 Public support percentage for 2010 (lii	ne 8, column (f) d	divided by line 13,	column (f))		15	
6 Public support percentage from 2009	Schedule A, Part	t III, line 15			16	
Section D. Computation of Inves	tment Incom	e Percentage				
7 Investment income percentage for 20	10 (line 10c, colui	mn (f) divided by li	ne 13, column (f))		17	
18 Investment income percentage from 2	009 Schedule A,	Part III, line 17			18	
19a 33 1/3% support tests - 2010. If the	organization did i	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an						▶□
b 33 1/3% support tests - 2009. If the		*				and
line 18 is not more than 33 1/3%, chec	-					▶□
20 Private foundation If the organization						▶ -

INFORMATION TECHNOLOGY AND

Schedule A (Form 990	or 990-EZ) 2010 IN	<u>TAVONI</u>	ION	FOUND	<u>ATION</u>				<u> 20-440</u>	3497 Page 4
Part IV	Supple	mental	Informat	ion. Com	olete thi	s part to p	rovide the	explana	itions require	d by Part II, line	10; Part II, lin	e 17a or 17b;
	and Part	III. line 12.	Also comp	lete this pa	rt for ar	nv addition	al informat	ion (Se	e instructions	s).		
						. <u>,</u>						
SCHEDIII	т.т д	שמעת	TT T	TNF 1	O F	יאב.זסצי	אחד∩א	FOR	ОТНЕВ	INCOME:		
оспиро:	ob A,	IMI		TIME I	<u> </u>	WI TIVIA	ATTON	-101	OTHER	TINCOILD.	 	
T.7700.45					D 2001		6100		017			
INCOME	FROM	ACTI	VITIES	S NOT	REGU	<u>ILARLY</u>	CARR	TED (ON			
•										_		
						•		· · · · · · · · · · · · · · · · · · ·				
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				•	_							
							 					
												-
· . - ·												

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2010

** Do Not File **

*** Not Open to Public Inspection ***

Total Excess Contributions to Schedule A, Part II, Line 5

1,093,113.

023171 05-01-10

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

INFORMATION TECHNOLOGY AND INNOVATION FOUNDATION

Employer identification number 20-4403497

Par	Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
	for charitable purposes and not for the benefit of the donor of		
	Impermissible private benefit?		Yes No
Par		ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of an hi	storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements of	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└── Yes └── No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes	s the organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descr	ribes these items.	
þ	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in 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 tre	easures, or other similar assets for financi	
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

Sche		ION FOUNDA		ניות ו			2	0-44	0349	7 p	age 2
	t III Organizations Maintaining C		_	orical Tr	Daeliroe (or Other					
	Using the organization's acquisition, accessi										
J	(check all that apply):	on, and other record	15, CHECK	carry or tire	ioliowing tria	t are a sign	illoant o	30 01 113 1	JOIICO LIOI	ı kon	1.5
а	Public exhibition	c	. 🗀	oan or excl	hange progra	ame					
b	Scholarly research	e		Other	nango progre	21113					
c	Preservation for future generations		,,			<u> </u>					
4	Provide a description of the organization's co	allections and evolu-	n how th	ov further th	he organizati	on's evem	at nurnas	a in Parl	XIV		
	During the year, did the organization solicit o	•		-	_			,			
•	to be sold to raise funds rather than to be ma					or sirrinar a	33013		Yes] No
Par	t IV Escrow and Custodial Arran					'Yes' to Fo	orm 990.	Part IV. I			
<u> </u>	reported an amount on Form 990, Pa		0.0 // 1.10	organizatio	.,,,,,,	, , ,	,,,,,				
	Is the organization an agent, trustee, custod		diary for d	contribution	s or other as	sets not in	cluded				
	on Form 990, Part X?								Yes		No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowina t	able:							
•	Too, explain the arrangement in Fart 747	and complete the re	,						Amount	1	
С	Beginning balance						1c				
	Additions during the year						1d				
-	Distributions during the year						1e			•	
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990. Part X. line	21?					Ţ,	Yes		No
	If "Yes," explain the arrangement in Part XIV										_ :-
Par	***************************************		nswered	"Yes" to Fo	rm 990, Part	IV, line 10.					
شت کیا	1	(a) Current year		rior year	(c) Two year	-) Three ye	ars back	(e) Four	vears	back
1a	Beginning of year balance		1-7.							-4	
b	Contributions			-		[''''	! '-; ! 	******			
c	Net investment earnings, gains, and losses							•••••			*******
d	Grants or scholarships					'''	il!:!!:!	11	111		
	Other expenditures for facilities										
•	and programs		1								
f	Administrative expenses										
	End of year balance		-			- "		********	(-		**********
2	Provide the estimated percentage of the year	r end balance held a	as:							*******	
-	Board designated or quasi-endowment		%								
b	Permanent endowment ▶	%	—··								
c		%									
	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	nd administe	ered for the	organiza	ation			
	by:	-					Ü			Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Sched	dule R?					3b		
4	Describe in Part XIV the intended uses of the	•									
Par	t VI Land, Buildings, and Equipm										
شتنت	Description of investment	(a) Cost or o			or other	(c) Acc	umulated	1	(d) Boo	k valu	ле Је
		basis (investi			(other)		eciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment			5	4,159.		3,83	9.	5	0,3	320.
	Other _										
Total	l. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	10(c))			>	5	0,3	20.

Schedule D (Form 990) 2010

INNOVATION FOUNDATION

Part VII Investments - Other Securities. Se	e Form 990, Part X, li	ne 12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua ost or end-of-year mark	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)	<u>-</u>			
(E)				
<u>(F)</u>		- 		
(G) (H)				
(l)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)			······································	•••••••••••••••••
Part VIII Investments - Program Related. Se	ee Form 990. Part X.	line 13.		<u></u>
			(c) Method of valua	tion:
(a) Description of investment type	(b) Book value	Co	ost or end-of-year mar	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) Part X Other Assets. See Form 990, Part X, line	45	<u> </u>		
	Description		····	(b) Book value
(1)	- Description			(b) Book Yalab
(2)				
(3)				
(4)		• •		
(5)		•		
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line			<u> </u>	
Part X Other Liabilities. See Form 990, Part X,	line 25.			
1. (a) Description of liability		(b) Amount	_	
(1) Federal income taxes		· · · · · ·		
(2)		<u> </u>	-	
			4	
			-	
(5)			1	
<u>(6)</u>			1	
			1	
(9)		· · · · · · · · · · · · · · · · · · ·	1	
(10)		-	1	
(11)			1	
Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to EIN 48 (ASC 740)	25.)		1	
FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to FIN 48 (ASC 740)	the organization's financia	statements that reports the organ	nization's liability for uncertai	n tax positions under
032053				

	dule D (Form 990) 2010 INNOVATION FOUNDATION					_		1403497	Page 4
Pa	TXI Reconciliation of Change in Net Assets from Form 990	to Auc	dite	ed Financ	cial Sta	<u>ate</u>	nent	S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)				1			2,471	
2	Total expenses (Form 990, Part IX, column (A), line 25)				2			2,205	
3	Excess or (deficit) for the year. Subtract line 2 from line 1				3			266	<u>,328.</u>
4	Net unrealized gains (losses) on investments				4	_			
5	Donated services and use of facilities				5	_		58	<u>,182.</u>
6	Investment expenses				6				
7	Prior period adjustments			ļ	7				
8	Other (Describe in Part XIV.)				8				,408.
9	Total adjustments (net). Add lines 4 through 8				9				,226.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3				10				<u>,102.</u>
Pa	TXII Reconciliation of Revenue per Audited Financial Staten	nents	Wi	th Reven	ue pe	r Re	_	0 500	100
1	Total revenue, gains, and other support per audited financial statements					-		2,530	,120.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1					-		
а	Net unrealized gains on investments	2	$\overline{}$		0 10	ൣ			
b	Donated services and use of facilities	2		5	8,18	4.	1		
C	Recoveries of prior year grants	20	$\overline{}$				1		
d	Other (Describe in Part XIV.)	2	d					F 0	100
е	Add lines 2a through 2d					-	2e	2 4 7 1	<u>,182.</u>
3	Subtract line 2e from line 1					-	3	2,471	,944.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		ı			l			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4	\neg						
b	Other (Describe in Part XIV)	4	b						•
c	Add lines 4a and 4b						4c	0 471	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)						5	2,471	,944.
Pa	rt XIII Reconciliation of Expenses per Audited Financial State	ments	N S	Vith Expe	nses p	er		rn 2 2 2 5	C1C
1	Total expenses and losses per audited financial statements					ļ	1	2,205	,616.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ı	1						
а	Donated services and use of facilities	2	_						
þ	Prior year adjustments	2	\neg						
С	Other losses	2				\dashv	1		
d	· · · · · · · · · · · · · · · · · · ·	_2	d						^
е	Add lines 2a through 2d					-	2e	2 205	616
3	Subtract line 2e from line 1						3	2,205	,010.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	- 1						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4	\neg						
b	Other (Describe in Part XIV.)	_ 4	b		-				^
C	Add lines 4a and 4b					-	4c	2 205	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)						5	2,205	,010.
шши	rt XIV Supplemental Information								
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Par								e 4; Part
X, lın	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also co	mplete 1	this	s part to pro	vide any	add	litional	information.	
		···			 ,				
וגם	RT XI, LINE 8 - OTHER ADJUSTMENTS:								
FAI	XI XI, BINE 0 - OTHER ADDODUMENTS:								
IIN	COLLECTIBLE ACCOUNTS RECEIVABLE FROM PRIO	R YF	:A:	RS				-211	,408.
0111	COLUMN TIME TO THE TRANSPORT OF THE TRAN								,
		-				-			
			_					·-	
							C-L-4	D /	DDD\ DD40

SCHEDULE G (Form 990 or 990-EZ)

(Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2010 2010

Open To Public Inspection

Name of the organization INFORMATION TECHNOLOGY AND INNOVATION FOUNDATION

Employer identification number 20-4403497

Part I Fundraising Activities required to complete this par	 Complete if the organization answers t. 	ered "Y	es" to	Form 990, Part IV, I	ne 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais	sed funds through any of the followi	ng activ	rties.	Check all that apply.		<u> </u>
a Mail solicitations				overnment grants		
b Internet and email solicitations			_	nment grants		
c Phone solicitations	g 🔲 Special					
d In-person solicitations	3 — spann					
2 a Did the organization have a written	or oral agreement with any individual	l (ınclud	ına oʻ	fficers, directors, trus	stees or	
key employees listed in Form 990, F						☐ No
b If "Yes," list the ten highest paid ind						be
compensated at least \$5,000 by the			Ū			
	1	1		I		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or cont	stody rol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser	(vi) Amount paid to (or retained by) organization
ELEN MILBY - 233	PROFESSIONAL FUNDRAISING	Yes	No.		listed in col. (i)	
ENNSYLVANIA AVE., S.E. 2ND	SERVICES	163	X	2,362,406.	112,997.	2,249,409.
ENNSILVANIA AVE., S.E. 2ND	BERVICES	1 1		2,302,400.	112,337.	
		1 1			77	
				,		
		1 1			,	
		†				
			-			
					-	
		1 1				
					_	
otal				2,362,406.	112,997.	2,249,409.
3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration
or licensing.	·					
				-		
				·- ·		

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2010

INFORMATION TECHNOLOGY AND

Schedule G (Form 990 or 990-EZ) 2010 INNOVATION FOUNDATION

20-4403497 Page 2

		of fundraising event contributions and g	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
2			(event type)	(event type)	(total number)	COI. (C)/
2						
:	1	Gross receipts				
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes			<u> </u>	
	5	Noncash prizes				-
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
1	10	Direct expense summary. Add lines 4 throu	gh 9 in column (d)		>	(
	11	Net income summary. Combine line 3, colu			<u> </u>	
ar	rt I	Gaming. Complete if the organization	n answered "Yes" to For	rm 990, Part IV, line 19, or	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.	·		· · · · · · · · · · · · · · · · · · ·	
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (accol. (a) through col. (
	1	Gross revenue				
	2	Cash prizes				
		Oash prizes			1	
\cdot	3	Noncash prizes				
	3	·				
	4	Noncash prizes Rent/facility costs				
	4 5	Noncash prizes	Yes	%	Yes %	5
	4 5 6	Noncash prizes Rent/facility costs Other direct expenses	□ No			6
	4 5 6	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Mo	☐ No	No .	6
	4 5 6 7 8	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Combine line	Mo gh 5 in column (d) e 1, column d, and line 7	No No	No .	6
	4 5 6 7 8	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throutous ter the state(s) in which the organization ope	gh 5 in column (d) 1, column d, and line 7 rates gaming activities:	No No	No .	(
a	4 5 6 7 8 Entist	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Combine line	gh 5 in column (d) e 1, column d, and line 7 rates gaming activities: activities in each of thes	No No e states?	No .	(
a	4 5 6 7 8 Enti	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throutous ter the state(s) in which the organization operate gaming incomes and the organization licensed to operate gaming incomes.	Mo gh 5 in column (d) e 1, column d, and line 7 rates gaming activities: activities in each of thes	e states?	No P	Yes N
a b	4 5 6 7 8 Entities to the state of the state	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Combine line ter the state(s) in which the organization ope the organization licensed to operate gaming a No," explain:	ph 5 in column (d) a 1, column d, and line 7 rates gaming activities: activities in each of thes revoked, suspended or	e states?	No P	Yes N

INFORMATION TECHNOLOGY AND 20-4403497 Schedule G (Form 990 or 990-EZ) 2010 INNOVATION FOUNDATION 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 13 Indicate the percentage of gaming activity operated in: a The organization's facility 13a **b** An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address -Yes No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ ______ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party: Gaming manager information: Gaming manager compensation ▶ \$ _____ Description of services provided Director/officer Independent contractor 17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to Yes No retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: HELEN MILBY ADDRESS OF FUNDRAISER: 233 PENNSYLVANIA AVE., S.E. 2ND FLOOR, WASHINGTON, DC 20003

SCHEDULE J (Form 990)

Compensation Information

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

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

2010
Open to Public Inspection

Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

INFORMATION TECHNOLOGY AND

INNOVATION FOUNDATION

Employer identification number 20-4403497

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			ĺ
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			ĺ
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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing		_	
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
		1		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	1_		v
	The organization?	5a		X
b	Any related organization?	5b	 	
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
а	The organization?	6a	 	X
b	Any related organization?	6b		<u> </u>
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_	-	v
	not described in lines 5 and 6? If "Yes," describe in Part III	7	-	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	_		
	Regulations section 53.4958·6(c)?	9	<u> </u>	<u> </u>

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

Schedule J (Form 990) 2010

INFORMATION TECHNOLOGY AND INNOVATION FOUNDATION

Schedule J (Form 990) 2010

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	<u>(6)</u>	Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(Q)	(E)	(F)
(A) Name	8	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
	6	257,362.	25,000.	774.	3,815.	13,439.	300,390.	0.
1 ROBERT ATKINSON	€	0	0	0	0	0	0	0
	8							
2	(ii)							
	(9)							
3	(ii)							
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ε							
4	(E)							
	(
5	(ii)							
	(9)							
9	(1)							
	Θ							
7	(ii)							
	(E)							
8	(E)							
	Ξ							
6	(1)							
	€							
10	(ii)							
	8							
11	E							
	<u> </u>							
12	(E)							
	€							
13	(ii)							
	ε							
14	(ii)							
	3							
15	(ii)							
	€							
16	(E)							

Schedule J (Form 990) 2010

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Internal Revenue Service | Name of the organization

INFORMATION TECHNOLOGY AND INNOVATION FOUNDATION

Employer identification number 20-4403497

INNOVATION FOUNDATION 20-4403497
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TECHNOLOGY IN ENSURING AMERICAN PROSPERITY, ITIF FOCUSES ON INNOVATION,
PRODUCTIVITY AND DIGITAL ECONOMY ISSUES.
FORM 990, PART VI, SECTION A, LINE 2: CHRIS CAINE, ITIF BOARD MEMBER, WAS
CEO OF A COMPANY THAT PROVIDED CONSULTING SERVICES TO ITIC WHOSE CEO (DEAN
GARFIELD) IS ALSO AN ITIF BOARD MEMBER.
FORM 990, PART VI, SECTION B, LINE 11: TAX RETURN WAS PROVIDED TO CLIENT
BEFORE BEING SUBMITTED.
FORM 990, PART VI, SECTION B, LINE 12C: A COPY OF THE CONFLICT OF INTEREST
POLICY IS PROVIDED ANNUALLY TO EACH MEMBER OF THE GOVERNING BODY AS WELL AS
TO ALL OFFICERS AND KEY EMPLOYEES; EACH IS REMINDED TO REVIEW THE POLICY
AND TO REPORT ANY CONFLICTS OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15: THE BOARD REVIEWS THE EXECUTIVE
DIRECTOR'S COMPENSATION AS PART OF THE ANNUAL PERFORMANCE EVALUATION
PROCESS.
FORM 990, PART VI, SECTION C, LINE 19: ITIF IS A NON-PARTISAN RESEARCH AND
EDUCATIONAL INSTITUTE WHOSE MISSION IS TO FORMULATE AND PROMOTE PUBLIC
POLICIES TO ADVANCE TECHNOLOGICAL INNOVATION AND PRODUCTIVITY
INTERNATIONALLY, IN WASHINGTON AND IN THE STATES. RECOGNIZING THE VITAL
ROLE OF TECHNOLOGY IN ENSURING AMERICAN PROSPERITY, ITIF FOCUSES ON
INNOVATION, PRODUCTIVITY AND DIGITAL ECONOMY ISSUES. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010)
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 9	990-EZ) (2010) INFORMATION TECHNOLOGY AND	Page 2 Employer identification number
	INNOVATION FOUNDATION	20-4403497
FORM 990, PAR	T XI, LINE 5, CHANGES IN NET ASSETS:	
	CES AND USE OF FACILITIES:	58,182.
	ACCOUNTS RECEIVABLE FROM PRIOR YEARS	-211,408.
TOTAL TO FORM	990, PART XI, LINE 5	-153,226.
	——————————————————————————————————————	
	<u></u>	

DLN: 93493184001022

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

2011

OMB No 1545-0047

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

Open to Public

	Revenue		Fine organization may have to us		atisiy sta	te reporting r	equirements	Inspection	
A Fo	rthe 2	2011 ca	lendar year, or tax year beginning 03	-01-2011 and ending 02-	29-2012		D Employer ide	ntification number	
_		plicable	C Name of organization INFORMATION TECHNOLOGY AND INNOVA	TION FOUNDATION					
Address change			Doing Business As				20-4403497 E Telephone number		
Name change			ITIF				(202)626-5	732	
_	al retur		Number and street (or P O box if mail is	not delivered to street address)	Room/suite	·	G Gross receipts :		
Terr	mınated	1	1101 K STREET NW NO 610			H	2 0.000 recorpts	, 5, 101, 135	
Ame	ended r	eturn	City or town, state or country, and ZIP + WASHINGTON, DC 20005	4		_			
Арр	lication	pending	WASHINGTON, BC 20003			_			
			F Name and address of principa	officer		H(a) Is this	a group return	for	
			ROBERT D ATKINSON 1101 K STREET NW NO 610			affiliate	es?	┌ Yes ┌ No	
			WASHINGTON, DC 20005			H(b) Are all a	affiliates includ	ed?	
								(see instructions)	
I Tax	k-exem	pt status	▼ 501(c)(3)	no)	27	H(c) Group	exemption nu	mber 🟲	
J W	ebsite	:► ww	WITIFORG						
K Form	n of ora	anızatıon	Corporation Trust Association	Other ►	· ·	L Year of form	nation 2006 M	State of legal domicile D	
	rt I		mary						
			escribe the organization's mission or	most significant activities					
			NON-PARTISAN RESEARCH AND	_	JTE				
Activities & Governance	_								
ੁ	-								
<u> </u>	3 -	heck th	ıs box 🔭 ıf the organization discon	unued its operations or dis	nosed of	more than 25	% of its not as	eete	
3			,			more than 25	1 1		
xó			of voting members of the governing b				3	2.	
<u>&</u>			of independent voting members of the				4	2	
			nber of individuals employed in calen		e 2a) .		5	1	
닭			nber of volunteers (estimate if neces				6	•	
-			elated business revenue from Part V				7a		
	b \	let unrei	ated business taxable income from F	orm 990-1, line 34			7b	(
	_					Prior		Current Year	
<u>a</u>	8		outions and grants (Part VIII, line 1h				2,424,014	3,375,308	
E	9	_	m service revenue (Part VIII, line 20				0	(
Revenue	10		restment income (Part VIII, column (A), lines 3, 4, and 7d)		10,410		27,246		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		37,520		4,879			
	12		evenue—add lines 8 through 11 (mus				2,471,944	3,407,433	
	13		and similar amounts paid (Part IX, c				0	(
	14	Benefit	Benefits paid to or for members (Part IX, column (A), line 4)			0	(
	15	Salarıe	Salaries, other compensation, employee benefits (Part IX, column (A), lines						
Expenses		5-10)					1,159,559	1,218,020	
<u>\$</u>	16a	Profes	fessional fundraising fees (Part IX, column (A), line 11e)				94,852	60,000	
五日	Ь	Total fur	ndraising expenses (Part IX, column (D), line	25) - 60,000					
	17	Other	expenses (Part IX, column (A), lines	11a-11d,11f-24e)			951,205		
	18		al expenses Add lines 13–17 (must equal Part IX, column (A), line 25)				2,205,616	2,478,385	
	19	Revenu	ue less expenses Subtract line 18 fr	om line 12			266,328	929,048	
දීලී						Beginning o		End of Year	
Sett Sett	20	Totala	ssets (Part X, line 16)			T e.	2,031,091	3,167,774	
d B	20 21		rabilities (Part X, line 16)		•		539,252	746,887	
Not Assets or Fund Balances	22		sets or fund balances Subtract line 2				1,491,839	2,420,887	
	t III		ature Block	111011111111111111111111111111111111111	• •		1,131,033	2,120,007	
			erjury, I declare that I have examined th	is return, including accompa	nvina sch	edules and sta	tements and to	the best of my	
knowl	edge a		, it is true, correct, and complete. Decla						
knowi	edge.								
		****	b -b			1 2011	2 0 7 0 2		
Sign			ture of officer			Date	2-07-02 e		
Here		L PORE	DT D ATKINSON DDESIDENT						
			RT D ATKINSON PRESIDENT or print name and title						
				Date	Ch	eck ıf	Prenarer's tayna	ver identification number	
De!-!		Preparer signature		Date	sel	f	(see instructions)		
Paid Drop o	ا ۔ ادمی		<u> </u>		em	iployed 🕨 🦵	P00439715		
Prepa		Firm's na	me (or yours TATE AND TRYON				EIN ▶ 52-1855942		
Use C	ן אווע		and ZIP + 4 2021 L STREET NW SUITE	400		——			
			WASHINGTON, DC 20036				Phone no 🕨 (2)	02) 293-2200	
			s this return with the preparer shown					▼Yes 「No	

	1 2 2 0 (2 0 1 1	,			raye Z
Par		tement of Program Se ck if Schedule O contains a r			
1	Briefly des	cribe the organization's miss	ion		
POLI STA	ICIES TO A TES RECO	DVANCE TECHNOLOGICA	. INNOVATION AND PROD OF TECHNOLOGY IN ENSU		MULATE AND PROMOTE PUBLIC (, IN WASHINGTON AND IN THE (, ITIF FOCUSES ON
2		lanization undertake any sign orm 990 or 990-EZ?		ng the year which were not listed	d on
	If "Yes," de	escribe these new services o	n Schedule O		
3	services?	anization cease conducting,		ın how it conducts, any program	
4	Describe t	he organization's program se Section 501(c)(3) and 501(o	vice accomplishments for ea ()(4) organizations and section	och of its three largest program s on 4947(a)(1) trusts are require any, for each program service re	d to report the amount of
4a	(Code) (Expenses \$	2,124,895 including gr	ants of \$) (Reve	enue \$)
	ITIF IS A NO	GICAL INNOVATION AND PRODUCTIV	ATIONAL INSTITUTE WHOSE MISSIC TTY INTERNATIONALLY, IN WASHIN	ON IS TO FORMULATE AND PROMOTE PU GTON, AND IN THE STATES RECOGNIZI TY, AND DIGITAL ECONOMY ISSUES	JBLIC POLICIES TO ADVANCE ING THE VITAL ROLE OF TECHNOLOGY IN
4b	(Code) (Expenses \$	ıncludıng gra	ants of \$) (Rever	nue \$)
4 c	(Code) (Expenses \$	ıncludıng gra	ants of \$) (Reve	nue \$)
4d	Other pro	gram services (Describe in :	Schedule O)		
	(Expense	s \$	ncluding grants of \$) (Revenue \$)
4e	Total pro	gram service expenses►\$	2,124,895		

	art IV	Checklist of	Required	Schedules
--	--------	--------------	----------	-----------

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	110
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		Νo
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	(2.5.1.1
				. / ¬ ∩ + +

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 18			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		. 55	
	Statements filed for the calendar year ending with or within the year covered by this			
_	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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 or securities account)?	4a		No
b				
	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	222 23. 25. 25 15 25 25 22. 17. Report of Foreign Dank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
C	1. 165 to fine 54 of 55, and the organization me form 0000-1	5c		
5a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
u	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
_	file Form 8282?	7 c		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
•	Sponsoring organizations maintaining donor advised funds.		Ţ	_
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
l1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	,			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	year Section 501(c)(29) qualified nonprofit health insurance issuers.			
L3				
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13a		
L	allocated to each state	254		
D	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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.

Se	ection A. Governing Body and Management							
			Yes	No				
1 a	Enter the number of voting members of the governing body at the end of the tax							
	year							
b	Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was							
5	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	4 5		No No				
6	Did the organization have members or stockholders?	6		No				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,	7b		No				
8								
•	year by the following The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O ection B. Policies (This Section B requests information about policies not required by the Internal	9		Νo				
	evenue Code.)							
	·		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		No				
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?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No				
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No				
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did the organization have a written document retention and destruction policy?	14	Yes					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
ь	Other officers or key employees of the organization	15b	Yes					
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)							
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the							
	organization's exempt status with respect to such arrangements?	16b						
Se	ection C. Disclosure	100						
	List the States with which a copy of this Form 990 is required to be filed▶							
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)							

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ O wn website ☐ A nother's website ☑ U pon request

(202)626-5732

- 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 See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
 THE ORGANIZATION
 1101 K STREET NW STE 610
 WASHINGTON, DC 20005

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organiza	ition nor any rel	ated or	ganız	atıo	ns c	ompe	nsat	ed any current or fo	ormer officer, direct	or, or trustee
(A) Name and Title	(B) Average hours per week (describe	(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-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) VIC FAZIO DIRECTOR	1 00	Х						0	0	0
(2) NANCY JOHNSON DIRECTOR	1 00	х						0	0	0
(3) DEAN GARFIELD DIRECTOR	1 00	Х						0	0	0
(4) Grant D Aldonas Director	1 00	Х						0	0	0
(5) BILL ANDRESEN DIRECTOR	1 00	х						0	0	0
(6) WILLIAM B BONVILLIAN DIRECTOR	1 00	Х						0	0	0
(7) CHRISTOPHER G CAINE DIRECTOR	1 00	х						0	0	0
(8) JEFF CAMPBELL DIRECTOR	1 00	х						0	0	0
(9) PETER M CLEVELAND DIRECTOR	1 00	х						0	0	0
(10) GREG FARMER DIRECTOR	1 00	х						0	0	0
(11) TOM GALVIN DIRECTOR	1 00	х						0	0	0
(12) DAVID GOLDSTON DIRECTOR	1 00	х						0	0	0
(13) SHANE GREEN DIRECTOR	1 00	х						0	0	0
(14) AMBASSADOR DAVID A GROSS DIRECTOR	1 00	Х						0	0	0
(15) FREDERICK S HUMPHRIES JR DIRECTOR	1 00	х						0	0	0
(16) BLAIR LEVIN DIRECTOR	1 00	х						0	0	0
(17) JASON MAHLER DIRECTOR	1 00	Х						0	0	0

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

(A) Name and Title	(B) A verage hours per week (describe	(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-	(F) Estima amount o compens from organizat relat	ated of other sation the ion and
	hours for related organizations in Schedule O)	Individual trustée or director	Institutional Trustee	Highest compensated employee Key employee Officei		Former		MISC)	organizations		
(18) JENNIFER MULVENY DIRECTOR	1 00	Х						0	0		0
(19) CATHERINE NOVELLI DIRECTOR	1 00	Х						0	0		0
(20) CHRISTOPHER PADILLA DIRECTOR	1 00	х						0	0		0
(21) SHANE TEWS DIRECTOR	1 00	Х						0	0		0
(22) PHILIP J WEISER DIRECTOR	1 00	Х						0	0		0
(23) ROBERT ATKINSON PRESIDENT	40 00	х		х				337,924	0		34,062
(24) STEPHEN NORTON COMMUNICATIONS DIRECTOR	40 00					х		146,514	0		14,376
(25) STEPHEN EZELL SENIOR ANALYST	40 00					х		128,800	0		4,753
(26) DANIEL CASTRO SENIOR ANALYST	40 00					Х		115,577	0		7,981
1b Sub-Total							+				
c Total from continuation sheets to	Part VII, Sect	ion A					►				
d Total (add lines 1b and 1c)							►	728,815	0		61,172
Total number of individuals (included \$100,000 of reportable compensations)					ed a	bove)	who	received more thai	n		
										Yes	No

			163	110			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	J.		No			
				140			
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 I for such person $\cdot \cdot	5		No			

Section B. Independent Contractors

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
HELEN MILBY 233 PENNSYLVANIA AVE SE 2ND FLO WASHINGTON, DC 20003	FUNDRAISING/ADMINISTRATIVE SERVICES	128,569
RICHARD BENNETT 661 RUBY ROAD LIVERMORE, CA 94550	RESEARCH	110,897

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 ►2

Form 99							Page 9
Part	/1111	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
\$ 1 \$	1a	Federated campaigns	1a				
Contributions, gifts, grants and other similar amounts	ь	Membership dues	1b				
υΣ	c	Fundraising events	1c				
£ ë	d	Related organizations	1d				
°,E	e	Government grants (contributions)	1e 264,014				
ie Sie	f	All other contributions, gifts, grants, and	1f 3,111,294				
호 로 함	g	similar amounts not included above Noncash contributions included in					
달		lines 1a-1f \$					
ည်မှ	h	Total. Add lines 1a-1f	🕒	3,375,308			
			Business Code				
Program Service Revenue	2a						
e E	ь						
93	c						
ž.	d						
ى د	e						
je j	f	All other program service revenue					
Š	_	Tabal Add lines 2s 26					
	д 3	Total. Add lines 2a-2f Investment income (including divided)					
		and other similar amounts)		27,246			27,246
	4	Income from investment of tax-exempt be					
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income					
	d	or (loss) Net rental income or (loss)					
		(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory Less cost or					
	b	other basis and					
	c	sales expenses Gain or (loss)					
	d	Net gain or (loss)					
e n	8a	Gross income from fundraising events (not including					
Other Revenue		\$ of contributions reported on line 1c See Part IV, line 18					
<u> </u>	ь	Less direct expenses	a b				
₹	c	Net income or (loss) from fundraisi					
	9a	Gross income from gaming activities See Part IV, line 19	, h				
	b c	Less direct expenses Net income or (loss) from gaming a	ь				
	10a	Gross sales of inventory, less returns and allowances .	,				
	b c	Less cost of goods sold I Net income or (loss) from sales of	,				
		Miscellaneous Revenue	Business Code				
	11a	OTHER INCOME	900099	4,879			4,879
	ь						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		4,879			
	12	Total revenue. See Instructions .		3,407,433		0	32,125

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Carnets and other assistance to governments and organizations in the United States. See Part IV, line 21	Do no	t include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
United States See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, line 35 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees . 371,986 327,348 44,638 6 Compensation not included above, to disqualified persons (as defined under section 49 58 (f)(3) and persons described in section 49 58 (f)(3) and persons described in section 49 58 (f)(3) and persons described in section 49 58 (f)(3) and persons described in section 49 58 (f)(3) (8) . 79,509 8 Pension plan contributions (include section 401 (k) and section 40 3 (h) employer contributions) . 16,600 11,771 147,637 20,134 10 Payroll taxes . 15,685 13,860 13,860 1,882 11 Fees for services (non-employees) . 15,685 13,860 1,882 12 Advertising and promotion . 1,882 13 Office expenses . 246,99 211,384 28,825 14 Information technology . 1,134 1,628 1,586 15 Royaltes . 246,99 1,141 628 1,586 16 Occupancy . 225,139 198,122 27,017 17 Travel . 1,136 1,146				·		<u> </u>
series paid to or for members States See Part IV, Inter IV.					-	
Compensation of current officers, directors, trustees, and key employees 327,348 44,638	3	organizations, and individuals outside the United				
Rey employees 371,986 327,348 44,638	4	Benefits paid to or for members				
(as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(B)			371,986	327,348	44,638	
Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits . 167,771 147,637 20,134 Payroll taxes . 15,685 13,803 1,882 Fees for services (inn-employees) Management	6	(as defined under section 4958(f)(1)) and persons				
403(b) employer contributions)	7	Other salaries and wages	662,578	583,069	79,509	
10 Payroll taxes .						
11 Fees for services (non-employees) a Management	9	Other employee benefits	167,771	147,637	20,134	
Management Degal	10	Payroll taxes	15,685	13,803	1,882	
b Legal	11	Fees for services (non-employees)				
d Lobbying	а	Management				
Lobbying Professional fundraising See Part IV, line 17 60,000	Ь	Legal				
Professional fundraising See Part IV, line 17 . 60,000 f Investment management fees . 240,209 211,384 28,825 Advertising and promotion . 3,940 473 3,467 3 Office expenses . 24,654 21,410 3,244 Information technology . 13,214 11,628 1,586 Royalties . 13,214 11,628 1,586 Cocupancy . 225,139 198,122 27,017 Travel . 58,281 51,287 6,994 Payments of travel or entertainment expenses for any federal, state, or local public officials . 58,281 51,287 6,994 Conferences, conventions, and meetings . 142,835 125,699 17,136 Interest . 12,000 10,560 1,440 Depreciation, depletion, and amortization . 12,000 10,560 1,440 Tinsurance . 12,000 10,560 1,440 Tinsurance . 12,000 10,560 1,440 A EAC GRANT 39,339 316,218 43,121 B ITI OVERHEAD 95,806 84,303 11,503 C DUES AND SUBSCRIPTIONS 19,181 16,879 2,302 DEVELOPMENT 5,767 5,075 692 Total functional expenses . 4 1010 current of the properties of the proper	c	Accounting				
Towestment management fees 240,209 211,384 28,825	d	Lobbying				
g Other 240,209 211,384 28,825 12 Advertising and promotion 3,940 473 3,467 13 Office expenses 24,654 21,410 3,244 14 Information technology 13,214 11,628 1,586 15 Royalties 225,139 198,122 27,017 17 Travel 58,281 51,287 6,994 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 142,835 125,699 17,136 19 Conferences, conventions, and meetings 142,835 125,699 17,136 20 Interest 2 2 21 Payments to affiliates 2 2 22 Depreciation, depletion, and amortization 12,000 10,560 1,440 23 Insurance 2 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) 359,339 316,218 43,121 b ITI OVERHEAD 95,806 84,303 11,503 c DUES AND SUBSCRIPTIONS 19,181 16,879 2,302 d DEVELOPMENT 5,767 5,075 692 f All other expenses 70 Total functional expenses. Add lines 1 through 24f 2,478,385 2,124,895	e	Professional fundraising See Part IV, line 17	60,000			60,000
12 Advertising and promotion	f	Investment management fees				
13 Office expenses	g	Other	240,209	211,384	28,825	
14 Information technology 13,214 11,628 1,586 15 Royalties 225,139 198,122 27,017 16 Occupancy 58,281 51,287 6,994 17 Travel 58,281 51,287 6,994 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 358,281 51,287 6,994 19 Conferences, conventions, and meetings 142,835 125,699 17,136 20 Interest 312,699 17,136 21 Payments to affiliates 312,000 10,560 1,440 23 Insurance 312,000 10,560 1,440 23 Insurance 312,000 10,560 1,440 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0 359,339 316,218 43,121 b ITI OVERHEAD 95,806 84,303 11,503 c DUES AND SUBSCRIPTIONS 19,181 16,879 2,302 d DEVELOPMENT	12	Advertising and promotion	3,940	473	3,467	
15 Royalties	13	Office expenses	24,654	21,410	3,244	
15 Royalties	14	Information technology	13,214	11,628	1,586	
17 Travel						
17 Travel	16	Occupancy	225,139	198,122	27,017	
Payments of travel or entertainment expenses for any federal, state, or local public officials			58,281	51,287	6,994	
19 Conferences, conventions, and meetings	18	Payments of travel or entertainment expenses for any federal,				
21 Payments to affiliates			142,835	125,699	17,136	
Depreciation, depletion, and amortization	20	Interest				
Depreciation, depletion, and amortization	21	Payments to affiliates				
Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) a EAC GRANT b ITI OVERHEAD c DUES AND SUBSCRIPTIONS d DEVELOPMENT f All other expenses Total functional expenses. Add lines 1 through 24f 24f expenses on Schedule O) 359,339 316,218 43,121 43,121 16,879 2,302 40 5,767 5,075 692 2 Total functional expenses. Add lines 1 through 24f 2,478,385 2,124,895 293,490 26 Joint costs. Check here			12,000	10,560	1,440	
miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) a EAC GRANT 359,339 316,218 43,121 b ITI OVERHEAD 95,806 84,303 11,503 c DUES AND SUBSCRIPTIONS 19,181 16,879 2,302 d DEVELOPMENT 5,767 5,075 692 e f All other expenses Total functional expenses. Add lines 1 through 24f 2,478,385 2,124,895 293,490 26 Joint costs. Check here ▶ If following	23	Insurance				
a EAC GRANT 359,339 316,218 43,121 b ITI OVERHEAD 95,806 84,303 11,503 c DUES AND SUBSCRIPTIONS 19,181 16,879 2,302 d DEVELOPMENT 5,767 5,075 692 e - - - f All other expenses - - - 25 Total functional expenses. Add lines 1 through 24f 2,478,385 2,124,895 293,490 26 Joint costs. Check here ▶ ☐ if following - - -		miscellaneous expenses in line 24f If line 24f amount exceeds 10% of				
b ITI OVERHEAD 95,806 84,303 11,503 c DUES AND SUBSCRIPTIONS 19,181 16,879 2,302 d DEVELOPMENT 5,767 5,075 692 e 4 II other expenses 2 2 Total functional expenses. Add lines 1 through 24f 2,478,385 2,124,895 293,490 Joint costs. Check here ▶ ☐ If following			359,339	316,218	43,121	
c DUES AND SUBSCRIPTIONS 19,181 16,879 2,302 d DEVELOPMENT 5,767 5,075 692 e All other expenses 2 25 Total functional expenses. Add lines 1 through 24f 2,478,385 2,124,895 293,490 26 Joint costs. Check here ▶ ☐ If following	ь	ITI OVERHEAD	·	·	 	
e All other expenses Total functional expenses. Add lines 1 through 24f 2,478,385 2,124,895 293,490 Joint costs. Check here ► ☐ if following	c	DUES AND SUBSCRIPTIONS	19,181		2,302	
e All other expenses Total functional expenses. Add lines 1 through 24f 2,478,385 2,124,895 293,490 Joint costs. Check here ► ☐ if following	d	DEVELOPMENT	5,767	5,075	692	_
25 Total functional expenses. Add lines 1 through 24f 2,478,385 2,124,895 293,490 26 Joint costs. Check here ► ☐ if following	e					
25 Total functional expenses. Add lines 1 through 24f 2,478,385 2,124,895 293,490 26 Joint costs. Check here ▶ ☐ if following	f	All other expenses				
26 Joint costs. Check here ► ☐ If following			2,478,385	2,124,895	293,490	60,000
SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a	, ,	, = ,, = .		

Part X **Balance Sheet** (A) (B) Beginning of year End of year 379,875 340,325 1 1 1,430,440 2 2,196,571 2 3 3 169,838 4 552,275 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 Prepaid expenses and deferred charges 94,442 10a Land, buildings, and equipment cost or other basis Complete Part 10a VI of Schedule D 10b 15,839 50,320 78,603 b Less accumulated depreciation 10c 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 Intangible assets 14 618 15 15 16 2,031,091 16 3,167,774 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 143.752 513.554 **17** 17 Accounts payable and accrued expenses . 18 18 19 395.500 19 233.333 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 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 25 D 26 539,252 26 746,887 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 1,491,839 27 2,420,887 27 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 1.491.839 33 2,420,887 34 Total liabilities and net assets/fund balances 2.031.091 3.167.774 34

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,4	107,433
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,478		
3	Revenue less expenses Subtract line 2 from line 1	3		9	929,048
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,4	191,839
5	Other changes in net assets or fund balances (explain in Schedule O)	5			(
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		2,4	120,887
Par	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b		Νo
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th 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	е			
		·	2c		
a	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were iss on a separate basis, consolidated basis, or both	suea			
	Separate basis Consolidated basis Both consolidated and separated basis				1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the recaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

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INFORMATION TECHNOLOGY AND INNOVATION FOUNDATION

As Filed Data -

DLN: 93493184001022

OMB No 1545-0047

OMB No 1545-004

2011

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Employer identification number

									20-4403			
Par				blic Charity Stat		_			<u> </u>	ınstructioi	ns	
he or	ganız	ation is	not a privat	e foundation becaus	eitis (Forl	lines 1 thro	ugh 11, checl	k only one b	oox)			
1	Γ	A churc	h, conventi	on of churches, or as	ssociation of	fchurches	section 170(b	o)(1)(A)(i)				
2	Γ	A schoo	ol described	in section 170(b)(1	.)(A)(ii). (At	tach Sched	dule E)					
3	Γ	A hospi	tal or a coo	perative hospital sei	rvice organiz	zatıon desc	rıbed ın sectio	on 170(b)(1	.)(A)(iii).			
4	Γ			n organization operat ty, and state	ed in conjun	iction with a	a hospital des	cribed in se	ection 170(b)	(1)(A)(iii)	.Enter th	e
5	Γ	=	· ·	erated for the benefit	=	e or univers	ıty owned or o	perated by	a governmer	ntal unit de	scribed in	1
	_			A)(iv). (Complete P								
6	<u> </u>			local government or								
7	<u> ~ </u>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)										
8	\Box			described in section		A)(vi) (Co	mplete Part I	I)				
9	_			at normally receives					ibutions, mei	mbership fe	ees, and c	ıross
	•	receipts its supp	s from activoort from gr	ities related to its exposs investment incol panization after June	kempt function me and unrel	ons—subje lated busın	ct to certain e ess taxable ir	xceptions, icome (less	and (2) no m section 511	ore than 3	31/3% of	
LO	\Box	An orga	nızatıon org	ganized and operated	dexclusively	to test for	public safety	See sectio	n 509(a)(4).			
.1 e	Г Г	one or r the box a By chec other th	nore public that descri Type I king this bo an foundati	ganized and operated by supported organized bes the type of supp b Type II ox, I certify that the on managers and oth	ations descr orting organ I c organization	ibed in sec ization and Type II i is not cont	tion 509(a)(1 complete line I - Functiona trolled directly) or section es 11e thro lly integrate y or indirect	n 509(a)(2) { ugh 11h ed tly by one or	d Ty more disqu	n 509(a)(: ype III - (ualified pe	3). Check Other rsons
f g		If the o	his box	received a written de						III suppo	rtıng orga	nization,
			g persons?	,		· · · · · · , y · ·			,			
				rectly or indirectly c				persons de	scribed in (ii		Ye	es No
			•	governing body of th		_	zation?			1	.1g(i)	
			•	er of a person descril						1:	1g(ii)	
		(iii) a 3	5% control	led entity of a persoi	n described i	ın (ı) or (ıı)	above?			11	1g(iii)	
h		Provide	the followin	ng information about	the supporte	ed organıza	tion(s)					
(i) Name suppor organiza		ted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	e Ion In ted In Irning	(v) Did you no organizat col (i) of suppor	ion in your	(vi Is t organıza col (ı) or ın the l	he tion in ganized		(vii) nount of upport?
				instructions))	Yes	No	Yes	No	Yes	No		
												<u> </u>
otal		l				1	1	1	1	- 1	1	

Support Schedule for Organizations Described in IRC 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 Part III. If the organization fails to qualify under the tests listed below please complete Part III.)

	under Part III. If the	organization t	fails to qualify i	under the tests	listed below, ple	ease co	mplete F	Part III.)
	ection A. Public Support		_					
Cale	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	011	(f) Total
1	in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	748,000			2,424,014		3,375,308	9,593,002
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities							
3	furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	748,000	903,106	2,142,574	2,424,014	3	3,375,308	9,593,002
5	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)							1,719,952
6	Public Support. Subtract line 5							7,873,050
_	from line 4							7,073,030
	ection B. Total Support	<u> </u>	<u> </u>					
Care	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20)11	(f) Total
7	A mounts from line 4	748,000	903,106	2,142,574	2,424,014	3	,375,308	9,593,002
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,106	5,218	8,816	10,410		27,246	62,796
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	IV) Do not include gain or loss	845			37,520		4,879	43,244
11	business activities, whether or not the business is regularly carried on Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets Total support (Add lines 7 through 10)							9,699,042
12	Gross receipts from related activiti					12		
	First Five Years If the Form 990 is a check this box and stop here			l, third, fourth, or f	ifth tax year as a	501(c)(3	;) organız	ation, ▶┌
	ection C. Computation of Pub			44 1 253		, ,		
14	Public Support Percentage for 2011	-		11 column (f))		14		81 170 %
15	Public Support Percentage for 2010) Schedule A, Pa	rt II, line 14			15		83 090 %
b	33 1/3% support test—2011. If the and stop here. The organization qua 33 1/3% support test—2010. If the box and stop here. The organization 10%-facts-and-circumstances test-is 10% or more, and if the organization Part IV how the organization meeorganization	ilifies as a public organization did n qualifies as a p — 2011. If the org tion meets the "f	ly supported orga not check the bo ublicly supported anization did not acts and circums	anization x on line 13 or 16 organization check a box on lir tances" test, chec	a, and line 15 is in the 13, 16a, or 16b ck this box and st	33 1/3% c and line c op here.	or more, e e 14 Explain	check this
b 18	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization Private Foundation If the organizat instructions	nization meets th tion meets the "f	e "facts and circums	umstances" test, o tances" test The	check this box an organization qual	d stop he lifies as a	e re. a publicly	▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV Supplemental Information. Supplemental Information. Complete this p required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Als additional information. (See instructions).	
Facts And Circumstances Test	
Explanation	
Facts And Circumstances Test	

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493184001022

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization

Employer identification number

INF	ORMATION TECHNOLOGY AND INNOVATION FOUNDATION			-			
					403497		
Pa	organizations Maintaining Donor Acordanization answered "Yes" to Form 99		Similar Fur	nds o	r Account	s. Complet	te if the
		(a) Donor advised fo	unds	(b) Funds and	other accou	nts
L	Total number at end of year						
2	Aggregate contributions to (during year)						
;	Aggregate grants from (during year)						
ŀ	Aggregate value at end of year						
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the			advis	ed	☐ Yes	┌ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				purpose	┌ Yes	┌ No
Pa	rt III Conservation Easements. Complete	ıf the organization answe	ered "Yes" to	Form	990, Part I	V, line 7.	
L 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality	on or pleasure) Prese	ervation of an h ervation of a ce	rtıfıed	historic stru		a
	easement on the last day of the tax year						
					Held at th	e End of the	Year
a	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easements		L	2b			
C	Number of conservation easements on a certified his	toric structure included in (a	a)	2c			
d	Number of conservation easements included in (c) a	cquired after 8/17/06		2d			
3 1	Number of conservation easements modified, transfe			by the	organization	n during	
	Number of states where property subject to conserva	_		-			
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		spection, nandii	ng or v	riolations, an	☐ Yes	┌ No
•	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conser	vation easeme	nts dui	ing the year	-	
,	Amount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation	on easements o	during	the year		
	▶ \$						
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	(d) above satisfy the require	ements of secti	on		☐ Yes	┌ No
•	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organizati					
ar	Complete if the organization answered '	ns of Art, Historical Ti 'Yes" to Form 990, Part I	reasures, o V, line 8.	r Oth	er Similar	Assets.	
la	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, educati	ıon or research	ın furt			
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education,					
	(i) Revenues included in Form 990, Part VIII, line 1				► \$		
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, histo	orical treasures, or other sim	nilar assets for	financ			
•	following amounts required to be reported under SFA				gam, prov	.20 010	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

During the year, did the organization solicit or receive denations of art, historical treesures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1c Amount It "Yes," explain the arrangement in Part XIV and complete the following table 1c Amount It It It It It It It	Part	Organizations Maintaining Collections of Ar	t, HIS	tor	<u>cai ireasu</u>	res, or Otne	er Similar Asse	ts (co	<u>ntinued)</u>
b Scholarly research e Other Preservation for future generations Previous a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV Part XIV Some given the year, did the organization solicit or receive donations of art, instanceal treasures or other similar seals to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. Beginning blance It Amount It Amount It It It It It It It	3		ny of tl	he fo	lowing that ar	e a sıgnıfıcant ı	use of its collection	1	
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive denations of art, historical breasures or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?	а	Public exhibition	d	Γ	Loan or exc	hange program:	5		
Pert XIV Powde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV Part XIV	b	Scholarly research	e	Γ	Other				
Pert XIV Powde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV Part XIV	c	Preservation for future generations							
Section Part V Excrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990. Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No	4	Provide a description of the organization's collections and expl	laın ho	w the	y further the o	organization's e	xempt purpose in		
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No	5							Yes	┌ No
No Form 990, Part X? Yes No No If "Yes," explain the arrangement in Part XIV and complete the following table	Par					n answered "\	Yes" to Form 990),	
Mathematical parameter Mathematical parame	1a		nediary	for	contributions (or other assets		Yes	┌ No
C	b	If "Yes," explain the arrangement in Part XIV and complete the	e follov	ving t	able		Amou	ınt	
Mathitish stands Mathitish s	c	Reginning halance				10	Amot		
Distributions during the year Ending balance Did the organization include an amount on Form 990, Part X, line 21? Yes No If "Yes," explain the arrangement in Part XIV Formal of the organization answered "Yes" to Form 990, Part IV, line 10. In Beginning of year balance (a) Current Year (b) Phor Year (c) Two Years Back (d) Three Years Back (e) Four Years Back Description of property Contributions Contribut	_								
fe Ending balance To the organization include an amount on Form 990, Part X, line 21? To Vestar No		- '							
2a	f	• •							
b If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if the Organization answered "Yes" to Form 990, Part IV, line 10. Calcument Year (b)Prior Year (c)Two Years Back (d)Thine Years		_	no 212	,				Voc	
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, Ine 10. Calcurrent Year (b)Prior Year (c)Two Years Back (d)Three Years Back (e)Four Years Back Years Back Years Back Years Back Years Back Years Back Years Back Years Back Years Back Years Back Year			ne zi r				ı	162	1 140
Contributions Contribution			nn ans	:Wer	ed "Ves" to	Form 990 Pa	rt IV line 10		
b Contributions	I G	· · · · · · · · · · · · · · · · · · ·)Four Ye	ears Back
c Investment earnings or losses	1a	Beginning of year balance							
d Grants or scholarships	b	Contributions							
e Other expenditures for facilities and programs	C	Investment earnings or losses							
and programs	d	Grants or scholarships							
Provide the estimated percentage of the year end balance held as Board designated or quasi-endowment ▶ Term endowment ▶ Term endowment ▶ Term endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	e								
Provide the estimated percentage of the year end balance held as Board designated or quasi-endowment ▶ Permanent endowment ▶ C Term endowment ▶ Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	f	Administrative expenses							
Board designated or quasi-endowment ► Permanent endowment ► Term endowment ► A ret there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	g	End of year balance							
Term endowment ► C Term endowment Form the possession of the organization that are held and administered for the organization by (i) unrelated organizations	2	Provide the estimated percentage of the year end balance held	las						
Term endowment Index and the possession of the organization that are held and administered for the organization by (i) unrelated organizations	а	Board designated or quasi-endowment 🕨							
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 If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIV the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property Description of property Buildings Land Land Lead Equipment Other	b	Permanent endowment 🕨							
Yes No	С	Term endowment ▶							
(i) unrelated organizations	За		zation	that	are held and a	dmınıstered fo	r the		
(ii) related organizations							3a(i)	Yes	No
b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIV the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property									
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property Land	b								
Land	4								
Description of property basis (investment) basis (other) depreciation (d) Book value 1a Land	Par	t VI Land, Buildings, and Equipment. See Form 9	90, Pa	art X	, line 10.	_	_		
b Buildings		Description of property						(d) Bo	ok value
c Leasehold improvements 34,607 34,607 d Equipment 59,835 15,839 43,996 e Other 0									
d Equipment		-	•	\vdash			-		
e Other									34,607
		·		\vdash		59,83	5 15,839		43,996
Total. A dd Ines 1a-1e (Column (d) should equal Form 990, Part X, column (B), Inne 10(c).) ▶ 78,603							<u> </u>		78,603

Part VII Investments—Other Securities. See	Form 990, Part X, line 1:	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(B) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	-
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶		
3 Fin 49 (ASC 740) Footpote In Bart VIV provide the toy		

	3XII Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	ILS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,407,433
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,478,385
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	929,048
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	929,048
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		·
1	Total revenue, gains, and other support per audited financial statements	1	3,452,433
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		· · ·
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	45,000
3	Subtract line 2e from line 1	3	3,407,433
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4 c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,407,433
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial	1	2,523,385
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
_ а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	45,000
3	Subtract line 2e from line 1	3	2,478,385
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,478,385
5	Total expenses Add lines 3 and 4C. (This should equal Form 990, Fait 1, line 10)		

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any

Identifier Return Reference Explanation

additional information

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As Filed Data -

DLN: 93493184001022

OMB No 1545-0047

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

lame of the organization	V AND INNOVATIO	N FOUND	ATION		Employ	er iden	tification number
NFORMATION TECHNOLOG	Y AND INNOVATION	N FOUND	DATION		20-440	3497	
Part I Fundraising Ac	tivities. Complete	e if the d	organiza	tion answered "Yes" t	o Form 990, P	art IV,	line 17.
 Indicate whether the orga Mail solicitations Internet and e-mail solicitations Phone solicitations In-person solicitation Did the organization have or key employees listed in If "Yes," list the ten higher to be compensated at lease 	olicitations is a written or oral agre n Form 990, Part VII st paid individuals or	eement wi) or entity entities (e f g th any ind v in conne (fundraise	Solicitation of non Solicitation of gov Special fundraisin dividual (including officer section with professional fers) pursuant to agreeme	-government gra ernment grants g events rs, directors, trus undraising servicents under which	nts tees ces? the fun	
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount par (or retained be fundraiser liste col (i)	y)	(vi) A mount paid to (or retained by) organization
HELEN MILBY 233 PENNSYLVANIA AVE SE 2ND FLO VASHINGTON, DC 20003	PROFESSIONAL FUNDRAISING SERVICES	Tes	No	1,987,500	6	0,000	1,927,500
otal				1,987,500	6	0,000	1,927,500
3 List all states in which the licensing	e organization is regis	stered or	licensed t	o solicit funds or has be			from registration or

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	
2	1 Gross receipts				
:	2 Less Charitable contributions				
3	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
	5 Non-cash prizes				
,	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses .				
1	10 Direct expense summary Add lin	es 4 through 9 in colum	n (d)	🛌	
1	11 Net income summary Combine li	nes 3 and 10 in column	(d)	•	
rt	IIII Gaming. Complete if the oi	rganızatıon answered	"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
	\$15,000 on Form 990-EZ, lii	ne 6a.	, , , , , , , , , , , , , , , , , , ,		
	\$15,000 on Form 990-EZ, lii	ne 6a. (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	\$15,000 on Form 990-EZ, lii Gross revenue			(c) Other gaming	(Add col (a) through
				(c) Other gaming	(Add col (a) through
	1 Gross revenue			(c) Other gaming	(Add col (a) through
	1 Gross revenue			(c) Other gaming	(Add col (a) through
	1 Gross revenue			(c) Other gaming	(Add col (a) through
	1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs	(a) Bingo			(Add col (a) through
	1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses	(a) Bingo ☐ Yes ☐ No	□ Yes	Г Yes	(Add col (a) through
	1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add line	(a) Bingo Yes No s 2 through 5 in column	T Yes	Г Yes Г No	(Add col (a) throug col (c))
	1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add line 8 Net gaming income summary Com	(a) Bingo Yes No S 2 through 5 in column bine lines 1 and 7 in col	T Yes No (d)	Г Yes Г No	(Add col (a) throug col (c))
	1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add line	(a) Bingo Yes No s 2 through 5 in column bine lines 1 and 7 in column ation operates gaming ac	Tyes No (d)	Г Yes	(Add col (a) through col (c))
	1 Gross revenue	(a) Bingo Yes No s 2 through 5 in column bine lines 1 and 7 in column ation operates gaming ac gaming activities in eac	T Yes No (d)	Г Yes Г No	(Add col (a) through col (c))

Sche	dule G (Form 990 or 990-EZ) 20	11				Page 3
11	Does the organization operate ga	aming activities with nonmembers? $oldsymbol{\cdot}$			es [No No
12		neficiary or trustee of a trust or a mem				
	formed to administer charitable of	gaming?		Г ү	es 「	No
13	Indicate the percentage of gamir	ng activity operated in		1 1		
а				13a		
b	An outside facility			13b		
14	Provide the name and address of records	the person who prepares the organiza	tion's gaming/special events book	s and		
	Name 🟲					
	Address ►					
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming			
	revenue?			Гү	es F	- No
ь		ning revenue received by the organizat				.,,
	amount of gaming revenue retain	ed by the thırd party 🟲 \$				
c	If "Yes," enter name and address	5				
	Name 🟲					
	Address ►					
16	Gaming manager information					
	Name 🟲					
	Gaming manager compensation I	\$ \$				
	Description of services provided	>				
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions					
а	Is the organization required unde	er state law to make charitable distribu	tions from the gaming proceeds to			
	= =				es [No
b		required under state law distributed tactivities during the tax year > \$	o other exempt organizations or sp	ent		
Par		provide additional information for	responses to quuestion on Sc	hedule G (see		
	Identifier	ReturnReference	Explana	tıon		
<u></u>						

INFORMATION TECHNOLOGY AND INNOVATION FOUNDATION

DLN: 93493184001022

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

			20-4403497			
Pa	t I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization provi 990, Part VII, Section A, line 1a Complete Part III t					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organism termbursement or provision of all the expenses described.			1b		
2	Did the organization require substantiation prior to rei officers, directors, trustees, and the CEO/Executive I			2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all tha		y			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	<u> - </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	art VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	aymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplement	al non	qualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-bas	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	vide th	e applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must For persons listed in form 990, Part VII, Section A, II					
	compensation contingent on the revenues of					
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de			7		No
8	Were any amounts reported in Form 990, Part VII, pa subject to the initial contract exception described in F in Part III					NI -
9	If "Yes" to line 8, did the organization also follow the i	rebutta	able presumption procedure described in Regulations	8		No

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base (ii) Bonus & (iii) Other		SC compensation (iii) Other	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior
		(i) Base compensation	incentive compensation	reportable compensation	compensation			Form 990 or Form 990-EZ
(1) ROBERT ATKINSON	(I) (II)	296,424 0	25,000 0		23,567 0	10,495 0	371,986 0	0
(2) STEPHEN NORTON	(I) (II)	146,514 0	0	_	4,050 0	10,326	160,890 0	0
-								

Schedule J (Form 990) 2011 Page **3**

Part III Supplemental Information

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

	Identifier	Return Reference	Explanation
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Schedule J (Form 990) 2011

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INFORMATION TECHNOLOGY AND INNOVATION FOUNDATION

As Filed Data -

DLN: 93493184001022

Employer identification number

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

LINE 19

ECONOMY ISSUES

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

		20-4403497
ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	CHRIS CAINE, ITIF BOARD MEMBER, WAS CEO OF A COMPANY THAT PROVIDED CONSULTING SERVICES TO ITIC WHOSE CEO (DEAN GARFIELD) IS ALSO AN ITIF BOARD MEMBER
	FORM 990, PART VI, SECTION B, LINE 11	TAX RETURN WAS PROVIDED TO CLIENT BEFORE BEING SUBMITTED
	FORM 990, PART VI, SECTION B, LINE 12	A COPY OF THE CONFLICT OF INTEREST POLICY IS PROVIDED ANNUALLY TO EACH MEMBER OF THE GOVERNING BODY AS WELL AS TO ALL OFFICERS AND KEY EMPLOYEES, EACH IS REMINDED TO REVIEW THE POLICY AND TO REPORT ANY CONFLICTS OF INTEREST
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD REVIEWS THE EXECUTIVE DIRECTOR'S COMPENSATION AS PART OF THE ANNUAL PERFORMANCE EVALUATION PROCESS
	FORM 990, PART VI. SECTION C.	ITIF IS A NON-PARTISAN RESEARCH AND EDUCATIONAL INSTITUTE WHOSE MISSION IS TO FORMULATE AND PROMOTE PUBLIC POLICIES TO ADVANCE TECHNOLOGICAL INNOVATION AND PRODUCTIVITY

INTERNATIONALLY, IN WASHINGTON AND IN THE STATES RECOGNIZING THE VITAL ROLE OF TECHNOLOGY

IN ENSURING AMERICAN PROSPERITY, ITIF FOCUSES ON INNOVATION, PRODUCTIVITY AND DIGITAL

Additional Data

Software ID:

Software Version:

EIN: 20-4403497

Name: INFORMATION TECHNOLOGY AND INNOVATION

FOUNDATION

Form 990, Special Condition Description:

Special Condition Description

DLN: 93493192003013

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Internal	l Revenue	ie Service	► The organization may have to use a copy of this return to satisfy si	tate repo	orting requirem	lelits	Inspection
A Fo	or the	2012 cal	endar year, or tax year beginning 03-01-2012 , 2012, and ending 02-2	8-2013			
		applicable	C Name of organization INFORMATION TECHNOLOGY AND INNOVATION FOUNDATION		D Emplo	yer ide	entification number
☐ Ad	dress ch	hange	Doing Business As		20-4	40349	7
∏ Na	ıme cha	ange	ΠIF				
Ini	tıal retu	um	Number and street (or P O box if mail is not delivered to street address) Room/sui	ite	E Teleph	one nun	nber
Г Te	rmınate	ed	1101 K STREET NW NO 610		(202)	626-!	5732
☐ An	nended	return	City or town, state or country, and ZIP + 4 WASHINGTON, DC 20005		(202)	020-	3732
┌ Ap	plication	n pending	WASHINGTON, DC 20003		G Gross	receipts	\$ 3,583,196
			F Name and address of principal officer	H(a)]	Is this a group	returr	
			ROBERT D ATKINSON 1101 K STREET NW NO 610		affiliates?		┌ Yes 🗸 No
			WASHINGTON, DC 20005	Н(b)	Are all affiliate	es incli	uded? 「Yes 「No
							(see instructions)
I Ta	ax-exen	mpt status	√ 501(c)(3)	H(c)	Group exempt	tion nii	mher 🕒
J W	/ebsite	e:► WW	WITIF ORG	п(с)	Croup exemp		
K For	m of or	rganızatıon	Corporation Trust Association Other ►	L Year	r of formation 20	006 M	State of legal domicile DE
Pa	rt I	Sum	mary				
			escribe the organization's mission or most significant activities				
		ITIF IS	A NON-PARTISAN RESEARCH AND EDUCATIONAL INSTITUTE				
Activities & Governance	:						
Ē	.						
ş	2	Check th	is box দ if the organization discontinued its operations or disposed o	of more th	nan 25% of its	net as	ssets
Í	3	Number	of voting members of the governing body (Part VI, line 1a)			з	26
20 (/) (/)	1		of independent voting members of the governing body (Part VI, line 1b)			4	25
Ě			mber of individuals employed in calendar year 2012 (Part V, line 2a)			5	13
<u>₹</u>			mber of volunteers (estimate if necessary)			6	0
4	7a	Total uni	related business revenue from Part VIII, column (C), line 12			7a	0
	ь	Net unre	lated business taxable income from Form 990-T, line 34			7b	0
					Prior Year		Current Year
a.	8		butions and grants (Part VIII, line 1h)		3,375,	308	3,471,162
enue	9	Progra	m service revenue (Part VIII, line 2g)			0	65,291
łayenue	9 10	Progra Invest	m service revenue (Part VIII, line 2g)		27,	0 246	65,291 43,337
Rayenue	9 10 11	Progra Invest Other	m service revenue (Part VIII, line 2g)		27,	0	65,291 43,337
Revenue	9 10	Progra Invest Other Total r	m service revenue (Part VIII, line 2g)		27,	0 246 879	65,291 43,337
Revenue	9 10 11	Progra Invest Other Totalr 12) .	m service revenue (Part VIII, line 2g)		27, 4,	0 246 879	3,471,162 65,291 43,337 3,406 3,583,196
Revenue	9 10 11 12	Progra Invest Other Total r 12) .	m service revenue (Part VIII, line 2g)		27, 4,	0 246 879 433	65,291 43,337 3,406 3,583,196
	9 10 11 12	Progra Invest Other Total r 12) . Grants Benefi Salarie	m service revenue (Part VIII, line 2g)		27, 4, 3,407,	0 246 879 433 0	65,291 43,337 3,406 3,583,196 0
	9 10 11 12 13 14 15	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10)	m service revenue (Part VIII, line 2g)		27, 4, 3,407,	0 246 879 433 0 0	65,291 43,337 3,406 3,583,196 0 0
	9 10 11 12 13 14 15	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes	m service revenue (Part VIII, line 2g)		27, 4, 3,407,	0 246 879 433 0	65,291 43,337 3,406 3,583,196 0 0
Expenses Revenue	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes	m service revenue (Part VIII, line 2g)		27, 4, 3,407, 1,218, 60,	0 246 879 433 0 0 0	65,291 43,337 3,406 3,583,196 0 0 1,497,993 75,000
	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other	m service revenue (Part VIII, line 2g)		27, 4, 3,407, 1,218, 60,	0 246 879 433 0 0 0 020 000	65,291 43,337 3,406 3,583,196 0 0 1,497,993 75,000
	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other	m service revenue (Part VIII, line 2g)		27, 4, 3,407, 1,218, 60,	0 246 879 433 0 0 0 020 0000	65,291 43,337 3,406 3,583,196 0 0 1,497,993 75,000 1,969,557 3,542,550
Expenses	9 10 11 12 13 14 15 16a b 17	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other	m service revenue (Part VIII, line 2g)		27, 4, 3,407, 1,218, 60, 1,200, 2,478,	0 246 879 433 0 0 0 020 000 365 385 048	65,291 43,337 3,406 3,583,196 0 0 1,497,993 75,000 1,969,557 3,542,550 40,646
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven	m service revenue (Part VIII, line 2g)		27, 4, 3,407, 1,218, 60, 1,200, 2,478, 929, inning of Curre Year	0 246 879 433 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	65,291 43,337 3,406 3,583,196 0 0 1,497,993 75,000 1,969,557 3,542,550 40,646 End of Year
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven	m service revenue (Part VIII, line 2g)		27, 4, 3,407, 1,218, 60, 2,478, 929, inning of Curre Year 3,167,	0 246 879 433 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	65,291 43,337 3,406 3,583,196 0 0 1,497,993 75,000 1,969,557 3,542,550 40,646 End of Year 3,780,067
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven	m service revenue (Part VIII, line 2g)		27, 4, 3,407, 1,218, 60, 1,200, 2,478, 929, inning of Curre Year 3,167, 746,	0 246 879 433 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	65,291 43,337 3,406 3,583,196 0 0 1,497,993 75,000 1,969,557 3,542,550 40,646 End of Year 3,780,067 1,318,534
Not Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven Total a Total I Net as	m service revenue (Part VIII, line 2g)		27, 4, 3,407, 1,218, 60, 2,478, 929, inning of Curre Year 3,167,	0 246 879 433 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	65,291 43,337 3,406 3,583,196 0 0 1,497,993 75,000 1,969,557 3,542,550 40,646
Not Assets or Expenses Fend Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven Total a Total I Net as	m service revenue (Part VIII, line 2g)	. Begi	27, 4, 3,407, 1,218, 60, 1,200, 2,478, 929, inning of Curre Year 3,167, 746, 2,420,	0 246 879 433 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	65,291 43,337 3,406 3,583,196 0 0 1,497,993 75,000 1,969,557 3,542,550 40,646 End of Year 3,780,067 1,318,534 2,461,533
Mon Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt III	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven Total a Total I Net as Sign alties of p dge and l	m service revenue (Part VIII, line 2g)	. Begi	27, 4, 3,407, 1,218, 60, 1,200, 2,478, 929, inning of Curre Year 3,167, 746, 2,420, edules and sta	0 246 879 433 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	65,291 43,337 3,406 3,583,196 0 0 1,497,993 75,000 1,969,557 3,542,550 40,646 End of Year 3,780,067 1,318,534 2,461,533
Mon Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt III	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven Total a Total I Net as Sign alties of I	m service revenue (Part VIII, line 2g)	. Begi	27, 4, 3,407, 1,218, 60, 1,200, 2,478, 929, inning of Curre Year 3,167, 746, 2,420, edules and sta	0 246 879 433 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	65,291 43,337 3,406 3,583,196 0 0 1,497,993 75,000 1,969,557 3,542,550 40,646 End of Year 3,780,067 1,318,534 2,461,533
Mon Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt III	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven Total a Total I Net as Sign alties of p dge and l	mservice revenue (Part VIII, line 2g)	. Begi	27, 4, 3,407, 1,218, 60, 2,478, 929, inning of Curre Year 3,167, 746, 2,420, edules and sta	0 246 879 433 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	65,291 43,337 3,406 3,583,196 0 0 1,497,993 75,000 1,969,557 3,542,550 40,646 End of Year 3,780,067 1,318,534 2,461,533
A pu of Fend Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt III er pena	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven Total I Net as Sign alties of dge and as any kr	mservice revenue (Part VIII, line 2g)	. Begi	27, 4, 3,407, 1,218, 60, 1,200, 2,478, 929, inning of Curre Year 3,167, 746, 2,420, edules and sta	0 246 879 433 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	65,291 43,337 3,406 3,583,196 0 0 1,497,993 75,000 1,969,557 3,542,550 40,646 End of Year 3,780,067 1,318,534 2,461,533
Mon Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt III er penalmowled arer ha	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven Total a Total I Net as Sign alties of I dge and I as any kr	mservice revenue (Part VIII, line 2g)	. Begi	27, 4, 3,407, 1,218, 60, 1,200, 2,478, 929, inning of Curre Year 3,167, 746, 2,420, edules and stater) is based on	0 246 879 433 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	65,291 43,337 3,406 3,583,196 0 0 1,497,993 75,000 1,969,557 3,542,550 40,646 End of Year 3,780,067 1,318,534 2,461,533
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Use Only

Firm's address ► 2021 L STREET NW SUITE 400

WASHINGTON, DC 20036 May the IRS discuss this return with the preparer shown above? (see instructions) Phone no (202) 293-2200

✓ Yes 厂No

Form	1990 (2012)				Page 2
Par		nt of Program Service chedule O contains a respon		art III	٦
1	Briefly describe t	the organization's mission			
POL:	ICIES TO ADVAN TES RECOGNIZIN	CE TECHNOLOGICAL INNO	OVATION AND PRODUCTE CHNOLOGY IN ENSURING	OSE MISSION IS TO FORMULAT IVITY INTERNATIONALLY, IN WA GAMERICAN PROSPERITY, ITIF F	SHINGTON AND IN THE
2	the prior Form 99	0 or 990-EZ?		e year which were not listed on	
		these new services on Sche			
3	services?	ion cease conducting, or mak		w it conducts, any program · · · · · · · · · · · ·	
4	Describe the orga expenses Sectio	anızatıon's program service a	ccomplishments for each of	fits three largest program services, report the amount of grants and allo	
 4a	(Code) (Expenses \$	3,040,864 including grants o	f \$) (Revenue \$	65,291)
	TECHNOLOGICAL IN		ERNATIONALLY, IN WASHINGTON,	TO FORMULATE AND PROMOTE PUBLIC POL AND IN THE STATES RECOGNIZING THE V D DIGITAL ECONOMY ISSUES	
4b	(Code) (Expenses \$	ıncludıng grants of	\$) (Revenue \$)
4c	(Code) (Expenses \$	ıncludıng grants of	\$) (Revenue \$)
4d	• •	ervices (Describe in Schedu	•		
	(Expenses \$		ng grants of \$) (Revenue \$)
4e	Total program se	ervice expenses 🕨	3,040,864		

Part IV Checklist of Required Schedule
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
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? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete Schedule L, Part I	25b		Νo
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

Par	Statements Regarding Other IRS Fillings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	-	 Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 14		103	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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)?	4a		No
Ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
-	, , , , , , , , , , , , , , , , , , , ,	5с		
6a	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?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
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			
С	Enter the amount of reserves on hand	į l		
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form 990 (2012) Page 6 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. Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax **1**a 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 25 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Yes Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Νo 6 Nο Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Nο Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes Each committee with authority to act on behalf of the governing body? Yes

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

organization's mailing address? If "Yes," provide the names and addresses in Schedule O

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.								
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		No				
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?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did the organization have a written document retention and destruction policy?	14	Yes					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
b	O ther officers or key employees of the organization	15b	Yes					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the							
	organization's exempt status with respect to such arrangements?	16b						

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶THE ORGANIZATION 1101 K STREET NW STE 610 WASHINGTON, DC (202)626-5732

Νo

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar or/tr	offic ustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
	for related organizations below dotted line)	Individual trustee or director	employee Key employee Officel Institutional Trustee Individual trustee or director		Former Highest compensated employee Key employee		Former Highest compensated employee (ey employee Officer		Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) GRANT D ALDONAS	1 00	х						0	0	0		
DIRECTOR								,				
(2) BILL ANDRESEN	1 00	x						0	0	0		
DIRECTOR (3) WILLIAM B BONVILLIAN	1.00											
DIRECTOR	1 00	x						0	0	0		
(4) CHRISTOPHER G CAINE	1 00											
DIRECTOR		X						0	0	0		
(5) JEFF CAMPBELL	1 00	х						0	0	0		
DIRECTOR												
(6) JEFFREY A EISENACH DIRECTOR	1 00	x						0	0	0		
(7) GREG FARMER	1 00							0	0	0		
DIRECTOR		X						0	0	U		
(8) TOM GALVIN	1 00	х						0	0	0		
DIRECTOR (9) DAVID GOLDSTON	1 00											
	100	х						0	0	0		
DIRECTOR (10) SHANE GREEN	1 00											
	100	х						0	0	0		
DIRECTOR (11) AMBASSADOR DAVID A GROSS	1.00											
	1 00	x						0	0	0		
DIRECTOR (12) DAVID HART	1 00											
	100	х						0	0	0		
DIRECTOR (13) FREDERICK S HUMPHRIES JR	1 00											
		×						0	0	0		
DIRECTOR (14) BLAIR LEVIN	1 00											
		x						0	0	0		
DIRECTOR (15) JASON MAHLER	1 00											
		х						0	0	0		
DIRECTOR (16) BERNIE MCKAY	1 00								-			
DIRECTOR		X						0	0	0		
(17) JENNIFER MULVENY	1 00								_	_		
DIRECTOR		X						0	0	0		
			•	-			-			Form 990 (2012)		

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not bo: h ar	chec x, unlo n offic rustee	ess er	(D) Reportable compensation from the organization (W- 2/1099-		(E) Reportable compensation from related organizations (W- 2/1099-		(F Estim amount o compen from	ated of other sation the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099 MISC)	9-	(W- 2/1099 MISC)	<i>j</i> -	organiz	ated	
(18) CATHERINE NOVELLI	1 00	х							0		0		0	
DIRECTOR (10) CHRISTOPHED PARTILIA	1.00								\dashv					
(19) CHRISTOPHER PADILLA	1 00	х							0		0		0	
DIRECTOR (20) SENATOR ORRIN HATCH	1 00			<u> </u>										
HONORARY SENATE CO-CHAIR		Х							0		0		0	
(21) SENATOR MARK WARNER	1 00			<u> </u>										
HONORARY SENATE CO-CHAIR		X							0		0		0	
(22) REPRESENTATIVE DARRELL ISSA	1 00	х		х					0		0		0	
HONORARY CO-CHAIR		^							Ů					
(23) REPRESENTATIVE RON KIND	1 00	x		l x					0		0		0	
HONORARY CO-CHAIR	4.00													
(24) VIC FAZIO	1 00	х		x					0		0		0	
CO-CHAIRPERSON (25) NANCY JOHNSON	1 00													
CO-CHAIRPERSON		Х		×					0		0	0		
(26) DEAN GARFIELD	1 00													
TREASURER X X X X X X X X X X X X X X X X X X					0		0		0					
(27) ROBERT D ATKINSON					29,188									
PRESIDENT, ITIF		Х		Х				364	,037		0	25,100		
(28) STEPHEN NORTON	40 00					l x		162	,668		0		13,391	
COMMUNICATIONS DIRECTOR													,	
(29) STEPHEN EZELL	40 00					×		134,865			0		8,445	
SENIOR ANALYST (30) DANIEL CASTRO	40 00								_					
,	40 00					×		127	,279		0		16,434	
SENIOR ANALYST 1b Sub-Total						<u> </u>					一			
c Total from continuation sheets to Part	VII. Section A					►					+			
						▶ -		808,849			0		67,458	
Total number of individuals (including b \$100,000 of reportable compensation				ed al	bove	e) who	rece	ived more th	an					
3 Did the organization list any former offi			e, key	y em	plo	yee, c	r high	nest compens	sated	l employee [Yes	No	
on line 1a? <i>If "Yes," complete Schedule I</i>			•	•	•	•			•	• • •	3		No	
4 For any individual listed on line 1a, is the organization and related organizations of individual										m the	4	Yes		
	or accrue com	nencat	uon f	rom	anv	unre	 lated	organization	or in	dividual for	-	res		
	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											No		
Section B. Independent Contracto	ors													
1 Complete this table for your five highes	t compensated													
compensation from the organization Re	port compensa (A)	tion for	the	cale	nda	ryea	r endı	ng with or wit		he organızatı (B)	ion's	tax year (C		
	usiness address								criptio	n of services		Comper		
HELEN MILBY 233 PENNSYLVANIA AVE SE 2ND FLO WAS	HINGTON DC 20003	3	_	_		_	_	FUNDRAISII SERVICES	NG/AD 	MINISTRATIVE	_		153,507	
RICHARD BENNETT 661 RUBY ROAD LIVERMORE CA 94	550							RESEARCH					132 127	

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 ►2

Part V	••	Statement o											
		Check If Sched	ule O contains a respon	se to any question I	IN this Part VIII .	(B)	(C)						
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512,513,or 514					
0 S	1a	Federated cam	paigns 1a										
ants	b	Membership du	es 1b										
9 E	c	Fundraising eve	ents 1c										
ξĀ	d	_	zations 1d										
<u>.</u> ia Gi				000 674									
ns,	е	Government grants	s (contributions) 1e	809,674									
er er	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	2,661,488									
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contribution	ons included in lines										
Cont	h	Total. Add lines	s 1a-1f		3,471,162								
				Business Code									
in l	2a	ITIF RETREAT INC	OME	900099	56,017	56,017							
<u>8</u>	b	PUBLICATIONS		900099	9,274	9,274							
93	c												
Program Serwice Revenue	d												
န	e												
era E	f	All other progra	am service revenue										
Š	g	Total Add lines	[s 2a – 2f		65,291								
	3		ome (including dividence		03,231								
		and other simila	aramounts)		43,337			43,337					
	4		stment of tax-exempt bond p	proceeds									
	5	Royalties		🟲									
	_		(ı) Real	(II) Personal									
	6a b	Gross rents Less rental											
	D	expenses											
	C	Rental income or (loss)											
	d	Net rental inco	me or (loss)										
			(ı) Securities	(II) Other									
	7a	Gross amount from sales of											
		assets other than inventory											
	b	Less cost or											
		other basis and sales expenses											
	C	Gain or (loss)											
	d		ss)										
au l	8a	Gross income f events (not inc											
Other Revenue		\$	ruding										
×e			reported on line 1c)										
čč		See Part IV, lin	a a										
Ter	ь	Less direct ex	penses b										
ة	c		(loss) from fundraising e	events 🛌									
	9a	Gross income f	rom gaming activities	-									
		See Part IV, lin											
	L	Loco dimenti	a noncos										
	b C		penses	/ities									
		Gross sales of											
		returns and allo											
			a										
			oods sold b										
-	С		(loss) from sales of inve	-									
-	1	Miscellaneous		Business Code 900099	3,406			2 404					
		OTHER INCOM	1E	900099	3,406			3,406					
	b												
	C												
	d	All other reven	L										
	е	Total. Add lines	s 11a-11d	▶	3,406								
	12	Total revenue	See Instructions	ا				T					

	IX Statement of Functional Expenses				
ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	The state of the s			
	Check if Schedule O contains a response to any question in this Pa	art IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	413,225	363,638	49,587	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	908,752	799,702	109,050	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,575	25,147	3,428	
9	Other employee benefits	67,705	59,580	8,125	
.0	Payroll taxes	79,736	70,167	9,569	
.1	Fees for services (non-employees)				
а	Management				
b	Legal	3,916	3,446	470	
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	75,000			75,00
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	263,095	222,524	40,571	
.2	Advertising and promotion	1,022	123	899	
	Office expenses	69,264	60,150	9,114	
<i>3</i> 4	Information technology	12,300	10,824	1,476	
- 5	Royalties	12,300	10,824	1,470	
		220.402	102.052	26,440	
6 -	Occupancy	220,402	193,953	26,449	
.7 .8	Payments of travel or entertainment expenses for any federal, state, or local public officials	69,786	61,412	8,374	
9	Conferences, conventions, and meetings	69,863	61,482	8,381	
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	12,000	10,560	1,440	
3	Insurance				
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	EAC GRANT	743,891	654,624	89,267	
b	STAFF HILL TRIP ACTIVIT	227,017	199,775	27,242	
c	ITI OVERHEAD	161,177	141,836	19,341	
d	DEVELOPMENT	80,281	70,647	9,634	
e	All other expenses	35,543	31,274	4,269	
25	Total functional expenses. Add lines 1 through 24e	3,542,550	3,040,864	426,686	75,000
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)			-	·

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this F			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			340,325	1	1,198,660
	2	Savings and temporary cash investments			2,196,571		1,750,447
	3	Pledges and grants receivable, net			_,,,,,,,,	3	.,,
Assets	4	Accounts receivable, net			552,275		764,357
	5	Loans and other receivables from current and former officers, dir employees, and highest compensated employees Complete Par Schedule L	ectors t II of	, trustees, key	332,213		704,007
	6	Loans and other receivables from other disqualified persons (as section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$ employers and sponsoring organizations of section $501(c)(9)$ vobeneficiary organizations (see instructions) Complete Part II of), and o luntary	contributing v employees'		5	
	7	Notes and loans receivable, net				7	
₫	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	94,442			
	ь	Less accumulated depreciation	10b	27,839	78,603	10c	66,603
	11	Investments—publicly traded securities		11			
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		_		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			3,167,774		3,780,067
	17	Accounts payable and accrued expenses			513,554		298,434
	18	Grants payable				18	
	19	Deferred revenue			233,333		1,020,100
	20	Tax-exempt bond liabilities	• •	. •	200,000	20	1,020,100
	21	Escrow or custodial account liability Complete Part IV of Sched	۰۰۰	•		21	
lities	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualifie	s, trus			21	
둋		persons Complete Part II of Schedule L				22	
Liabilit	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part	d third	parties,			
		D		•		25	
	26	Total liabilities. Add lines 17 through 25			746,887	26	1,318,534
У		Organizations that follow SFAS 117 (ASC 958), check here ▶ ↓ lines 27 through 29, and lines 33 and 34.	and co	omplete			
Ē B	27	Unrestricted net assets			2,420,887	27	2,461,533
60 E0	28	Temporarily restricted net assets			28		
<u> </u>	29	Permanently restricted net assets				29	
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check her complete lines 30 through 34.	re ► ୮	and			
o Si	30	Capital stock or trust principal, or current funds				30	
Ř	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
	32	Retained earnings, endowment, accumulated income, or other fui	nds			32	
ž	33	Total net assets or fund balances			2,420,887	33	2,461,533
2	34	Total liabilities and net assets/fund balances			3,167,774	34	3,780,067

Par	Reconcilliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	· · · ·	• •	• •	
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		3,5	583,196
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		3,5	542,550
3	Revenue less expenses Subtract line 2 from line 1	. 3			40,646
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,4	120,887
5	Net unrealized gains (losses) on investments	5			
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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2,4	161,533
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain i Schedule O	n			
2a	• Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled o a separate basis, consolidated basis, or both	r reviewed on			
	Separate basis Consolidated basis Both consolidated and separate basis			i	
b	Were the organization's financial statements audited by an independent accountant?		2b		Νo
	If Yes, 'check a box below to indicate whether the financial statements for the year were audited on basis, consolidated basis, or both	a separate			
	Separate basis Consolidated basis Both consolidated and separate basis			i	
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for overaudit, review, or compilation of its financial statements and selection of an independent accountant.		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O	cplain in			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fort Single Audit Act and OMB Circular A-133?	th in the	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not underg	o the required	3b		

Software ID: **Software Version:**

EIN: 20-4403497

Name: INFORMATION TECHNOLOGY AND INNOVATION FOUNDATION

Form 990, Part VII - Compensation of Compensated Employees, and Indepe	ndent Contra	ectors			ees,	, Key	/ En	ſ	l	1
(A) Name and Title	(B) Average hours per week (list any	dıre	than	not one on i er an trus	box s bo d a tee)	, th		(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
	hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
GRANT D ALDONAS DIRECTOR	1 00	х						0	0	0
BILL ANDRESEN DIRECTOR	1 00	х						0	0	0
WILLIAM B BONVILLIAN DIRECTOR	1 00	х						0	0	0
CHRISTOPHER G CAINE DIRECTOR	1 00	х						0	0	0
JEFF CAMPBELL DIRECTOR	1 00	х						0	0	0
JEFFREY A EISENACH DIRECTOR	1 00	х						0	0	0
GREG FARMER DIRECTOR	1 00	х						0	0	0
TOM GALVIN DIRECTOR	1 00	х						0	0	0
DAVID GOLDSTON DIRECTOR	1 00	х						0	0	0
SHANE GREEN DIRECTOR	1 00	х						0	0	0
AMBASSADOR DAVID A GROSS DIRECTOR	1 00	х						0	0	0
DAVID HART DIRECTOR	1 00	х						0	0	0
FREDERICK S HUMPHRIES JR DIRECTOR	1 00	х						0	0	0
BLAIR LEVIN DIRECTOR	1 00	х						0	0	0
JASON MAHLER DIRECTOR	1 00	х						0	0	0
BERNIE MCKAY DIRECTOR	1 00	х						0	0	0
JENNIFER MULVENY DIRECTOR	1 00	х						0	0	0
CATHERINE NOVELLI DIRECTOR	1 00	х						0	0	0
CHRISTOPHER PADILLA DIRECTOR	1 00	х						0	0	0
SENATOR ORRIN HATCH HONORARY SENATE CO-CHAIR	1 00	х						0	0	0
SENATOR MARK WARNER HONORARY SENATE CO-CHAIR	1 00	х						0	0	0
REPRESENTATIVE DARRELL ISSA HONORARY CO-CHAIR	1 00	х		х				0	0	0
REPRESENTATIVE RON KIND HONORARY CO-CHAIR	1 00	х		х				0	0	0
VIC FAZIO CO-CHAIRPERSON	1 00	х		х				0	0	0
NANCY JOHNSON CO-CHAIRPERSON	1 00	х		х				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list	(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
	any hours for related organizations below dotted line)			Highest compensated employee	Former			related organizations		
DEAN GARFIELD TREASURER	1 00	х		х				0	0	0
ROBERT D ATKINSON PRESIDENT, ITIF	40 00	х		х				384,037	0	29,188
STEPHEN NORTON COMMUNICATIONS DIRECTOR	40 00					х		162,668	0	13,391
STEPHEN EZELL SENIOR ANALYST	40 00					х		134,865	0	8,445
DANIEL CASTRO SENIOR ANALYST	40 00					х		127,279	0	16,434

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INFORMATION TECHNOLOGY AND INNOVATION FOUNDATION

As Filed Data -

DLN: 93493192003013

Employer identification number

OMB No 1545-0047

OMB No 1545-004

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

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. ► See separate instructions.

2012

Open to Public Inspection

									20-4403					
	rt I			blic Charity Sta						instruction	5			
	rganı:		•	e foundation becaus	•			•	•					
1			•	on of churches, or a				ection 170	(b)(1)(A)(i).					
2		A scho	ol described	in section 170(b)(1	L)(A)(ii). (At	tach Sched	lule E)							
3		A hosp	ital or a coo	perative hospital se	rvice organiz	zatıon desci	rıbed ın sectio	on 170(b)(:	1)(A)(iii).					
4	Γ			n organization opera	ted ın conjun	ction with a	a hospital des	cribed in s	ection 170(b)	(1)(A)(iii).	Enter the			
5	_	hospita	ıl's name, cı	ty, and state erated for the benefi	t of a colloge		utu oumad ar a	norated by	4 5 GOVORDED	atal unit das	aribad in			
3	,	_	•	A)(iv). (Complete P	_	or univers	ity owned or c	perated by	a governme	itai uiiit ues	cribed iii			
6	_			local government or	*	tal unit doc	cribad in cact	ion 170(h).	(1)(4)(4)					
7	, ▼			at normally receives	_					from the gar	aral nublic			
•	Į*			on 170(b)(1)(A)(vi).			support nom	i a governii	ientai unit oi	nom the ger	ierai public			
8	Г			described in section			mplete Part I	I)						
9	\sqcap	An orga	anization tha	at normally receives	(1) more th	an 331/3%	of its support	from contr	ibutions, mer	nbership fee	s, and gross			
		receipt	s from activ	ities related to its e	xempt function	ons—subjed	ct to certain e	xceptions,	and (2) no m	ore than 33	1/3% of			
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses												
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)												
10	Γ	An orga	anızatıon org	ganized and operated	d exclusively	to test for	public safety	See sect i	on 509(a)(4)					
11	Γ	_		ganized and operated	•				,	•				
	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h													
				bestne type of supp b Type II c						lon-function	ally integrated			
e	\vdash			ox, I certify that the			-		* *		· -			
_	'			on managers and ot										
			509(a)(2)	-		•	,	-						
f				received a written d	etermination	from the IF	RS that it is a	Type I, Ty	pe II, or Typ	e III suppor	ting organization,			
g			this box	2006, has the organ	ization accer	nted any dif	t or contributi	on from an	v of the		ı			
9			ig persons?	e o o o , mas the organi	izacion accep	occu uniy gii	c or contributi		y or the					
		(i) A p	erson who d	rectly or indirectly o	controls, eith	er alone or	together with	persons d	escribed in (i	ı) <u> </u>	Yes No			
		and (111) below, the	governing body of th	ne supported	organızatıo	n?			11	g(i)			
		(ii) A fa	amıly memb	er of a person descr	ıbed ın (ı) abı	ove?				119	g(ii)			
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			119	ı(iii)			
h		Provide	the follown	ng information about	the supporte	ed organiza	tıon(s)							
•	i) Nam		(ii) EIN	(iii) Type of	(iv) Is t		(v) Did you		(vi) Is		(vii) A mount of			
	suppoi ganiza			organization (described on	organızatı col (i) lıst		the organi		organiza col (i) or		monetary support			
O.	guinz	acion		lines 1- 9 above	your gove		suppoi	•	in the l	_	Зарроге			
				or IRC section	docume	_								
				(see										
				instructions))	Yes	No	Yes	No	Yes	No				
Tata	ı						1	1	1					

Schedule A (Form 990 or 990-EZ) 2012 Page 2 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 Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 903,106 2,142,574 2,424,014 3,375,308 3,471,162 12,316,164 include any "unusual grants ") 7 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 903,106 2,142,574 2,424,014 3,375,308 3,471,162 12,316,164 **Total.** Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 2,337,666 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 from 9,978,498 line 4 Section B. Total Support Calendar year (or fiscal year (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total beginning in) 🟲 903,106 2,142,574 2,424,014 3,375,308 3,471,162 12,316,164 Amounts from line 4 Gross income from interest, dividends, payments received on 5,218 8,816 10,410 27,246 43,337 95,027 securities loans, rents, royalties and income from similar sources 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 4,879 37,520 3,406 45,805 capital assets (Explain in Part IV) 11 Total support (Add lines 7 12,456,996 through 10) Gross receipts from related activities, etc (see instructions) 12 12 65,291 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 80 100 % 14 Public support percentage for 2011 Schedule A, Part II, line 14 15 15 81 170 % 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┢┎ and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. 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 stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test – 2012. 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 **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported \vdash organization b 10%-facts-and-circumstances test - 2011. 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 **stop here.**Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. 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 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

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DLN: 93493192003013

OMB No 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	me of the organization	Employer identification number					
TINE	DRMATION TECHNOLOGY AND INNOVATION FOUNDATION		20-4	1403497			
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990						
		(a) Donor advised funds		(b) Funds and other accounts			
	Total number at end of year						
:	Aggregate contributions to (during year)						
	Aggregate grants from (during year)						
	Aggregate value at end of year						
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		or advı	sed Yes No			
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?						
aı	t II Conservation Easements. Complete if	the organization answered "Yes" to	o Form	n 990, Part IV, line 7.			
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	or education) Preservation of an Preservation of a c	ertified	d historic structure			
		Γ		Held at the End of the Year			
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
- С	Number of conservation easements on a certified histo	oric structure included in (a)	2c				
d	Number of conservation easements included in (c) accommodate structure listed in the National Register	•	2d				
	Number of conservation easements modified, transferr	ı red released extinguished orterminate	d by th	e organization during			
	the tax year -	,, <u>-</u>	,				
	Number of states where property subject to conservat	ion easement is located ►					
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of	violations, and Yes No			
	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	nents d	uring the year			
	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easements	during	g the year			
	▶ \$						
1	Does each conservation easement reported on line 2(a and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sec	tion 17	′0(h)(4)(B)(ı)			
)	In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financial		·			
ar	Complete if the organization answered "Y		or Otl	ner Similar Assets.			
а	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	ets held for public exhibition, education, o	or rese	arch in furtherance of public			
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ets held for public exhibition, education, o					
	(i) Revenues included in Form 990, Part VIII, line 1			► \$			
	(ii) Assets included in Form 990, Part X			► \$			
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		r finan	cial gain, provide the			

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	torio	al T	reasur	es, or C	the	<u>r Similar A</u>	sset	t s (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, ch	eck a	ny of	the follo	wing that	are a	significant us	se of i	ts	
а	Public exhibition		d	Γ	Loan	or exch	ange prog	rams				
b	Scholarly research		e	Γ	Othe	r						
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	aın hov	v they	furth	er the or	ganızatıor	ı's ex	cempt purpose	e in		
5	During the year, did the organization solicit								nılar	_		_
_	assets to be sold to raise funds rather than t		<u> </u>							<u> </u>		│ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Y	es" to Form	990,	,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?					utions or	other ass	ets	not	┌ \	es (┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving t	able		г					
_							H	_	A	mou	nt	
C	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance						L	1f			_	
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	ie 21?							Γ,	es .	┌ No
ь	If "Yes," explain the arrangement in Part XII											J
Pa	rt V Endowment Funds. Complete	f the organizatio (a)Current year		were Prior y					<u>t IV, line 10</u> Three years back		Four vo	ears back
1a	Beginning of year balance	(a)Current year	(0)	іРПОІ ў	еаі	b (c) w	o years bac	((a)	Tillee years back	((e)	roui ye	ears back
b	Contributions							+				
c	Net investment earnings, gains, and losses							+				
_								+		-		
d	Grants or scholarships					-		+		-		
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the cur	rent year end balan	ce (lın	e 1g,	colum	nn (a)) he	eld as					
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment -											
С	Temporarily restricted endowment ►											
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
За	Are there endowment funds not in the posse	ssion of the organiz	ation	hat a	re hel	d and ad	mınıstere	d for	the	_		
	organization by								-		Yes	No
	(i) unrelated organizations			•				•		a(i)		
b	(ii) related organizations			 ched	10 R2			•		3b		
4	Describe in Part XIII the intended uses of the	•				• •		•		<u> </u>		
Par	t VI Land, Buildings, and Equipme					10.						
	Description of property			(a) Cost	or other estment)	(b)Cost or basis (ot		(c) Accumula depreciatio		(d) Bo	ook value
					•							
	Land			+								
	Land											
b			· ·				3	4,607				34,607
b c	Buildings	· · · · · · · · · · · · · · · · · · ·	· ·					4,607 9,835		7,839		34,607 31,996
b c d	Buildings		· · ·									-

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or category	(b)Book value	(c) Metho	d of valuation
(including name of security)		Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		<u> </u> 13	
(a) Description of investment type	(b) Book value		d of valuation
	(=, ===================================		-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip			(b) Book value
-			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	7.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
reactar meanic taxes			
-			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	İ		

Par	Reconciliation of Revenue per Audited Financial Statements with Revenue	per keturn	
1	Total revenue, gains, and other support per audited financial statements	1	3,636,529
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities	1	
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d	2e	53,333
3	Subtract line 2e from line 1	3	3,583,196
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	1	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,583,196
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Retui	'n
1	Total expenses and losses per audited financial statements	1	3,595,883
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)...............2d		
e	Add lines 2a through 2d	2e	53,333
3	Subtract line 2e from line 1	3	3,542,550
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII).............. 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,542,550
Part	XIII Supplemental Information	•	
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV , lines 1	b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

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DLN: 93493192003013

Employer identification number

OMB No 1545-0047

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

SCHEDULE G

Attach to Form 990 or Form 990-EZ.

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NF	ORMATION TECHNOLOGY	AND INNOVATION	I FOUNDA	NOITA		20-4403497	
Pa	rt I Fundraising Act	tivities. Complete	ıf the o	rganızatı	on answered "Yes" t	o Form 990, Part IV	, line 17.
a b c d	Indicate whether the organ Mail solicitations Internet and email sol Phone solicitations In-person solicitations Did the organization have or key employees listed in If "Yes," list the ten highes to be compensated at leas	icitations s a written or oral agree Form 990, Part VII) st paid individuals or	ement witl or entity entities (f	e f g h any Indi In connec	Solicitation of non- Solicitation of gov Special fundraising vidual (including officer	-government grants ernment grants g events -s, directors, trustees undraising services?	V Yes I N o
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
	HELEN MILBY 233 PENNSYLVANIA AVE SE 2ND FLO WASHINGTON, DC 20003	PROFESSIONAL FUNDRAISING SERVICES	Yes	No No	2,118,750	153,507	1,965,243
ota 3	List all states in which the	organization is regist	tered or li	▶ censed to	2,118,750 solicit funds or has be		
	licensing						

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribu	cion answered "Yes" to tions and gross income	Form 990, Part IV, li e on Form 990-EZ, lin	ne 18, or reported es 1 and 6b. List
		<u> </u>	(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
_			(event type)	(event type)	(total number)	(3)
Revenue	1	Gross receipts				
9. 9.	2	Less Contributions				
<u>~</u>	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
en.	5	Noncash prizes				
Expenses	6	Rent/facility costs				
ğ	7	Food and beverages .				
Direct	8	Entertainment				
ā	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 ın colum	n (d)		()
	11	Net income summary Combine Ii	ne 3, column (d), and Iır	e 10		
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
<u>—</u>		\$13,000 ON TOTAL 330 EZ, III	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col (a) through col (c))
<u>_</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
			☐ Yes	┌ Yes	┌ Yes	
	6	Volunteer labor	□ No	│ No	┌ No	
	7	Direct expense summary Add lines	s 2 through 5 ın column	(d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in co	lumn (d)	🛌	
9	Ent	er the state(s) in which the organiza	ation operates gaming a	ctivities		
а		the organization licensed to operate				. Fyes Fno
b	If"	No," explain				
10a b		re any of the organization's gaming Yes," explain	icenses revoked, suspe	ended or terminated during	the tax year?	

Does	s the organization operate gaming act	ivities with nonmembers?		· · Fyes FNo
12	Is the organization a grantor, benefi	cıary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable gam	ning?		Г _{Yes} Г _{No}
13	Indicate the percentage of gaming a	ctivity operated in		
а	The organization's facility			13a
b	An outside facility			13b
14	Enter the name and address of the p	person who prepares the organization	on's gaming/special events books a	and records
	Name 🟲			
	Address •			
15a	Does the organization have a contra			· · · · F vas F No
ь				
	amount of gaming revenue retained			
c	If "Yes," enter name and address of			
	Name 🕨			
	Address 🟲			
16	Gaming manager information			
	Name •			
	Gaming manager compensation 🟲 \$			
	Description of services provided			
	☐ Director/officer	☐ Employee	Independent contractor	
17	Mandatory distributions	Limployee	i independent contractor	
		tate law to make charitable distribu	itions from the gaming proceeds to	
				Tyes TNo
ь				
	in the organization's own exempt ac			
Par	rt IV Supplemental Informa columns (III) and (v), and	Ition. Complete this part to property Part III, lines 9, 9b, 10b, 15b, conal information (see instruction)	, 15c, 16, and 17b, as applicat	
	Identifier	Return Reference	Explana	tion

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DLN: 93493192003013

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number Name of the organization INFORMATION TECHNOLOGY AND INNOVATION FOUNDATION 20-4403497

	Questions Regarding compensation			
			Yes	No
la	Check the appropriate box(es) if the organization provided any of the following to or for 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information			
	First-class or charter travel Housing allowance or res	idence for personal use		
	Travel for companions Payments for business us	se of personal residence		
	Tax idemnification and gross-up payments Health or social club due			
	Discretionary spending account Personal services (e.g., r	naid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy reimbursement or provision of all of the expenses described above? If "No," complete		,	
2	Did the organization require substantiation prior to reimbursing or allowing expenses i directors, trustees, and the CEO/Executive Director, regarding the items checked in I			
3	Indicate which, if any, of the following the filing organization used to establish the comorganization's CEO/Executive Director Check all that apply Do not check any boxes used by a related organization to establish compensation of the CEO/Executive Direc	for methods		
	Compensation committee Written employment cont	ract		
	☐ Independent compensation consultant ☐ Compensation survey or	•		
	Form 990 of other organizations Approval by the board or	compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with reor a related organization	espect to the filing organization		
а	Receive a severance payment or change-of-control payment?	48	ı	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	41	,	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	44	:	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for e	ach item in Part III		
	Only $501(c)(3)$ and $501(c)(4)$ organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay compensation contingent on the revenues of	or accrue any		
а	The organization?	5a	ı	No
b	Any related organization?	5t		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay compensation contingent on the net earnings of	or accrue any		
а	The organization?	68	ı	No
b	Any related organization?	61	•	Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization prov payments not described in lines 5 and 6? If "Yes," describe in Part III	de any non-fixed 7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a cont subject to the initial contract exception described in Regulations section 53 4958-4 (in Part III	a)(3)? If "Yes," describe		N -
_		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedul section 53 4958-6(c)?	e described in Regulations 9		

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	-	(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	GC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred in prior Form 990
(1)ROBERT D ATKINSON PRESIDENT, ITIF	(i) (ii)	291,798 0	75,000 0	17,239 0	17,078 0	12,110	413,225	0
(2)STEPHEN NORTON COMMUNICATIONS DIRECTOR	(i) (ii)	117,956 0	0	44, 712 0	5,433 0	7,958 0	176,059 0	0

Schedule J (Form 990) 2012

Part III Supplemental Information

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

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ECONOMY ISSUES

As Filed Data -

DLN: 93493192003013

Employer identification number

OMB No 1545-0047

2012

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

INFORMATION TECHNOLOGY AND INNOVATION FOUNDATION 20-4403497 Identifier Return **Explanation** Reference FORM 990, PART CHRIS CAINE. ITIF BOARD MEMBER. WAS CEO OF A COMPANY THAT PROVIDED CONSULTING SERVICES TO VI, SECTION A, ITIC WHOSE CEO (DEAN GARFIELD) IS ALSO AN ITIF BOARD MEMBER LINE 2 FORM 990, PART TAX RETURN WAS PROVIDED TO CLIENT BEFORE BEING SUBMITTED VI, SECTION B. I INF 11 FORM 990. PART A COPY OF THE CONFLICT OF INTEREST POLICY IS PROVIDED ANNUALLY TO EACH MEMBER OF THE VI. SECTION B. GOVERNING BODY AS WELL AS TO ALL OFFICERS AND KEY EMPLOYEES, EACH IS REMINDED TO REVIEW LINE 12 THE POLICY AND TO REPORT ANY CONFLICTS OF INTEREST FORM 990. PART THE BOARD REVIEWS THE EXECUTIVE DIRECTOR'S COMPENSATION AS PART OF THE ANNUAL VI, SECTION B, PERFORMANCE EVALUATION PROCESS LINE 15 FORM 990, PART ITIF IS A NON-PARTISAN RESEARCH AND EDUCATIONAL INSTITUTE WHOSE MISSION IS TO FORMULATE AND VI, SECTION C, PROMOTE PUBLIC POLICIES TO ADVANCE TECHNOLOGICAL INNOVATION AND PRODUCTIVITY LINE 19 INTERNATIONALLY. IN WASHINGTON AND IN THE STATES RECOGNIZING THE VITAL ROLE OF TECHNOLOGY IN ENSURING AMERICAN PROSPERITY, ITIF FOCUSES ON INNOVATION, PRODUCTIVITY AND DIGITAL