Form **990** 

## **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

Department of the Treasury Internal Revenue Service benefit trust or private foundation)

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

Open to Public

Α	For th	ne 2007 ca	alendar	year, or tax yea	ar beginning	March 1	, 2007	, and	ending	Februar	y 28 , 20 08
В	Check if	applicable	Please	C Name of organ	ızatıon					D Empl	oyer identification number
П		change	use IRS label or	Information Te	chnology & Ir	novation Foundation	1			20	4403497
$\Box$	Name c	•	print or			if mail is not delivered to		dress)	Room/suite	E Telep	phone number
$\vec{\Box}$	Initial re	_	type See	1250 Eye Stree	et, NW				200	( 202	2 ) 626-5732
ī	Termina		Specific Instruc-	City or town, s	tate or country,	and ZIP + 4				F Accoun	nting method: Cash Accrual
$\Box$	Amende	ed return	tions.	Washington, D	C 20005						Other (specify)
	Applicat	ion pending	• Sec	tion 501(c)(3) or	ganizations and	d 4947(a)(1) nonexemp	ot charita	able			ple to section 527 organizations
			trus	sts must attach a	completed Sch	nedule A (Form 990 or	990-EZ).				urn for affiliates? Yes V No
G	Websit	e: ▶									nber of affiliates ►
J	Organia	zation type	(check o	only one) ► 🔽 5	501(c) ( 3 ) ◀ (	insert no ) 🔲 4947(a)(1	1) or $\Box$	527	H(c) Are all at		cluded? Yes No ist See instructions)
ĸ						pporting organization ar			H(d) Is this a s		•
•	receipts	are normal	ly not mo	ore than \$25,000 A	return is not re	quired, but if the organiz	ation choc	ses	organizati	on covered	l by a group ruling? 🔲 Yes 📝 No
	to file a	return, be s	sure to file	e a complete return	1			1	I Group E	xemption	Number ► N/A
_	Gross	recounts /	Add line	a 6h 8h 8h an	d 10b to line 1	10 6					f the organization is not required
	art I			s 6b, 8b, 9b, and		n Net Assets or	Fund B	Rolor			(Form 990, 990-EZ, or 990-PF)
				<u>-</u>		•	runa E	alai	ices (See ii	le msm	Jetions.)
	1	_				mounts received:	1a			1	
	a			o donor advise			1b		748,00	200	1
	b			upport (not inc		· · · · · ·	1c		740,00	<del>"</del>	
	d					ne 1a) cluded on line 1a)	1d			-	
	e								١	1e	748,000.
	2	, .					2	845.			
	3	Membership dues and assessments						3			
	4	Interest	on sav	ings and temp	orary cash w	vestment		•		4	11,106.
	5			interest from						5	
	6a			# 7		1.5.2010 SO	6a				
	Ь	Less: re	ntal exp	penses 🧗	، ران الد	- 5010 C	6b			_	
	С	Net rent	al inco	me or (loss). S	ubtract line (	6b from line 6a.				. 6c	
ā	7	Other in	vestme	nt income (des	scribe D	CALIT				) 7	
Revenue	8a	Gross at	mount	from sales of a		1A Secunties	<del>  </del> -	(B	) Other		1
æ	1	than inv	-				8a			_	
				er basis and sal			8b			_	
				attach schedul			_ 8c _				-
	\ \d					s (A) and (B)				8d	
	9					f any amount is from	gaming,	chec	k here ▶ ∟	'	
	a			(not including a eported on line		of	9a				
	Ь			penses other t	•		9b			_	
	C					Subtract line 9b from		9a		9c	1
	10a					allowances	10a				
	ь						10b				
	С		_		f inventory (att	ach schedule). Subtra	act line 1	0b fro	m line 10a	10c	:
	11			(from Part VII,						. 11	
	12	Total re	venue.	Add lines 1e, 2	, 3, 4, 5, 6c,	7, 8d, 9c, 10c, and	<u> 11</u>			. 12	759,951.
υn	13	Program	servic	es (from line 4	4, column (E	3))				13	<del></del>
Expenses	14					olumn (C))				. 14	
ğ	15	Fundraising (from line 44, column (D))					. 15				
ű	16   17			ffiliates (attach						. 16	
	+					lumn (A)				. 17	744,496.
set	18			_		ne 17 from line 12				- 1	15,455. 352,375.
Net Assets	19					of year (from line i		mn (	A))		332,373.
Ret	20					nces (attach explan Combine lines 18, 1		20		20	367,830.
					_ , ,, ,		,				,

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y

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	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Tota!	(B) Program services	(C) Management and general	(D) Fundraising
а	Grants paid from donor advised funds (attach schedule)					
	(cash \$)					
	If this amount includes foreign grants, check here $ ightharpoonup$	22a				
)	Other grants and allocations (attach schedule)			:		
	(cash \$)					
	If this amount includes foreign grants, check here $ ightharpoonup$	22b				
	Specific assistance to individuals (attach schedule)	23				×
	Benefits paid to or for members (attach schedule)	24			*	
l	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	200,000.	176,971.	23,029.	
)	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
;	Compensation and other distributions, not					
	included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
	Salaries and wages of employees not included on lines 25a, b, and c	26	199,745.	176,745.	23,000.	
	Pension plan contributions not included on lines 25a, b, and c	27				
	Employee benefits not included on lines					
	25a – 27	28	73,163.	64,738.	8,425.	
	Payroll taxes	29	30,580.	27,059.	3,521.	
	Professional fundraising fees	30	44,219.			44,21
	Accounting fees	31				
	Legal fees	32	254.	225.	29.	
	Supplies	33	3,259.	2,884.	375.	
	Telephone	34	2,295.	2,031.	264.	
	Postage and shipping	35	1,879.	1,662.	216.	
	Occupancy	36	67,844.	60,032.	7,812.	
	Equipment rental and maintenance	37	1,272.	1,126.	146.	. <u></u> .
	Printing and publications	38	13,114.	11,604.	1,510.	
	Travel	39	12,462.	11,027.	1,435.	
	Conferences, conventions, and meetings	40	13,255.	11,728.	1,526.	
	Interest ,	41	32.	28.	4.	
	Depreciation, depletion, etc. (attach schedule)	42	1,022.	904.	118.	
	Other expenses not covered above (itemize):		50 007	F0 400	6 700	
	Consulting & Contract Services	43a	59,037.	52,239.	6,798.	<u> </u>
	Dues & Subscriptions	43b	3,418.	3,025.	394.	
	Bank fees	43c	378.	334.	43. 889.	
	Computer & Website maintenance Insurance	43d 43e	7,724. 3,686.	6,835. 3,262.	424.	
	Taxac	43e	5,283.	4,675.	608.	<del></del>
	Other	43g	458.	4,675.	53.	
	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines	Jug	430.	403.	<b>JJ.</b>	·
	13–15)	44	744,496.	619,643.	80,633.	44,219

### 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.

N۲	at is the organization's primary exempt purpose? ► See Statement #1	Program Service
All of	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) ranizations and 4947(a)(1) nonexempt charitable 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
	See Statement #2	others )
_		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	663,886.
b		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
C		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
q		
	······	
	/Onesia and allegations (f	
6	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □ Other program services (attach schedule)	
ď	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	663,886.
_		

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Pa	irt IV	Balance Sheets (See the instructions.	.)				
_ N	lote:	Where required, attached schedules and amounts column should be for end-of-year amounts only	within	the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing		372,078.	45	422,077.	
	46	Savings and temporary cash investments .				46	176,106.
			n				
		Accounts receivable	47a	177,500.			
	b	Less: allowance for doubtful accounts ,	47b	0.		47c	177,500.
		B	48a				
	l	Pledges receivable	48b			48c	
	49	Grants receivable				49	
	1	Receivables from current and former officers					
Assets	000	key employees (attach schedule)				50a	
	ь	Receivables from other disqualified persons (					
		4958(f)(1)) and persons described in section 495				50b	
	51a	Other notes and loans receivable (attach					
		schedule) ,	51a	· · · · · · · · · · · · · · · · · · ·			
	1		51b			51c	
	52	Inventories for sale or use				52 53	2,114.
	53	Prepaid expenses and deferred charges . Investments—publicly-traded securities				54a	2,114.
		Investments—publicly-traded securities , Investments—other securities (attach schedu				54b	
	1	Investments—land, buildings, and	11 <del>0</del> ) •	COSt LI FIVIV		1	
	55a	equipment: basis	55a	1,744.			
	ь	Less: accumulated depreciation (attach				Š.	
		schedule)	55b	768.	704.	55c	976.
	56	investments—other (attach schedule)				56	
	57a	Land, buildings, and equipment: basis .	57a			*	
	b	Less: accumulated depreciation (attach	C71.				
		schedule)	57b			57c	
	58	Other assets, including program-related inve (describe ▶				58	
	59	Total assets (must equal line 74). Add lines	372,782.	59	778,773.		
	60	Accounts payable and accrued expenses .			89,688.	60	410,943.
	61	Grants payable				61	
	62	Deferred revenue				62	
ilities	63	Loans from officers, directors, trustees, and					
Ħ		schedule)				63	
Liab	1	lax-exempt bond liabilities (attach schedule)	)			64a	
_	1	Mortgages and other notes payable (attach				64b	· -
	65	Other liabilities (describe ►	• • • • • • •	)		03	<del></del>
	66	Total liabilities. Add lines 60 through 65			89,688.	66	410,943.
	Oras	anizations that follow SFAS 117, check here ▶					
'n	O.g.	67 through 69 and lines 73 and 74.	ш,	and complete lines			
ĕ	67	Unrestricted				67	
<u>a</u>	68	Temporarily restricted				68	
æ	69	Permanently restricted				69	
<b>Fund Balances</b>	Orga	anizations that do not follow SFAS 117, check	c here	▶ □ and			
		complete lines 70 through 74.				70	
s or	70	Capital stock, trust principal, or current fund		70			
Net Assets	71	Paid-in or capital surplus, or land, building, a	283,094.	72	367,830.		
Asi	72 73	Retained earnings, endowment, accumulated Total net assets or fund balances. Add line			200,004.	<del>'                                   </del>	
ē	' '	70 through 72. (Column (A) must equal line					
~		equal line 21)			283,094.	73	367,830.
	74	Total liabilities and net assets/fund balance			372.782.	74	778,773.

Pa	rt IV-A	Reconciliation of Revenue per Aud instructions.)	ited Financial Statem	nents With Rev	enue pe	r Return	(See the
a		enue, gains, and other support per audit				а	N/A
b		included on line a but not on Part I, line		l he l			
1		alized gains on investments		b1   b2		1	
2		services and use of facilities		b3		-	
3		es of prior year grants		B3		-	
4		ecıfy):		b4			
		<b>b1</b> through <b>b4</b>				b	
С						c	
d		included on Part I, line 12, but not on lii					
1		nt expenses not included on Part I, line		d1			
2		ecify):		<u> </u>			
				d2			
		d1 and d2				d	
е	Total rev	enue (Part I, line 12). Add lines c and d	<u> </u>	<u></u>	>	е	
	rt IV-B	Reconciliation of Expenses per Au				T	
a		enses and losses per audited financial s				a	N/A
b		included on line a but not on Part I, line		l to at 1			
1		services and use of facilities		b1 b2		- 4	
2		adjustments reported on Part I, line 20		b3		1 1	
3		eported on Part I, line 20		D3		1 1	
4	Other (sp	ecify):		b4			
	Add lines	<b>b1</b> through <b>b4</b>				<b>b</b>	
С		line <b>b</b> from line <b>a</b>				c	
d		included on Part I, line 17, but not on hi					
1		nt expenses not included on Part I, line		d1			
2		ecify):				1 1	
				d2			
e	Add lines					d e	<del> </del>
Pa	rt V-A	Current Officers, Directors, Trustees or key employee at any time during the year	, and Key Employees	(List each perso	n who wa	s an office	er, director, trustee,
		(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0)	benefit pla	ions to employe ns & deferred sation plans	(E) Expense account and other allowances
Dr.	Robert D. A	tkinson	President				
125	0   Street, N	W, Washington, DC 20005	50.00	200,000.		40,000	0.
	David Hart		Secretary	-			
		IW, Washington, DC 20005	2.50	0.			0.
	tt B. Dawso		Treasurer		}		
		IW, Washington, DC 20005	2.50	0.		0	0.
	Dooley		Co-Chairperson				
		W, Washington, DC 20005	2.50	0.		0	0.
	cy Johnson		Co-Chairperson			_	
125	u i Street, n	W, Washington, DC 20005	2.50	0.		0	0.
	•						
							<del></del>

Pa	t V-A Current Officers, Directors, Trustees	s, and Key Employe	es (continued)			Yes	No
75a	Enter the total number of officers, directors, and tr meetings	rustees permitted to vo		n business at board 5			
b	Are any officers, directors, trustees, or key employees listed in Schedule A, Part I, or hig contractors listed in Schedule A, Part II-A or relationships? If "Yes," attach a statement that ide	hest compensated p	professional and other through	other independent family or business	75b		<b>√</b>
	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization.".						<b>√</b>
	Tools the organization have a written conflict of int V-B  Former Officers, Directors, Trustees, and officer, director, trustee, or key employee reperson below and enter the amount of compared to the conflict of the confli	Key Employees That I	Received Comper	escribed below) during	the v	ear. lis	ormer
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expenint and lowance	other
					•	,	
							_
Pai	t VI Other Information (See the instruction	ns.)				Yes	No
76	Did the organization make a change in its activiti				76		./
77	detailed statement of each change	erning documents bu			77		<b>✓</b>
78a	Did the organization have unrelated business grothis return?	oss income of \$1,000			78a		1
b	If "Yes," has it filed a tax return on Form 990-T f	or this year?			78b		
79	Was there a liquidation, dissolution, termination, of a statement	or substantial contract		ear? If "Yes," attach	79		<b>✓</b>
80a	Oa Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?						<b>\</b>
b	If "Yes," enter the name of the organization ▶	VA	<u></u>		80a		•
81a b	and check whether it is exempt or nonexempt nonexempt a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0.  b Did the organization file Form 1120-POL for this year?						<b>✓</b>

Par	t VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	<b>✓</b>	
b	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.  (See instructions in Part III.)  [82b]  50,000.			
83a	(See instructions in Part III.)	83a	1	
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83b	1	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		/
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
С	Dues, assessments, and similar amounts from members		ĺ.	
	Section 162(e) lobbying and political expenditures		700	
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices   85e   N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		ļ. —
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	054		
	following tax year?	85h		
86	50 /(c)// orgs. Effer. a filtilation lees and capital contributions included of file 12			
	auto.			à
87	557(5)(72) orgs. Effect. a cross modific from members of shareholders		45	
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		*Xa	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		<b>√</b>
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		✓
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	,	1
С	Enter: Amount of tax imposed on the organization managers or disqualified			
	persons during the year under sections 4912, 4955, and 4958			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization >			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		1
•	transaction?	89f		1
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		1
902	at any time during the year?			·- <del></del>
	• • • • • • • • • • • • • • • • • • • •			
	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)			5
91a	instructions.)  The books are in care of ▶ Information Technology and Innovation Fdtn  Located at ▶ 1250 I Street, NW, Washington, DC  ZIP + 4 ▶ 200		6-573	2
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	91b		<b>✓</b>
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			

Part \	Other Information (continued)						Yes	No
c A	At any time during the calendar year, did the	organization mail	ntain an office c	utside of the	United States?	91c		<b>√</b>
- 11	f "Yes," enter the name of the foreign counti	ry ▶ N/A						
<b>92</b> S	Section 4947(a)(1) nonexempt charitable trust	s filing Form 990	in lieu of <b>Form</b>	<b>1041—</b> Check	here			
	and enter the amount of tax-exempt interest			x year	▶   92			N/A
Part \	Analysis of Income-Producing Ac							
	Enter gross amounts unless otherwise	Unrelated bu	isiness income	Excluded by sect	on 512, 513, or 514	, p,	(E) elated	<b>6</b> 7
ındıcate	ed.	(A)	(B)	(C)	(D)		ipt fun	
93	Program service revenue:	Business code	Amount	Exclusion code	Amount		ncome	<u> </u>
а.				ļ				
<b>b</b> .								
C.					<del>.</del>			
d.					<del></del>			
е.	<del></del>	_						
	Medicare/Medicaid payments							
	Fees and contracts from government agencie	s						
	Membership dues and assessments							
	Interest on savings and temporary cash investmen	ts			·			
	Dividends and interest from securities		<u> </u>					
	Net rental income or (loss) from real estate:	*	*	<u> </u>	· ·	ļ	*	
	debt-financed property	-						
	not debt-financed property							
98	Net rental income or (loss) from personal property	/						
	Other investment income							
	Gain or (loss) from sales of assets other than inventor	у						
	Net income or (loss) from special events .					ļ		
	Gross profit or (loss) from sales of inventory							
	Other revenue: a							
<b>b</b> .		_						
С.				-				
ď.								
е.				-				
104	Subtotal (add columns (B), (D), and (E))	, L	0.	<u> </u>	0.	<u> </u>		<u>0.</u>
	Total (add line 104, columns (B), (D), and (E)				·			0.
Part V	Line 105 plus line 1e, Part I, should equal the			(0 4-	- !			
Line N	<ul> <li>Explain how each activity for which income of the organization's exempt purposes (or the organization).</li> </ul>				mportantly to the	accor	mplish	ment
<del></del> -	er the organization's exempt purposes (e	ther than by providing	ig failus for such	purposes).				
		<del></del>						
-		<del></del>						
Part I	V Information Departing Toyoble Cub	sidionics and Dis		i (0 th				
raiti	X Information Regarding Taxable Sub (A)	(B)		ies (See the l			(E)	
	Name, address, and EIN of corporation,	Percentage of wnership interest	(C) Nature of ac	ctivities	(D) Total income	En	<b>(E)</b> d-of-ye assets	ear
N/A		%						

#### Part X Information Regarding Transfers Associated with

- (a) Did the organization, during the year, receive any funds, directly or indi
  (b) Did the organization, during the year, pay premiums, directly for the Yes" to (b), file Form 8870 and Form 4720 (see ins)

Part	Information Regarding 1 is a controlling organization			ntities. Comp	olete only if the o	rganiza	ation
106	Did the reporting organization mathe Code? If "Yes," complete the				ion 512(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descr	(C) iption of nsfer	(E Amount o		er
а							
b							
С							
	Totals	**	*	<b>à</b>	4		
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"				section	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descr	(C) iption of nsfer	(E Amount o		er
а							
b							
С							-
	Totals		*				
108	Did the organization have a bindii rents, royalties, and annuities des			, 2006, coverin	g the interest,	Yes	No
Pleas Sign Here	Under penalties of perjury, I declare that I and belief it is true, correct, and comple	have examined this return, include	ng accompanying so	d on all information	of which preparer has -20-2009	my knov	wledge vledge
Paid Proper	Preparer's signature		Date	Check if self- employed ▶ □	Preparer's SSN or PTIN	(See Gen.	Inst X)
Prepar Use Or -	I Firm's name (or yours \			EIN Phone r	<b>▶</b> :		

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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

**2007** 

Employer identification number

Part I Compensation of the Five Hig (See page 1 of the instructions				and Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Daniel Castro 1250 I Street, NW, Washington, DC 20005	Senior Analyst, 40.00	70,000.	17,500.	0.
Julie Hedlund 1250 I Street, NW, Washington, DC 20005	40.00	57,000.	14,250.	0.
		07,000.	14,230.	<u> </u>
		<u>'</u>	· · · · ·	
Part II-A Compensation of the Five Hig (See page 2 of the instructions. L				
(a) Name and address of each independent contract	tor paid more than \$50,000	(b) Type	of service	(c) Compensation
None				
Total number of others receiving over \$50,000 for professional services	>	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		· [4]
Part II-B Compensation of the Five Hig (List each contractor who performs. If there are none, enter "N	rmed services other than p	professional serv		lividuals or
(a) Name and address of each independent contract	tor paid more than \$50,000	(b) Type	of service	(c) Compensation
None				
				-
		-		
Total number of other contractors receiving over				

Pai	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   (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		1
	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 contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
а	Sale, exchange, or leasing of property?	<u> </u>	1
b	Lending of money or other extension of credit?	<u> </u>	1
С	Furnishing of goods, services, or facilities?		1
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		1
е	Transfer of any part of its income or assets?		1
3а	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.)		1
b	Did the organization have a section 403(b) annuity plan for its employees?		✓
С	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		1
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3d	ļ	<b>✓</b>
	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		1
b	Did the organization make any taxable distributions under section 4966?	-	-
С	Did the organization make a distribution to a donor, donor advisor, or related person?	<u> </u>	<u> </u>
d	Enter the total number of donor advised funds owned at the end of the tax year		
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		
f	Enter the total number of separate funds or accounts owned at the end of the tax 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.
9	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		0.

Pa	rt I	Reason for Non-Private	Foundation S	Status (See pages 4	through 8 o	f the instruct	tions.)		
l cer	tıfy	that the organization is not a privat		•		olicable box.)			
5	Ц	A church, convention of churches	s, or association o	of churches. Section 170	)(b)(1)(A)(ı).				
6		A school. Section 170(b)(1)(A)(ii). (	Also complete Pa	art V.)					
7		A hospital or a cooperative hospit	tal service organia	zation Section 170(b)(1)	(A)(III).				
8		A federal, state, or local government	ent or governmer	ntal unit. Section 170(b)(	1)(A)(v).				
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶							
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the <b>Support Schedule</b> in Part IV-A.)							
11a	Ø	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 <b>Support Schedule</b> in Part IV-A.)							
11b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A)							
12		An organization that normally receives: (1) more than 33%% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33%% 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 contri requirements of section 509(a)(3).	Check the box the	hat describes the type of	of supporting o	rganization:			
		☐ Type II ☐ Type II	∐Type □	III-Functionally Integrat	ed	Type III-Othe	er		
		Provide the following info	1	r -	<del></del>				
Na	(a) Name(s) of supported organization(s)		(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the si organization the sup organi	d) upported on listed in oporting zation's documents?	(e) Amount of support		
					Yes	No			
					<u> </u>				
Tota	ıl .	<u> </u>	<u></u>			•			
		A		and the set of the set					
14_	<u> </u>	An organization organized and op	perated to test for	public salety. Section 5	ous(a)(4). (5ee	page a or the	instructions.)		

Par Note	t IV-A Support Schedule (Complete only: You may use the worksheet in the instructions	y if you checked a for converting from	a box on line 10,	11, or 12) <b>Use o</b> the cash method	cash meth d of accou	od of a	ccounting.	
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 200	03	(e) Total	
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.).	609,000.					609,000.	
16	Membership fees received							
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's chantable, etc., purpose							
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975							
19	Net income from unrelated business activities not included in line 18.							
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.							
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge							
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets							
23	Total of lines 15 through 22	609,000.	0.	0.		0.	609,000.	
24	Line 23 minus line 17	609,000.					609,000.	
<u>25</u>	Enter 1% of line 23	6,090.						
26 b	governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts					26a 26b 26c	12,180.	
d e	Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total)		26b			26d 26e		
f	Public support percentage (line 26e (numera	ator) divided by I	ine 26c (denomi	inator))	•	26f	%	
27 b	Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person."  Do not file this list with your return. Enter the sum of such amounts for each year.  (2006) (2005) (2004) (2003)  For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing							
	the difference between the amount received and amounts) for each year: (2006) (2005)	the larger amoun	t described in (1)	or (2), enter the s	um of these	differer	nces (the excess	
	(2000)		(2007)		. (2000)			
С	Add: Amounts from column (e) for lines: 15  17 20				•	27c		
d						27d		
е	Public support (line 27c total minus line 27d to	otal)			▶	27e		
f	Total support for section 509(a)(2) test: Enter a	mount from line	23, column (e) .	. ▶ 27f	<del></del>	<del>  -</del>		
g	Public support percentage (line 27e (numera					27g	%	
	Investment income percentage (line 18, colu					27h	%	
28	Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15							

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)		<del></del> _	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, 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 solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
				,
32	Does the organization maintain the following:	32a		
a b	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d		32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		,	,
33	Does the organization discriminate by race in any way with respect to.	4	*	<u> </u>
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	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		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
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, 1975-2 C.B. 587, covering racial pendiscrimination? If "No." attach an explanation	35		

	t VI-A Lobbying Expenditures by Ele (To be completed ONLY by an	eligible organ	ization that file	d Form 5768	3)		
Chec	ck > a  if the organization belongs to an affilia	ted group. Che	ck ▶ b ☐ if	ou checked "a"	and "limited control	" provisions apply	
	Limits on Lobbyin	-			(a) Affiliated group totals	(b) To be completed for all electing	
	(The term "expenditures" mean	is amounts paid	or incurred )			organizations	
36		otal lobbying expenditures to influence public opinion (grassroots lobbying)					
37		Total lobbying expenditures to influence a legislative body (direct lobbying)					
38	Total lobbying expenditures (add lines 36 and 3		<del> </del>				
39		Other exempt purpose expenditures					
40	Total exempt purpose expenditures (add lines	<u> </u>	<del>                                     </del>				
41	Lobbying nontaxable amount. Enter the amount						
	If the amount on line 40 is— The lo						
	Not over \$500,000				3.8. 29.	, ·	
	Over \$500,000 but not over \$1,000,000 . \$100,000 . \$175,000,000 but not over \$1,500,000 . \$175,000,000 .	•	ne excess over \$5				
	Over \$1,500,000 but not over \$17,000,000 . \$225,0	•					
		•		*	%		
42	Grassroots nontaxable amount (enter 25% of h				2		
43	Subtract line 42 from line 36. Enter -0- if line 4			43	3		
44	Subtract line 41 from line 38, Enter -0- if line 4			44	, <u> </u>		
	Caution: If there is an amount on either line 43	or line 44, you n	nust file Form 47.	20.			
	(Some organizations that made a section See the instructions for	or lines 45 throug	gh 50 on page 13	of the instruct			
	Calendar year (or	(a) (b) (c)		(d)	(e)		
	fiscal year beginning in) ▶	2007	2006	2005	2004	Total	
	···						
<u>45</u> _	Lobbying nontaxable amount			2	2.00	0.	
46_	Lobbying ceiling amount (150% of line 45(e))	**	Å	<u>`</u>	¥	0.	
47	Total lobbying expenditures						
						0.	
<u>48</u> _	Grassroots nontaxable amount					0.	
<u>48</u> <u>49</u>		34	9,	爆			
	Grassroots nontaxable amount	Ìq	9,	爆		0.	
49 50	Grassroots nontaxable amount	ting Public C	harities	燥		0.	
49 50	Grassroots nontaxable amount				ee page 14 of t	0. 0.	
49 50 Pai	Grassroots nontaxable amount	tions that did	not complete F	Part VI-A) (Se		0. 0. 0. he instructions.)	
49 50 Par	Grassroots nontaxable amount	tions that did	not complete F ate or local legisl	Part VI-A) (Se		0. 0. he instructions.)	
49 50 Par	Grassroots nontaxable amount	tions that did	not complete F ate or local legisl	Part VI-A) (Se		0. 0. he instructions.)	
50 Pai	Grassroots nontaxable amount	tions that did of the control of the	not complete F ate or local legisl lum, through the	Part VI-A) (Seation, including use of.	yes No	0. 0. he instructions.)	
50 Paril Durin	Grassroots nontaxable amount	tions that did of the control of the	not complete F ate or local legisl lum, through the eported on lines of	Part VI-A) (Seation, including use of.	yes No	0. 0. he instructions.)	
50 Particulation a b	Grassroots nontaxable amount	tions that did pence national, stratter or referend	not complete F ate or local legisl lum, through the eported on lines of	Part VI-A) (Seation, including use of.	yes No	0. 0. he instructions.)	
50 Particulation a b c	Grassroots nontaxable amount	tions that did pence national, stratter or referend	not complete F ate or local legisl lum, through the eported on lines of	Part VI-A) (Seation, including use of.	Yes No	0. 0. he instructions.)	
50 Parillatter a b c d	Grassroots nontaxable amount	tions that did pence national, stratter or referend  on in expenses re  cents  osses	not complete Fate or local legislium, through the eported on lines or eported	Part VI-A) (Seation, including use of.	Yes No	0. 0. he instructions.)	
During atternal b c c d e f g	Grassroots nontaxable amount	ence national, stratter or referend  on in expenses re  con in exp	not complete F ate or local legisl ium, through the eported on lines of or a legislative b	Part VI-A) (Seation, including use of.  through h.).	Yes No	0. 0. he instructions.)	
During atternable conditions of the following the following terms of	Grassroots nontaxable amount	ence national, stratter or referend on in expenses re on in expenses re onents ents ernment officials,	not complete F ate or local legisl ium, through the eported on lines of or a legislative b	Part VI-A) (Seation, including use of.  through h.).  ody.  means.	Yes No	0. 0. 0. he instructions.)	

		(Form 990 or 990-EZ)	2007					F	age 7
Pa	rt VI		n Regarding T ganizations (Se	ransfers To and Transa e page 14 of the instruction	ctions and Relationship	s With	None	chari	table
51				indirectly engage in any of the 1(c)(3) organizations) or in section				d in s	ection
а		nsfers from the rep				•	Yes	No	
_		•	· · · · · · ·			51a(i)		1	
	• • •	Other assets		• • • • • • • •		a(ii)		1	
b Other transactions:				•					
_			es of assets with a	noncharitable exempt organizati	tion		b(i)		_/
(ii) Purchases of assets from a nonchar						•	b(ii)		1
	(iii)			ner assets		•	b(iii)		1
	(iv)				•	b(iv)		1	
						•	b(v)		1
(v) Loans or loan guarantees						•	b(vi)		1
c				sts, other assets, or paid emplo		•	c	Ì	1
	If th	e answer to any of ds, other assets, o	the above is "Yes," r services given by	complete the following schedule the reporting organization. If the column (d) the value of the good	. Column (b) should always showne organization received less the	v the fair nan fair i	market market	value value	of the
	a)	· · · · · · · · · · · · · · · · · · ·			Γ				
-	e no	(b) (c) Amount involved Name of nonchantable exempt			(d) Description of transfers, transaction	ons, and s	haring arr	angem	ents
							· · · · · · ·		
						<del></del>			
			<del></del>						
				······································					
		<del> </del>	. , ,,						
	des		01(c) of the Code (	affiliated with, or related to, on other than section 501(c)(3)) or it:			☐ Ye:	s <b>V</b>	] No
		(a)		(b)	(c)				
		Name of organiz	ation	Type of organization	Description of	р			
								_	
			···						
						_			