# Form **990**

Department of the Treasury Internal Revenue Service

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

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

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

2006
Open to Public Inspection

7	Fo	r the	2006 calendar year, or tax year beginning M	\R_	1, 2	006	and ending	FEB 28	3, 2	007			
В	Che	eck if	Please C Name of organization						D Em	pioyer	identificat	ion numbe	<u> </u>
	app	olicabl	use IRS Information Technolog	TV 8	& In	novati	on		<u> </u>				
		Addre: chang	ss ilabelori,	~ ~					l 2	0-4	40349	97	
		Name chang	type Number and street (or P.O. box if mail is no	t delive	ered to st	reet address'		Room/suite			number		
		Initial return	Specific 1250 Eye Street NW				•	200		202		5-573	2
		Final return	Instruc- tions					12 4 4	_	unting me		Cash X	
i	$\neg$	Ameno return		5						Other (specify)			
		Applic pendir	<ul> <li>Section 501(c)(3) organizations and 4947(a)(1)</li> </ul>	) none	xempt cl	haritable trus	sts Ha	nd I are not app				organizat	ions.
•	,	<b>, , , , , , , , , , , , , , , , , , , </b>	must attach a completed Schedule A (Form 99	0 or 99	10-EZ).			) Is this a group				Yes	
G	We	hsite	:▶http://www.itif.org/				I	) If "Yes," enter n				N/A	
J			ation type (check only one) X 501(c) (3)	по)	4947	(a)(1) or		) Are all affiliates			N/A	Yes	No
ĸ	Ch	eck h	ere In the organization is not a 509(a)(3) suppor	ıng org	anization	n and its gros	SS III.	(If "No," attach			-		
			are normally not more than \$25,000. A return is not requi	_		-	חוני	<ol> <li>Is this a separa ganization cover</li> </ol>	red by	a group	o ruling?	Yes	X No
	cho	ooses	to file a return, be sure to file a complete return.	•		•	1	Group Exempte	on Num	ber ►		N/A	
_							М	Check ►				t required	to attach
L	Gro	oss_re	ceipts: Add lines 6b, 8b, 9b, and 10b to line 12			609,00	0.	Sch. B (Form 9		-			
Γ	Par	t I	Revenue, Expenses, and Changes in I	let A	ssets	or Fund	Balance	es					
_		1	Contributions, gifts, grants, and similar amounts receive	d:									
		а	Contributions to donor advised funds				1a						
		b	Direct public support (not included on line 1a)				1b	609,0	00.				
		C	Indirect public support (not included on line 1a)				1c						
		d	Government contributions (grants) (not included on line	1a)			_1d						
		е	Total (add lines 1a through 1d) (cash \$6	9,0	000.	noncash \$			_ )	1e		609,	000.
		2	Program service revenue including government fees an	d contr	acts (fro	m Part VII, lır	ie 93)			2			
		3	Membership dues and assessments							3			
		4	Interest on savings and temporary cash investments							4			
		5	Dividends and interest from securities				, ,			5			
		6 a	Gross rents				6a						
		b	Less: rental expenses				6b						
	<b>a</b>	C	Net rental income or (loss). Subtract line 6b from line 6a	l						6c			
	בֻ	7	Other investment income (describe						)	7			
	Kevenue	8 a	Gross amount from sales of assets other		(A) Secu	rities		(B) Other					
SCANNE	-		than inventory				8a						
		b	Less: cost or other basis and sales expenses				8b						
2	ı	C	Gain or (loss) (attach schedule)			<u> </u>	8c						
ñ		d	Net gain or (loss). Combine line 8c, columns (A) and (B				_			8d			
		9	Special events and activities (attach schedule). If any an	ount is	s from ga	ıming, check	here 🟲 L						
_		а		ontnbubo	ns reported o	on line 1b)	9a						
JAN 2		b	Less: direct expenses other than fundraising expenses				9b						
<u>~</u>		C	Net income or (loss) from special events. Subtract line 9	b from	line 9a		1 1			9c			<del></del>
en		10 a					10a						
		b	Less: cost of goods sold				10b						
2008	1	C	Gross profit or (loss) from sales of inventory (attach sch	edule)	. Subtrac	t line 10b fro	m line 10a			10c			<del></del>
9	- 1	11	Other revenue (from Part VII, line 103)							11		500	
_	$\neg$	<u>12</u> _	Total revenue (20, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1	, and	11					12		609,	
	က္	13	Program services (from line 44, column (B))							13		260,	
	Ë	14	Markagement and general (from line 443 plumn (C))							14		65,	<u>179.</u>
	9	15	Fundralsing (from line 44, column (D)							15			
ı	_	16	Payments to affiliates (attach schedule)							16		205	200
_		<u>17</u> _	Total expenses Retails 16 and 44, column (A)	- 10						17	<del></del>	325,	
	<sub>S</sub>	18	Excess or (deficit) for the year. Subtract line 17 from line		ا حدداه	/A\\				18		283,	
Š	S	19	Net assets or fund balances at beginning of year (from I			(A))				19_			<u>0.</u>
_		20	Other changes in net assets or fund balances (attach ex			n				20		202	0.
82	3001 -18-0	21	Net assets or fund balances at end of year. Combine line							21		283,	
0.	-18-0	7	LHA For Privacy Act and Paperwork Reduction Act N	ouce. S	see me s	eparate insti	UCTIONS.		_	1 -	7	Form 990	) (ZUUD)

Page 2

Part	II Statement of Functional Expenses				(D) are required for section trusts but optional for othe	
Do	o not include amounts reported on l 6b, 8b, 9b, 10b, or 16 of Part I.	ine	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Gra	ants paid from donor advised funds					
(at	tach schedule)					
	sh \$\$ noncash \$	0.1		į	į	
	is amount includes foreign grants, check here	· — —		<del></del>		
22b Otl	her grants and allocations (attach so	1 1				
	sh \$ononcash \$	0.				
	is amount includes foreign grants, check here					
	ecific assistance to individuals (atta	1 1				
	nedule)	23				
	nefits paid to or for members (attac	I I				
	nedule) Inpensation of current officers, directors	24				
	ployees, etc. listed in Part V-A		160,000.	120 000	32 000	0
	mpensation of former officers, directors,	25a	100,000.	128,000.	32,000.	0.
	ployees, etc. listed in Part V-B	25b	0.	0.	0.	0.
	mpensation and other distributions, not i	<del>- 1</del>	- 0.			
	ove, to disqualified persons (as defined u					
	tion 4958(f)(1)) and persons described					
	tion 4958(c)(3)(B)	25c				
	lanes and wages of employees not	100	_			
	luded on lines 25a, b, and c	26	59,219.	47,375.	11,844.	
	nsion plan contributions not include			= · / · · · · ·		
line	es 25a, b, and c	27				
28 Em	ployee benefits not included on line					
25a	a - 27	28	18,002.	14,402.	3,600.	
<b>29</b> Pay	yroll taxes	29				
30 Pro	ofessional fundraising fees	30				
31 Acc	counting fees .	31				
<b>32</b> Leg	gal fees	32	711.	569.	142.	
33 Suj	pplies _	33	4,493.	3,594.	899.	
34 Tel	ephone	34	2,484.	1,987.	497.	···
35 Pos	stage and shipping	35	343.	275.	68.	
36 Oc	cupancy	36			*****	<u>-</u> -
37 Equ	upment rental and maintenance	37	325.	260.	65.	
	nting and publications	38	4,755.	3,804.	951.	
39 Tra	• •	39	5,377.	4,302.	1,075.	<del></del>
	nferences, conventions, and meetin					
41 Inte	•	41				
-	oreciation, depletion, etc. (attach sch					<del></del>
_	ner expenses not covered above (ite	· 1 1				
. —		43a				
		43b				
٠ <u>-</u>		43e				
<u>'</u>	See Statement 1	43f	70,197.	56 150	14 030	
	al functional expenses. Add lines 22a th	orough 43g	10,1310	56,159.	14,038.	<del></del>
	. (Organizations completing columns (B)	- 1				
	y these totals to lines 13-15)	44	325,906.	260,727.	65,179.	0.
	costs. Check D I f you are fo			400,141.	UJ, 1130	
	joint costs from a combined educational			rted in (R) Program service	es?	Yes X No
	enter (i) the aggregate amount of these					N/A ;
	amount allocated to Management and ge			) the amount allocated to I		N/A
323011				,s amount unouted to		Form <b>990</b> (2006)

#### Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wi	nat is the organization's pri	mary exempt pu	rpose? ▶ See Statement 3	Program Service Expenses
che	ents served, publications is	ssued, etc Discu	purpose achievements in a clear and concise manner. State the number of uss achievements that are not measurable. (Section 501(c)(3) and (4) utable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	See Statemen	nt 2		<u>,</u>
b	(Grants and allocations	\$	) If this amount includes foreign grants, check here	260,727.
		,		
c	(Grants and allocations	\$	) If this amount includes foreign grants, check here	
d	(Grants and allocations	\$	) If this amount includes foreign grants, check here	
		71		
	(Ocean and all and			
е	(Grants and allocations Other program services (a	\$ attach schedule)	) If this amount includes foreign grants, check here	
_	(Grants and allocations	\$	) If this amount includes foreign grants, check here	
f	Total of Program Service	e Expenses (sho	ould equal line 44, column (B), Program services)	260.727.

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Part	IV	Balance Sheets (See the instructions)			r	
		re required, attached schedules and amounts uld be for end-of-year amounts only.	s within the description column	(A) Beginning of year		(B) End of year
						250 050
1	45	Cash - non-interest-bearing			45	372,078.
1	46	Savings and temporary cash investments	-		46	
	47 a	Accounts receivable	. 47a			
	b	Less <sup>-</sup> allowance for doubtful accounts	47b		47c	
,	48 a	Pledges receivable	48a			
		Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	<del></del>
- 1	50 a	Receivables from current and former officers	s, directors, trustees, and			
Ì		key employees	,		50a	
	b	Receivables from other disqualified persons	(as defined under section			
ஐ		4958(f)(1)) and persons described in section	-		50b	
Assets	51 a	Other notes and loans receivable	51a			
<b>۲</b>	b	Less: allowance for doubtful accounts		51c		
	52	Inventories for sale or use		52		
	53	Prepaid expenses and deferred charges		53		
	54 a	Investments - publicly-traded securities	Cost FMV		54a	
	b	Investments - other securities	Cost FMV		54b	
	55 a	Investments - land, buildings, and				
		equipment: basis	55a 704.			
	h	Less accumulated depreciation	55b		55c	704.
	56	Investments - other	000		56	704•
i		Land, buildings, and equipment basis	57a		50	
`		Less: accumulated depreciation	57b		57c	
. ا	58	Other assets, including program-related investme			3,0	
'		(describe ▶	,		58	
	59	Total assets (must equal line 74) Add lines	45 through 58	0.		372,782.
	60	Accounts payable and accrued expenses			60	89,688.
ĺε	61	Grants payable			61	
E	52	Deferred revenue	Ī		62	· · · · · · · · · · · · · · · · · · ·
ë e	63	Loans from officers, directors, trustees, and	key employees		63	
oilities 9	54 a	Tax-exempt bond liabilities			64a	
Liat	b	Mortgages and other notes payable			64b	
1	65	Other liabilities (describe	)		65	
E	36	Total habilities. Add lines 60 through 65		0.	66	89,688.
(	Orga	nizations that follow SFAS 117, check here	and complete lines			
<sub>ω</sub>		67 through 69 and lines 73 and 74				
စ္တိ   6	67	Unrestricted			67	
튵	<b>58</b>	Temporarily restricted .			68	
<u> </u>		Permanently restricted	,  -		69	
Š	Orga	nizations that do not follow SFAS 117, che	ck here ▶ X and			
<u>ا</u> ۾		complete lines 70 through 74.		_		_
7 ي	70	Capital stock, trust principal, or current fund	·	<u> </u>	70	<u> </u>
ŭί	71	Paid-in or capital surplus, or land, building, a	· · · · · · · · · · · · · · · · · · ·	0.	71	0.
¥  7		Retained earnings, endowment, accumulate	· · · · · · · · · · · · · · · · · · ·	0.	72	283,094.
ž   7		Total net assets or fund balances. Add lines 67 ti	- 1	•		000 00:
		(Column (A) must equal line 19 and column (B) m	· · · · · · · · · · · · · · · · · · ·	0.	73	283,094.
	74	Total liabilities and net assets/fund balance	ces. Add lines 66 and 73	0.	74	372,782.

	To formation much a large C. Tomas I.		
_	Information Technology & Innovation		
	m 990 (2006), Foundation 20- art IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per R	- 44	03497 Page
	Instructions )	etui	m (See the
		1	Y
a	Total revenue, gains, and other support per audited financial statements	a	<u>N/A</u>
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments . b1	4	
2	Donated services and use of facilities <u>b2</u>	-	
3	Recovenes of prior year grants b3	1	
4	Other (specify)·		
	Add lines b1 through b4	Ь	
C	Subtract line <b>b</b> from line <b>a</b>	C	
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b		
2	Other (specify) d2	1	
	Add lines d1 and d2	d	
е	Total revenue (Part I, line 12) Add lines c and d	e	-
Pa	art IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per	Ret	urn
a	Total expenses and losses per audited financial statements	а	N/A
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities b1		
2			
3	Losses reported on Part I, line 20	1	
4	Other (specify):	1	
	Add lines b1 through b4	Ь	
C	Subtract line b from line a	c	
ď	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b		
-	Other (specify):	1	
-	Add lines d1 and d2	a	
_	Total expenses (Part I, line 17) Add lines c and d		
Ü.	Total expenses if art i, line 11) Aud lines C and d	Lе	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Dr. Robert D. Atkinson	President			
1250 I Street, NW				
Washington, DC 20005	50.00	160,000.	13,141.	0.
Dr. David Hart	Secretary			
1250 I Street, NW				
Washington, DC 20005	2.50	0.	0.	0.
Rhett B. Dawson	Treasurer			
1250 I Street, NW				
Washington, DC 20005	2.50	0.	0.	0.
Cal Dooley	Co-Chairperso	n		
1250 I Street, NW				
Washington, DC 20005	2.50	0.	0.	0.
	Board member			
1250 I Street, NW				
Washington, DC 20005	2.50	0.	0.	0.
	<del>-</del>		-	000 (0000)

81 a Enter direct or indirect political expenditures. (See line 81 instructions.)

b Did the organization file Form 1120-POL for this year?

81a

0

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<b></b>	Information Technology & Innovation	n	20 440	407		<b>7</b>		
	n 990 (2006), Foundation rt VI Other Information (continued)		20-4403	49/	Yes	age 7		
				T	163	140		
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at	no charge or at	substantially	00-		- T		
	less than fair rental value?		•	82a		X		
D	If "Yes," you may indicate the value of these items here. Do not include this							
	amount as revenue in Part I or as an expense in Part II.	001	NT / N					
	,	82b	N/A		37			
	Did the organization comply with the public inspection requirements for returns and exemption			83a	X	├		
	Did the organization comply with the disclosure requirements relating to quid pro quo contribut	ions /		83b		- <del>-</del>		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?			84a	-	X		
D	If "Yes," did the organization include with every solicitation an express statement that such con	itributions or gir		0.45				
0.5	tax deductible?		N/A	84b	-			
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A	85a				
b			N/A	85b		<del> </del> -		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the	e organization re	eceived a		İ			
	waiver for proxy tax owed for the prior year.	ora l	N/A					
C	Dues, assessments, and similar amounts from members	85c	N/A N/A	┨				
d	Section 162(e) lobbying and political expenditures	85d	N/A N/A	1				
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	$\dashv$				
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A N/A	05.0				
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	on line OEf	N/A	85g		<del>                                     </del>		
h								
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditure	es for the	N/A	85h	İ			
86	following tax year?  501(c)(7) organizations. Enter, a Initiation feet and capital contributions included on	•	N/ Þ	0311		_		
00	501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on line 12	86a	N/A					
		86b	N/A	1				
87	501(c)(12) organizations. Enter a Gross income from members or shareholders	87a	N/A	1				
	Gross income from other sources (Do not net amounts due or paid to other sources	0/2	11/11	1				
U	against amounts due or received from them)	87b	N/A					
RR a	At any time during the year, did the organization own a 50% or greater interest in a taxable corp.			1				
00 4	or an entity disregarded as separate from the organization under Regulations sections 301 770							
	If "Yes," complete Part IX	1 2 dila 301 7 1	510	88a		x		
h	At any time during the year, did the organization, directly or indirectly, own a controlled entity v	vithin the meani	ing of	1		<del></del> -		
_	section 512(b)(13)? If "Yes," complete Part XI		<b>.</b>	88b		x		
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under	r	-					
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955		0.					
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess b							
_	transaction during the year or did it become aware of an excess benefit transaction from a prior							
	If "Yes," attach a statement explaining each transaction	•	_	89b		x		
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the	year under						
	sections 4912, 4955, and 4958	<b>&gt;</b>	0.					
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization	<b></b>	0.					
е	All organizations. At any time during the tax year, was the organization a party to a prohibited ta	x shelter transa	action?	89e		Х		
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insur			89f		X		
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did	d the supporting	g organization,					
	or a fund maintained by a sponsoring organization, have excess business holdings at any time			89g		X		
90 a	and the second s							
b		!	90b			4		
91 a		O Telephone no.	<b>▶</b> (202)	626	-57	32		
	Located at ▶ 1250 I Street, NW, Washington, DC	·	ZIP + 4 ▶ 2					
b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over							
	a financial account in a foreign country (such as a bank account, securities account, or other fir		_	91b		X		
	If "Yes," enter the name of the foreign country ▶N/A			1	1			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Form TD F	oreign Bank	<del></del>	1				
To the metalogical for the special and mining requirements for 1 of the 12 of 22.1, he part of the sign 2 and								

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•		Info	ormation	Techno	logy & Ir	nova	ati	on			
	990 (2006)		ndation					20	<u>-4403497</u>		age 8
Part	t VI Othe	r Information (	continued)					<u> </u>		Yes	No
		ring the calendar y			ntain an office out	side of t	the Ur	nited States?	91c		X
	If "Yes," enter	the name of the fo	reign country		N/A						
92	Section 4947(a	i)(1) nonexempt ch	aпtable trusts film	g Form 990	in lieu of Form 10	<b>341-</b> Che	eck he	ere		▶∟	
		mount of tax-exen						▶ 92	N	<u>/A</u>	
		sis of Income									
	-	mounts unless othe	erwise	(A)	ted business income		(C)	led by section 512, 513, or 514	<b>⊣</b> (E	)	
indica	atea.			Business	(B) Amount	[	Exclu-	(D) Amount	Related o	•	į
93 P	Program service	revenue:		code			code		function	income	
a				_ <del></del>	ļ <u> </u>						
b.		· · · · · · · · · · · · · · · · · · ·		<del></del>					+		
C.			<del></del>								
ď									<del></del>		
е.		<del> </del>	<del></del>						<del> </del>		
	Medicare/Medic									<del></del>	
_		ects from governme	•								
	•	es and assessmen	•				+	-			
	_	s and temporary casi	•					·	<del> </del>		
		nterest from securi ne or (loss) from rea									
	ebt-financed p	` '	u estate.						+	-	
	ot debt-finance	· ·							1		
		ne or (loss) from pe	reonal property							****	
	Other investmen	. , .	rsonal property								
		om sales of assets			,				+		
	ther than inven										
		oss) from special e	vents								
		oss) from sales of	-						<del> </del>		
	ther revenue.				-						
a											
Ь											
C				-							
d ]			1								
e _											
104 S	ubtotal (add co	olumns (B), (D), and	I (E))			0.		0			0.
105 T	otal (add line 1	04, columns (B), (C	)), and (E))			•		•	·		0.
	•	ne 1e, Part I, shou	<u> </u>		·						
Part	VIII Relat	ionship of Act	ivities to the	Accompl	ishment of Ex	cempt	Puη	poses (See the instruc	tions )		
Line N						tributed ii	mporta	antly to the accomplishmen	t of the organizat	ion's	
	exempt pu	rposes (other than b	y providing funds fo	or such purpo	ses).						
			·								
			<del></del>	-							
<u> </u>	IV   1-6		:	<u> </u>				****			
Part	IX   Intorn	nation Regard	ing raxable :	Subsidiar	- /#1	garde	a En	tities (See the instructi (D)		,	
Nam	e, address, and E	EIN of corporation,	Percentage of		(C) Natu			(0)	(E	,	
p	artnership, or dis	regarded entity	ownership interes								
	37.	<u> </u>	<del>                                     </del>	%							
	N/	<u>A</u>		%							
				%							
Part	Y Inform	nation Regard		% Accocia	tody						
<u> </u>											
		on, during the year, r		•							
		on, during the year, p		-	• •						
Note	:. II TES TO (D)	, file Form 8870 an	u ruiii 4/20 (\$e6	INSTRUCTION	s)						

100 Dia	the organization have a binding written	contract in effect on August 17, 2000, covering th	e interest, rents, royalties, and
ann	uities described in question 107 above?	?	
Please Sign Here	Under penalties of perjury, I declare that I have examined complete peclaretion of preparer (other than of Signature of officer  Type or print name and title	mined this return, including accompanying schedules and statement incertible is based on all information of which preparer has any knowled the statement of the	its, and to the best of my knowledge and belief, it is true, correct, dige    Jan 4, 2008   Date
Paid Preparer's Use Only	yours if Rose Finance	inal Services, LLC	Check if self-employed   Preparer's SSN or PTIN (See Gen Inst x 58 - 1957206
	self-employed). 2 Research	Place Suite 300	

2 Research Place Suite 300

Maryland 20850

Rockville

Form 990 (2006)

Phone no.  $\triangleright$  (301)527-1130

address, and

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Organizat

**Organization Exempt Under Section 501(c)(3)** 

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2006

Name of the or	ganization	Information	Technology &	Innovation		Employer identifi	cation number
		Foundation_				20 44034	
Part I			ve Highest Paid Err each one. If there are none,	nployees Other Than enter "None.")	Officers, Dire	ctors, and Tr	ustees
	(a) Name ar	nd address of each employed more than \$50,000	ee paid	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and othe allowances
None				_			
			·	-			
				-			
				_			
Total number o	f other emp	loyees paid		0			1
Part II-A	Comp	ensation of the Fi	ve Highest Paid Ind	ependent Contracto	rs for Professi	onal Service	
			_	ls or firms). If there are none, e		onal oct vice	
	(a) Name a	and address of each indepe	ndent contractor paid more t	han \$50,000	(b) Type of s	ervice (	c) Compensation
None							
			<del></del>				
						_	
Total number o \$50,000 for pro		_	•	0			
Part II-B	Comp	ensation of the Fi		ependent Contractor		rvices	
			* See page 2 of the instruction				
	(a) Name a	nd address of each indepe	ndent contractor paid more t	han \$50,000	(b) Type of s	ervice (	c) Compensation
None		<del></del>					
							-
					·		
		actors receiving over					
\$50,000 for oth	er services		<u> </u>	0			<del> </del>

Sc	chedule A (Form 990 or 990-EZ) 2006 Foundation	20-440	<u>)349</u>	7 P	age 2
F	Part III Statements About Activities (See page 2 of the instructions.)			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   \$	, Part VI-A, or			
	line i of Part VI-B.)		1	ļ	X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations				
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contribution trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Ye attach a detailed statement explaining the transactions.)	such			
	a Sale, exchange, or leasing of property?		2a		X
	b Lending of money or other extension of credit?		_2b	<u></u>	X
	c Furnishing of goods, services, or facilities?		2c		X
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		2d		X
	e Transfer of any part of its income or assets?		2e		X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how				
	the organization determines that recipients qualify to receive payments.)		3a		X
	b Dd the organization have a section 403(b) annuity plan for its employees?		_3b		Х
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		3c		x
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		3d		Х
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f				
	and 4g		4a		Х
	b Did the organization make any taxable distributions under section 4966?	N/A	4b		
	c Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	4c		
	d Enter the total number of donor advised funds owned at the end of the tax year	•		N/	A
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	•		N/.	<u> </u>
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on				
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	•			0.
	a. Enter the aggregate value of accets in all funds or accounts included on line 4f at the end of the tay year	_			

Schedule A (Form 990 or 990-EZ) 2006

Schedule A (Form 990 or 990-EZ) 2006 Foundation 20-4403497 Page 3 Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.) Part IV I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.) 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(III). A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv), 10 (Also complete the Support Schedule in Part IV-A.)  $\mathbf{x}$ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 11b An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 12 receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more 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). (Also complete the Support Schedule in Part IV-A.) 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization; Type II Type III-Functionally Integrated \_\_\_ Type III-Other Provide the following information about the supported organizations. (See page 7 of the instructions.) (a) (e) Name(s) of supported organization(s) **Employer** Type of organization Is the supported Amount of identification (described in lines organization listed in support number (EIN) 5 through 12 above the supporting or IRC section) organization's governing documents? Yes Total

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Sch	nedule A (Form 990 or 990-EZ) 2006 F	oundation				20-4	403497	Page
P	art IV-A Support Schedule (C Note: You may use the	omplete only if you ch	ecked a box on line 10	0, 11, or 12) Use cast	n method of acc	counting	ntına	_
	endar year (or fiscal year						<del></del>	<del></del>
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	(a) 2005	(b) 2004	(c) 2003	(d) 2002		(e) Total	
16								
17								
	merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose							
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975							
19								
20	activities not included in line 18  Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						· · · · · · · · · · · · · · · · · · ·	
21	<u> </u>							
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets							
23	Total of lines 15 through 22	0.	0.	0.		0.		0.
24	Line 23 minus line 17							
25	Enter 1% of line 23				<u> </u>		_	
26	Organizations described on lines 10		. ,,		•	26a		
	<ul> <li>Prepare a list for your records to sho unit or publicly supported organization</li> </ul>							
	Do not file this list with your return.		•	aca the amount shown if	- IIII	26b		0.
(	Total support for section 509(a)(1) to	est: Enter line 24, column	ı (e)		•	26c	,	
(	d Add: Amounts from column (e) for li	nes: 18	19				<del>.</del>	
			26b			26d		
•	Public support (line 26c minus line 2	•			<b>•</b>	26e		
<u>1</u> 27	Public support percentage (line 26e Organizations described on line 12:				disconstitud person	26f	- l-4 f	%
LI	records to show the name of, and tot such amounts for each year:	al amounts received in ean N/A	ach year from, each *disq	ualified person." Do not fi	le this list with yo	ur return.	•	f
	(2005) For any amount included in line 17 th	(2004)	•	003)	(200	•	-b	
•	and amount received for each year, the described in lines 5 through 11b, as the larger amount described in (1) or (2005)	hat was more than the la well as individuals.) <b>Do n</b>	rger of (1) the amount o ot file this list with your ese differences (the exces	n line 25 for the year or (; return. After computing t	<b>2)</b> \$5,000. (Includ he difference betw	e in the lis een the an	t organizations	,
C		` '		16	•			
	17			21		27c	N/A	A
d		an	d line 27b total			27d	N/A	
e		•		<b>.</b> 1 . 1	<b>&gt;</b>	27e	N/2	<del>1</del>
f	1,		. , ,		N/A		/-	
9			•	••	torii 🕨	27g 27h	N/A N/A	
28	Investment income percentage Unusual Grants: For an organization	described in line 10, 11,	or 12 that received any u	inusual orants during 200	)2 through 2005, p	repare a l	ist for your recor	nt sh
	show, for each year, the name of the co return. Do not include these grants in li	intributor, the date and ar ne 15.	mount of the grant, and a	brief description of the n	ature of the grant.	Do not file	e this list with yo	our

Pa	Private School Questionnaire (See page 9 of the instructions.)  (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/	Ά	
	(10 be completed ONLY by schools that checked the box on line on Part IV)		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing	Γ <u></u>	1.03	
30	instrument, or in a resolution of its governing body?  Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,	29		$\vdash$
30	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of	30		
•	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			ĺ
	to all parts of the general community it serves?	31		l
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	<u> </u>	<del> </del>
		_		
32 a	Does the organization maintain the following:  Records indicating the racial composition of the student body, faculty, and administrative staff?			
a b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C		320	<del> </del>	
·	admissions, programs, and scholarships?	32c		1
d		32d		
-	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	024		
		_		
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		<u> </u>
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		ļ
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	_		
54 a b	Has the organization's right to such aid ever been revoked or suspended?	34a 34b		
U	If you answered "Yes" to either 34a or b, please explain using an attached statement.	340		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50.			

Schedule A (Form 990 or 990-EZ) 2006

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Schedule A (Form 990 or 990-EZ) 2006 Foundation 20-4403

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

	(To be completed <b>ONLY</b> by	an eligible organization that fi	iled Form 5768)				
Ch	eck 🕨 a 🔃 if the organization belong	s to an affiliated group.	Check ►	ı 🗀 ı	you chec	ked "a" and "limited contri	ol" provisions apply.
		Lobbying Expenditu				(a) Affiliated group totals	(b) To be completed for all electing organizations
37 38 39 40 41	Total lobbying expenditures to influence Total lobbying expenditures to influence Total lobbying expenditures (add lines 36 Other exempt purpose expenditures Total exempt purpose expenditures (add Lobbying nontaxable amount. Enter the a If the amount on line 40 is - Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	public opinion (grassroots lob a legislative body (direct lobby 5 and 37)  lines 38 and 39)  mount from the following tab  The lobbying nontaxable 20% of the amount on line 40 \$100,000 plus 15% of the exce \$175,000 plus 10% of the exce \$225,000 plus 5% of the exce \$1,000,000	obying)  ying)  le - e amount is - cess over \$500,000  cess over \$1,000,000		36 37 38 39 40 41	N/A	
44	Subtract line 41 from line 38. Enter -0- if	line 41 is more than line 38			44		
	Caution: If there is an amount on eith	ner line 43 or line 44, you n	nust file Form 472	0			

#### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

		Lobbying Exp	enditures During 4-Year A	veraging Period	N/A
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))	:				0
60 Grassroots lobbying expenditures					0

D			D 11: OI :::
DOM VI.H	I ODDVIDA ACTIVITY DI	/ NADAIAATINA	Dublic ('hantiac
rait vi-D	Lobbying Activity by	/ NONELECTION	Fubile Citalities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description	of the lobbying activities.
---	-----------------------------

Yes	No	Amount
_		
	_	
		<u>U</u>

623151

52 a	Is the organization directly or ind	lirectly affiliated with, or related to, one or mo	re tax-exempt organizations described in sec	ction 501(c) of the	
	Code (other than section 501(c)(	(3)) or in section 527?		►	X N

b If "Yes," complete the following schedule:

(a)

Name of organization

Type of organization

Description of relationship

Description of relationship

01-18-0

Schedule A (Form 990 or 990-EZ) 2006

Form 990	Other Expenses			Statement	1
	(A)	(B) Program	(C) Management	(D)	
Description	Total	Services	and General	Fundraisi	ng
Consulting fees Contract service	10,000.	8,000.	2,000.		
expense	46,348.	37,078.	9,270.		
Dues & subscription	2,126.	1,701.	425.		
Bank fees Computer expenses &	203.	163.	40.		
website maintenance	7,568.	6,055.	1,513.		
Meals	640.	512.	128.		
Proofing expenses Other miscellaneous	2,715.	2,172.	543.		
expenses	27.	22.	5.		
Taxes	570.	456.	114.		
Total to Fm 990, ln 43	70,197.	56,159.	14,038.		

2

Form 990

Statement of Program Service Accomplishments

Statement

### Description of Program Service One

In it's first year, ITIF published over 14 reports on issues related to U.S. economic competitiveness, including high-skilled immigration, the research and experimentation tax credit, and offshoring of service sector jobs; e-government and opposition to e-commerce, including radio frequency identification device, biometrics, the practice on online law, and online sales of contact lens; and broadband telecommunications, including benchmarking U.S. broadband deployment, and articulating a "third-way" solution on the issue of network neutrality. It also released its report, the 2007 State New Economy Index: Benchmarking Economic Transformation in the States, including a version in conjunction with the National Governors' Association.

In addition, ITIF's work was published in a number of widely circulated journals and magazines devoted to these and related issues. ITIF staff also made numerous presentations at conferences around the nation on these and related topics.

				Grants	Expenses	
To Form 990, Part III, line a					260,7	27.
<del> </del>						
Form 990	Statement o	of Organization's Part I	_	empt Purpose	Statement	3

#### Explanation

ITIF is a non-partisan research and educational institute - a think tank - 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.