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DLN: 93493189001085

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

Open to Public Inspection

A Fo	r the 2	014 calendar year, or tax year beginning 03-01-2014 , and ending 02-28-2015									
B Che	eck if ap	plicable C Name of organization INFORMATION TECHNOLOGY AND INNOVATION FOUNDATION		D Employ	er iden	tification number					
	lress cha	ange		20-44	03497						
	ne chan	TIE									
	ıal returi	Number and street (or P O box if mail is not delivered to street address) Room/suit	2	E Telephor	ne numb	er					
	ırn/term	unated 1101 K STREET NW NO 610	-	(202)	526-5	732					
_	ended re dication	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005 pending		G Gross re	ceipts \$	3,619,899					
		F Name and address of principal officer		s a group	return 1						
		ROBERT D ATKINSON 1101 K STREET NW NO 610	subo	rdinates?		┌ Yes ┌ No					
		WASHINGTON, DC 20005	H(b) Are a	all subordır ded?	ates	┌ Yes ┌ No					
I Ta	x-exem _l	ot status 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527			alıst (see instructions)					
J W	ebsite	:► WWW ITIF ORG	H(c) Gro	up exempti	on num	nber ►					
K Form	n of org	anization	L Year of fo	mation 200	6 M 9	State of legal domicile DE					
Pa	rt I	Summary									
		riefly describe the organization's mission or most significant activities									
	<u> </u>	TIF IS A NON-PARTISAN RESEARCH AND EDUCATIONAL INSTITUTE									
ĕ	_										
Ē	_										
Activities & Governance	2 C	2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets									
ঞ জ	3 N	umber of voting members of the governing body (Part VI, line 1a)			з	25					
ŝ	l	umber of independent voting members of the governing body (Part VI, line 1b)			4	24					
Ě	5 T	otal number of individuals employed in calendar year 2014 (Part V, line 2a) .			5	23					
ੂ ਨੂ	6 ⊺	otal number of volunteers (estimate if necessary)			6	0					
•	7a ⊤	otal unrelated business revenue from Part VIII, column (C), line 12			7a	0					
	ЬN	et unrelated business taxable income from Form 990-T, line 34			7b	0					
			Pric	or Year		Current Year					
Q)	8	Contributions and grants (Part VIII, line 1h)		3,468,2		3,570,256					
Ravenue	9	Program service revenue (Part VIII, line 2g)		106,6	-	30,623					
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		89,8		1,515					
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,2	11	17,505					
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,665,9	57	3,619,899					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0	0					
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	0					
83	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$)		1,493,0	67	1,952,285					
<u>\$</u>	16a	Professional fundraising fees (Part IX, column (A), line 11e)		66,2	50	0					
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶0									
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,639,5	46	1,784,825					
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		3,198,8	63	3,737,110					
	19	Revenue less expenses Subtract line 18 from line 12		467,0	94	-117,211					
Net Assets or Fund Balances			_	g of Curren ⁄ear	t	End of Year					
988 88	20	Total assets (Part X, line 16)		4,023,6	15	3,981,540					
E A	21	Total liabilities (Part X, line 26)		1,094,9	88	1,063,662					
žΞ	22	Net assets or fund balances Subtract line 21 from line 20		2,928,6	27	2,917,878					
Day	4 TT	Signature Block									

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign	
Here	

***** Signature of officer ROBERT D ATKINSON PRESIDENT Type or print name and title

Paid Preparer **Use Only**

Print/Type preparer's name FREDERICK LONGWOOD Preparer's signature FREDERICK LONGWOOD Firm's name FTATE AND TRYON Firm's address ► 2021 L STREET NW SUITE 400

May the IRS discuss this return with the preparer shown above? (see instruction

WASHINGTON, DC 20036

roiiii :	990 (2014)				Page 4
Part		ogram Service Acco	mplishments ote to any line in this Part I	ш	٦
1	Briefly describe the organiz	ation's mission			
POLIC STAT	CIES TO ADVANCE TECHN	NOLOGICAL INNOVATION TAL ROLE OF TECHNOL	ON AND PRODUCTIVITY OGY IN ENSURING AMEI	MISSION IS TO FORMULATE AN INTERNATIONALLY, IN WASHI RICAN PROSPERITY, ITIF FOC	NGTON AND IN THE
2	Did the organization underta	aka any significant progra	m convices during the year	which were not listed on	
	the prior Form 990 or 990-l	EZ?		· · · · · · · · · · · · · · · · · · ·	┌ Yes ┌ No
	If "Yes," describe these nev				
	Did the organization cease of services? If "Yes," describe these cha		ficant changes in how it co	nducts, any program	┌ Yes ┌ No
4	Describe the organization's	program service accompl 3) and 501(c)(4) organiza	tions are required to report	ree largest program services, as : the amount of grants and allocat	
4a	(Code)	(Expenses \$ 3,283,	994 including grants of \$) (Revenue \$	30,623)
	ITIF IS A NON-PARTISAN RESEAF	RCH AND EDUCATIONAL INSTITUTE RODUCTIVITY INTERNATIONAL INSTITUTE RODUCTIVITY INTER	JTE WHOSE MISSION IS TO FORI NALLY, IN WASHINGTON, AND IN	MULATE AND PROMOTE PUBLIC POLICIES I THE STATES RECOGNIZING THE VITAL	TO ADVANCE
4b	(Code)	(Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code)	(Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (D	escribe in Schedule O)			
	(Expenses \$	ıncludıng grar	ts of \$) (Revenue \$)
4e	Total program service expe	enses ► 3,283,	994		

art IV	Checklis	t 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	
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 "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes,"</i> 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.	9		No
LO	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 $\sqrt[4]{2}$	10		No
l1	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	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
С	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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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
L2a	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
L3	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
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, 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
L7	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
L9	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		

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 25a	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), 501(c)(4), and 501(c)(29) 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		Νo
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	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		Νo
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			1
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
	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		Νo
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? <i>If "Yes," complete Schedule M</i>	30		Νo
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 "Yes," complete Schedule R, Part I</i>	33		Νo
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		Νo
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	35a		No
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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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		Νo
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

b Er c Diga ga 2a Er Ta by b If No b If c No c Diga b If c No	Inter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1c	Yes	No
b Er c Diga ga 2a Er Ta by b If No b If c No c Diga b If c No	the tree number of Forms W-2G included in line 1a Enter -0 - if not applicable In the organization comply with backup withholding rules for reportable payments to vendors and reportable aming (gambling) winnings to prize winners? Inter the number of employees reported on Form W-3, Transmittal of Wage and ax Statements, filed for the calendar year ending with or within the year covered this return In at least one is reported on line 2a, did the organization file all required federal employment tax returns? In at least one is reported on line 2a is greater than 250, you may be required to e-file (see instructions) In the organization have unrelated business gross income of \$1,000 or more during the year? In any time during the calendar year, did the organization have an interest in, or a signature or other authority year, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	1c 2b 3a 3b		No
gata Err Tabyy bb Iff No bb Iff No bb Iff Se (F	and the organization comply with backup withholding rules for reportable payments to vendors and reportable aming (gambling) winnings to prize winners?	1c 2b 3a 3b		N
gaa Err Ta byy If No. If No. If No. If No. If Second (F	the the number of employees reported on Form W-3, Transmittal of Wage and ax Statements, filed for the calendar year ending with or within the year covered this return	2b 3a 3b		N
Taby If No a Di If ov ac If Se (F	ax Statements, filed for the calendar year ending with or within the year covered this return	2b 3a 3b	Yes	N
No a Di If a At ov ac If Se (F	ote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) and the organization have unrelated business gross income of \$1,000 or more during the year? "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O the any time during the calendar year, did the organization have an interest in, or a signature or other authority yer, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	3a 3b	Yes	N
If ov ac If Se (F	"Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O t any time during the calendar year, did the organization have an interest in, or a signature or other authority yer, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	3b		N
ov ac If Se (F	t any time during the calendar year, did the organization have an interest in, or a signature or other authority ver, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
ov ac If Se (F	ver, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
Se (F	"Yes " enter the name of the foreign country.			N
	ee instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts BAR)			
a W∶	as the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	"Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		+
. 11	res, to line sa of su, and the organization line rottil 6000-1"	5c		
or	oes the organization have annual gross receipts that are normally greater than $\$100,\!000$, and did the ganization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
WE	"Yes," did the organization include with every solicitation an express statement that such contributions or gifts ere not tax deductible?	6b		
	rganizations that may receive deductible contributions under section 170(c).			
se	Id the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ervices provided to the payor?	7a		N
	"Yes," did the organization notify the donor of the value of the goods or services provided?	7b		—
file	ıd the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to e Form 8282?	7c		N
I It	"Yes," indicate the number of Forms 8282 filed during the year	-		
	id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		N
Dı	id the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as quired?	7g		
	the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
Dί	ponsoring organizations maintaining donor advised funds. India donor advised fund maintained by the sponsoring organization have excess business holdings at any time auring the year?	8		
a Di	id the sponsoring organization make any taxable distributions under section 4966?	9a		T
	id the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	ection 501(c)(7) organizations. Enter			
	nitiation fees and capital contributions included on Part VIII, line 12 10a			
G r	ross receipts, included on Form 990, Part VIII, line 12, for public use of club cilities			
Se	ection 501(c)(12) organizations. Enter			
	ross income from members or shareholders			
	ross income from other sources (Do not net amounts due or paid to other sources gainst amounts due or received from them)			
Se	ection 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			\vdash
•	ection 501(c)(29) qualified nonprofit health insurance issuers.	1		
a Is	the organization licensed to issue qualified health plans in more than one state? ote. See the instructions for additional information the organization must report on Schedule O	13a		
b Er	nter the amount of reserves the organization is required to maintain by the states			
	which the organization is licensed to issue qualified health plans	-		
a Di	id the organization receive any payments for indoor tanning services during the tax year?	14a	İ	ĺΝ

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

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

Se	ection A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2.5			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	24			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management control of the control			3		Νo
4	Did the organization make any significant changes to its governing documents since filed?	e the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the or	rganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	al by)	members, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following					
а	The governing body?			8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?			8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule	who c	annot be reached at the	9		No
	organization's maining dadress. It has, provide the names and dadresses in senedale			_		
Se	ection R. Policies (This Section R requests information about policies not	reau		eveni	ie Cod	e)
Se	ection B. Policies (This Section B requests information about policies not	requ		Reven		
		•			ue Cod Yes	e.) No
10a	Did the organization have local chapters, branches, or affiliates?		ired by the Internal F	10a		No
10a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization	 tıvıtıe on's e	ired by the Internal F s of such chapters, xempt purposes?	10a 10b		No
10a b	Did the organization have local chapters, branches, or affiliates?	 tıvıtıe on's e	ired by the Internal F s of such chapters, xempt purposes?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	tivitie on's e ts gov	s of such chapters, exempt purposes? erning body before filing	10a 10b		No No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	tivitie on's e ts gov	ired by the Internal F s of such chapters, exempt purposes? erning body before filing	10a 10b		No No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	tivitie on's e ts gov 	s of such chapters, exempt purposes? erning body before filing.	10a 10b		No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivitie on's e ts gov Form S	s of such chapters, exempt purposes? erning body before filing the country of the	10a 10b 11a 12a 12b		No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivitie on's e ts gov Form S	s of such chapters, exempt purposes? erning body before filing the country of the	10a 10b 11a 12a 12b		No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivitie on's e ts gov Form S	s of such chapters, exempt purposes? erning body before filing the country of the	10a 10b 11a 12a 12b	Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy?	tivitie on's e ts gov Form 9 Ithe p Iew ar	s of such chapters, exempt purposes? erning body before filing the series of the could give th	10a 10b 11a 12a 12b 12c 13	Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	tivitie on's e ts gov Form S ly inte the p	s of such chapters, exempt purposes? erning body before filing the series of the could give th	10a 10b 11a 12a 12b 12c 13	Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	tivitie on's e ts gov Form S ly inte the p	s of such chapters, exempt purposes? erning body before filing the series of the could give th	10a 10b 11a 12a 12b 12c 13	Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	tivitie on's e ts gov Form S ly inte the p	s of such chapters, exempt purposes? erning body before filing the series of the could give th	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	tivitie on's e ts gov Form S ly inte on the p	s of such chapters, exempt purposes? erning body before filing the series of the serie	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	tivitie on's e ts gov form 9 ithe p ithe p iew ar ne deli ization e step	s of such chapters, exempt purposes? erning body before filing of the series of the se	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No

- 17 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) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Vipon 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
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►THE ORGANIZATION

Form 990 (2014)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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	(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-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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	erage Position (do no irs per more than one be ek (list person is both a hours and a director/				unless officer	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	Ţ			
c	Total from continuation sheets to Part VII, Section A	►			
d	Total (add lines 1b and 1c)	-	799,233	0	66,717

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►4

			1 63	140
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

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

(B) Description of services	(C) Compensation
	(B) Description of services

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

Part V	***	Statement o	o f Revenue ule O contains a respo	inse or note to any lu	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded fron tax under sections 512-514
ts its	1a	Federated cam						
s, Grants Amounts	b	Membership du	es 1b	·				
, G Am	С	Fundraising eve	ents 1 0	:				
iffs ar.	d	Related organiz	zations 10	·				
ons, Gift Similar	е	Government grants	s (contributions) 1 €	•				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions amounts no	ons, gifts, grants, and 1f ot included above	3,570,256				
Contrik and Ot	g h	Noncash contribute 1a-1f \$ Total. Add lines	ons included in lines		3,570,256			
				Business Code				
Program Serwoe Revenue	2a	ITIF RETREAT INC	OME	900099	29,238	29,238		
eve Fe	ь	STAFF HILL TRIPS		900099	1,250	1,250		
Se F	c	PUBLICATIONS		900099	135	135		
ervi	d							
٦ ج	е							
>gra	f	All other progra	am service revenue					
Ğ	g	Total. Add lines	s 2a-2f		30,623			
	3		ome (including divider		1,515			1,5
	4		ar amounts) stment of tax-exempt bond	ŀ				
	5							
			(ı) Real	(II) Personal				
	6a	Gross rents						
	Ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)	_				
		Gross amount	(ı) Securities	(II) Other				
	7a	from sales of assets other						
	_	than inventory						
	Ь	Less cost or other basis and						
	С	sales expenses Gaın or (loss)						
	d	Net gain or (los	ss)					
۸.	8a	Gross income f						
Other Revenue			reported on line 1c)					
Вe		See Part IV, lin	ne 18 a					
her	b	Less direct ex	penses b					
ŏ	С		(loss) from fundraising	events 🛌				
	9a		rom gaming activities ne 19 a					
	ь	Less directex	penses b					
	С		(loss) from gaming act	L				
	10a	Gross sales of returns and allo	owances .					
	ь	less costofa	a oods sold b					
			(loss) from sales of inv	ventory				
		Miscellaneous	s Revenue	Business Code				
	11a	OTHER INCOM	1E	900099	17,505			17,50
	b							
	c							
	d	All other reven						
	e	Total. Add lines			17,505			
	12	Total revenue.	See Instructions .		3,619,899	30,623		0 19,0

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)
---	--

_		Parlix			
	Check if Schedule O contains a response or note to any line in this of include amounts reported on lines 6b, b, 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 domestic organizations and domestic governments See Part IV, line 21			γ	
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	420,204	369,780	50,424	
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	1,312,448	1,154,955	157,493	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	49,625	43,670	5,955	
9	Other employee benefits	64,073	56,384	7,689	
10	Payroll taxes	105,935	93,222	12,713	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
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)	201,264	177,112	24,152	
12	Advertising and promotion	4,978	598	4,380	
13	Office expenses	76,200	66,174	10,026	
14	Information technology	31,707	27,902	3,805	
15	Royalties				
16	Occupancy	344,535	303,190	41,345	
17	Travel	99,468	87,532	11,936	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	27,938	24,586	3,352	
20	Interest	245	216	29	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	30,000	26,400	3,600	
23	Insurance	1,344	1,183	161	
24	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	455,953	401,239	54,714	
b	ITI OVERHEAD	248,510	218,689	29,821	
c	STAFF HILL TRIP ACTIVIT	216,832	190,812	26,020	
d	DEVELOPMENT	17,330	15,250	2,080	
e	All other expenses	28,521	25,100	3,421	
25	Total functional expenses. Add lines 1 through 24e	3,737,110	3,283,994	453,116	0
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)				

Form 990 (2014) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,278,025 482,112 1 1 2.083.912 2 2.289.236 2 Savings and temporary cash investments 3 3 4 511.905 4 905.579 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Loans and other 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) Complete Part II of Schedule L Assets 7 8 8 9 10a Land, buildings, and equipment cost or other basis Complete 159,433 10a Part VI of Schedule D 69,839 b Less accumulated depreciation 10b 54,603 10c 89,594 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 14 95,170 215,019 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 4,023,615 16 3,981,540 **17** 199,818 17 157,643 Accounts payable and accrued expenses 18 18 19 800,000 691,000 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . _iabilities 22 Loans and other 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 24 Unsecured notes and loans payable to unrelated third parties 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 95,170 25 215,019 26 1,094,988 26 1,063,662 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete **Fund Balances** lines 27 through 29, and lines 33 and 34. Unrestricted net assets 2,928,627 27 27 2,917,878 28 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ŏ 30 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

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33

2,917,878

3,981,540

2,928,627

4,023,615

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,6	519,899
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,7	37,110
3	Revenue less expenses Subtract line 2 from line 1	3		- 1	.17,211
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,9	28,627
5	Net unrealized gains (losses) on investments	5			.06,462
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		2,9	917,878
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. $ abla$
				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		Νo
	If Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	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?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

Software ID: **Software Version:**

EIN: 20-4403497

Name: INFORMATION TECHNOLOGY AND INNOVATION FOUNDATION

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th perso and a	ion (e nan o n is b	ne b oth	ox, u an of /trus	inless ficer tee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(1) GRANT D ALDONAS	1 00	х						0	0	0
DIRECTOR (1) BILL ANDRESEN	1 00									
		x						0	0	0
DIRECTOR (2) WILLIAM B BONVILLIAN DIRECTOR	1 00	х						0	0	0
(3) CHRISTOPHER G CAINE	1 00							_	_	_
DIRECTOR		Х						0	0	0
(4) JEFF CAMPBELL	1 00	x						0	0	0
DIRECTOR (5) MARIA CINO	1 00									
DIRECTOR		x						0	0	0
(6) AMBER COTTLE	1 00	x						0	0	0
DIRECTOR								Ů	0	·
(7) JEFFREY A EISENACH DIRECTOR	1 00	x						0	0	0
(8) TOM GALVIN	1 00									
DIRECTOR		X						0	0	0
(9) DAVID GOLDSTON	1 00	x						0	0	0
DIRECTOR (10) SHANE GREEN	1 00	x						0	0	0
DIRECTOR (11) AMBASSADOR DAVID A GROSS	1 00									
DIRECTOR (12) DAVID HART	1 00	X						0	0	0
DIRECTOR		X						0	0	0
(13) FREDERICK S HUMPHRIES JR DIRECTOR	1 00	х						0	0	0
(14) HON NANCY JOHNSON	1 00	х						0	0	0
DIRECTOR (15) BLAIR LEVIN	1 00									
DIRECTOR		Х						0	0	0
(16) JASON MAHLER DIRECTOR	1 00	×						0	0	0
(17) LISA MALLOY	1 00	х						0	0	0
DIRECTOR (18) BERNIE MCKAY	1 00	×						0	0	0
DIRECTOR (19) CHRISTOPHER PADILLA	1 00									
DIRECTOR		Х						0	0	0
(20) NATE TIBBITS DIRECTOR	1 00	x						0	0	0
(21) VIC FAZIO	1 00	х		х				0	0	0
CO-CHAIRPERSON (22) PHILLIP S ENGLISH	1 00	X		X				0	0	0
CO-CHAIRPERSON								0		"
(23) DEAN GARFIELD TREASURER	1 00	×		х				0	0	0
(24) ROBERT D ATKINSON	40 00			V				207 204	_	22.040
PRESIDENT, ITIF		X		Х				387,394	0	32,810

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

SENIOR ANALYST

(A) Name and Title	(B) A verage hours per week (list any hours for related (C) Position (do not check more than one box, unle person is both an office and a director/trustee					nless ficer tee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke, emplojee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(26) WILLIAM DUBE COMMUNICATIONS DIRECTOR	40 00					х		117,808	0	5,291
(1) STEPHEN EZELL SENIOR ANALYST	40 00					х		147,954	0	615
(2) DANIEL CASTRO	40 00					х		146,077	0	28,001

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493189001085

Employer identification number

1 ROCESS | AS I lieu

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

INFORMATION TECHNOLOGY AND INNOVATION FOUNDATION 20-4403497 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in 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 described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (v) A mount of (i)Name of supported (ii) EIN (iii) Type of (iv) Is the organization (vi) A mount of other support (see organization organization listed in your governing monetary support (described on lines document? (see instructions) instructions) 1-9 above or IRC section (see instructions)) Yes No Total

Schedule A (Form 990 or 990-EZ) 2014 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 2,424,014 3,375,308 3,471,162 3,468,276 3,570,256 16,309,016 include any "unusual grants ") 2 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 2,424,014 3,375,308 3,471,162 3,468,276 3,570,256 16,309,016 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 2,491,625 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 13,817,391 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 **(e)** 2014 (f) Total beginning in) 🟲 2,424,014 3,471,162 3,375,308 3,468,276 3,570,256 16,309,016 Amounts from line 4 Gross income from interest, dividends, payments received on 10,410 27,246 43,337 89,867 1,515 172,375 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include 10 gain or loss from the sale of 37,520 4,879 3,406 1,211 17,505 64,521 capital assets (Explain in Part VI) 11 Total support Add lines 7 through 16,545,912 10 Gross receipts from related activities, etc (see instructions) 12 12 202,517 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 83 510 % 15 Public support percentage for 2013 Schedule A, Part II, line 14 15 80 850 % 16a 33 1/3% support test - 2014. 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—2013. 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 - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization b 10%-facts-and-circumstances test - 2013. 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 VI 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) 2014 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) 2010 **(b)** 2011 (c) 2012 (d) 2013 **(e)** 2014 (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 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) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 10a Gross income from interest, 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 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 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 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 section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2013 Schedule A, Part III, line 15 16

19a 33 1/3% support tests—2014. 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

33 1/3% support tests—2013. 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

Section D. Computation of Investment Income Percentage

Investment income percentage from 2013 Schedule A, Part III, line 17

Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))

17

18

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ection A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section $501(c)(4)$, (5) , or (6) ? If "Yes," answer (b) and (c) below.	За		
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
Ŀ	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
Ŀ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
L1	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
ŀ	• A family member of a person described in (a) above?	11a 11b		
	A 135% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
5	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inctri	ıct ione)	
	The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government elinstructions.)			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	h Did the organization evergise a substantial degree of direction over the policies, programs and activities of each			l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom			
2 Amounts paid to perform activity that directly furthexcess of income from activity			
3 Administrative expenses paid to accomplish exemp			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec			
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

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DLN: 93493189001085

OMB No 1545-0047

Supplemental Financial Statements

► 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.

Department of the Treasury Internal Revenue Service

SCHEDULE D

(Form 990)

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	ne of the organization DRMATION TECHNOLOGY AND INNOVATION FOUNDATION		Emp	loyer identification number
.IN F C	DRMALION LECTINOLOGY AND INNOVALION FOUNDATION		20-4	4403497
Pa	rt I Organizations Maintaining Donor Adv organization answered "Yes" to Form 990		unds	or Accounts. Complete if the
	organization answered Tes to Form 550	(a) Donor advised funds		(b) Funds and other accounts
	Total number at end of year			
	Aggregate value of contributions to (during year)			
	Aggregate value of 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		nor advı	rsed Yes No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?			
aı	t II Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the organization 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	or education) Preservation of a	certifie	ically important land area d historic structure n of a conservation
	easement on the last day of the tax year			
				Held at the End of the Year
	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified histo	` '	2c	
	Number of conservation easements included in (c) acq historic structure listed in the National Register		2d	
	Number of conservation easements modified, transferr	ed, released, extinguished, or terminat	ed by th	ne organization during
	the tax year ►			
	Number of states where property subject to conservati	on easement is located 🛌		
	Does the organization have a written policy regarding t enforcement of the conservation easements it holds?	he periodic monitoring, inspection, han	ıdlıng of	violations, and Yes No
	Staff and volunteer hours devoted to monitoring, inspect	cting, and enforcing conservation ease	ments o	during the year
	Amount of expenses incurred in monitoring, inspecting	, and enforcing conservation easement	s durin	g the year
	Does each conservation easement reported on line 2(c and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of se	ction 17	70(h)(4)(B)(ı)
	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia		
ľ	Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar Assets.
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	orrese	arch in furtherance of public
)	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to these	ts held for public exhibition, education,		
	(i) Revenue included in Form 990, Part VIII, line 1			► \$
	(ii) Assets included in Form 990, Part X			▶ \$
	If the organization received or held works of art, historic following amounts required to be reported under SFAS			· ·
	Revenue included in Form 990, Part VIII, line 1			▶ \$
)	Assets included in Form 990, Part X			► \$

Part	🚻 🗓 Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tr</u>	<u>easur</u>	es, or O	the	<u> Similar</u>	<u>Asse</u>	ts (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	neck	any of t	the follo	wing that a	re a	sıgnıfıcant	use of	ıts	
а	Public exhibition		d	Γ	Loan	or exch	ange progr	ams				
b	Scholarly research		e	Γ	Other	•						
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	v the	v furthe	er the or	rganization	's ex	empt purpo	se in		
•	Part XIII				,		g	o on	pc pa.po			
5	During the year, did the organization solicity assets to be sold to raise funds rather than t								ılar	_	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organ	ızatıon			es" to Fori	n 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						r other ass	ets n	ot	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	II and complete the	follov	ving	able							
										Amou	nt	
C	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21,	for e	scrowc	rcusto	— dıal accour	nt IIa	bility?	Γ.	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	II Chack hara if the	avnl	anatı	on hac	boon nr	ovidad in E) art \	/111			Г
	rt V Endowment Funds. Complete										•	•
1 (4)	Endownient Fanas. Complete	(a)Current year)Prior					hree years ba		Four ye	ears back
1a	Beginning of year balance											
b	Contributions											
c	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the cur	rent year end baland	ce (lın	e 1 g	, colum	n (a)) h	eld as					
а	Board designated or quasi-endowment 🕨											
b	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 organiza	ation	that	are held	d and ad	dministered	for	the			
	organization by								F		Yes	No
	(i) unrelated organizations							•		3a(i)		
	(ii) related organizations									3a(ii)		
	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the							•	[3b		
4 Dat	t VI Land, Buildings, and Equipme					2.200.00	arad 'Vac	' to	Form 000	Dart	T\/ lu	20
E.	11a. See Form 990, Part X, line		lile o	ıyaı	iizatioi	i alisw	ereu res	ιυ	101111 990,	rait	1V, III	ie
	Description of property				a) Cost o	or other estment)	(b)Cost or basis (oth		(c) Accumu depreciat		(d) Bo	ook value
	Land			\top								
	Buildings											
	Leasehold improvements			\vdash			74	1,607				74,607
	Equipment						1	1,826		69,839		14,987
-	- 1 ··· - · · · · · · · · · · · · · · ·											,,,,,,,
е	Other			\vdash				,		,		

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. C See Form 990, Part X, line 13.	omplete if the organization	n answered 'Yes' to Form 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization (a) Desc	on answered 'Yes' to Form 990	, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organization (a) Description	on answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organization (a) Description	on answered 'Yes' to Form 990	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description	on answered 'Yes' to Form 990	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description	on answered 'Yes' to Form 990	(b) Book value
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Part IX Other Assets. Complete if the organization (a) Description	on answered 'Yes' to Form 990	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description (1) DEFERRED COMPENSATION	on answered 'Yes' to Form 990	(b) Book value 215,019
Part IX Other Assets. Complete if the organization (a) Description (1) DEFERRED COMPENSATION Total. (Column (b) must equal Form 990, Part X, col.(B) line. Part X Other Liabilities. Complete if the org	on answered 'Yes' to Form 990 ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line. Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.	n answered 'Yes' to Form 990 ription 15.) anization answered 'Yes' to	(b) Book value 215,019
Total. (Column (b) must equal Form 990, Part X, col.(B) line. Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. 1 (a) Description of liability	on answered 'Yes' to Form 990 ription	(b) Book value 215,019
Total. (Column (b) must equal Form 990, Part X, col.(B) line. Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	n answered 'Yes' to Form 990 ription 15.) anization answered 'Yes' to (b) Book value	(b) Book value 215,019
Total. (Column (b) must equal Form 990, Part X, col.(B) line. Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	n answered 'Yes' to Form 990 ription 15.) anization answered 'Yes' to	(b) Book value 215,019
Total. (Column (b) must equal Form 990, Part X, col.(B) line. Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	n answered 'Yes' to Form 990 ription 15.) anization answered 'Yes' to (b) Book value	(b) Book value 215,019
Total. (Column (b) must equal Form 990, Part X, col.(B) line. Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	n answered 'Yes' to Form 990 ription 15.) anization answered 'Yes' to (b) Book value	(b) Book value 215,019
Total. (Column (b) must equal Form 990, Part X, col.(B) line. Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	n answered 'Yes' to Form 990 ription 15.) anization answered 'Yes' to (b) Book value	(b) Book value 215,019
Total. (Column (b) must equal Form 990, Part X, col.(B) line. Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	n answered 'Yes' to Form 990 ription 15.) anization answered 'Yes' to (b) Book value	(b) Book value 215,019
Total. (Column (b) must equal Form 990, Part X, col.(B) line. Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	n answered 'Yes' to Form 990 ription 15.) anization answered 'Yes' to (b) Book value	(b) Book value 215,019
Total. (Column (b) must equal Form 990, Part X, col.(B) line. Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	n answered 'Yes' to Form 990 ription 15.) anization answered 'Yes' to (b) Book value	(b) Book value 215,019
Total. (Column (b) must equal Form 990, Part X, col.(B) line. Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	n answered 'Yes' to Form 990 ription 15.) anization answered 'Yes' to (b) Book value	(b) Book value 215,019
Total. (Column (b) must equal Form 990, Part X, col.(B) line. Part X Other Liabilities. Complete if the organization (a) Desc.	n answered 'Yes' to Form 990 ription 15.) anization answered 'Yes' to (b) Book value	(b) Book value 215,019
Total. (Column (b) must equal Form 990, Part X, col.(B) line. Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	n answered 'Yes' to Form 990 ription 15.) anization answered 'Yes' to (b) Book value	(b) Book value 215,019
Total. (Column (b) must equal Form 990, Part X, col.(B) line. Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	n answered 'Yes' to Form 990 ription 15.) anization answered 'Yes' to (b) Book value	(b) Book value 215,019

Par	t XI	Reconciliation of Revenue per Audited Financial Statements With Revenuthe organization answered 'Yes' to Form 990, Part IV, line 12a.	ie p	er R	eturn Complete if
1	Tota	I revenue, gains, and other support per audited financial statements		1	3,776,361
2	A mo	unts included on line 1 but not on Form 990, Part VIII, line 12	Γ		
а	Net	unrealized gains (losses) on investments 2a 106,4	62		
b	Dona	ated services and use of facilities	00		
c	Reco	overies of prior year grants 2c			
d	Othe	er (Describe in Part XIII)			
e	Add	lines 2a through 2d	. L	2e	156,462
3	Subt	rract line 2e from line 1	. L	3	3,619,899
4	A mo	unts included on Form 990, Part VIII, line 12, but not on line 1			
а	Inve	stment expenses not included on Form 990, Part VIII, line 7b . 4a			
b	Othe	er (Describe in Part XIII)			
c	Add	lines 4a and 4b	. [4c	0
5		l revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	3,619,899
Part	IIX	Reconciliation of Expenses per Audited Financial Statements With Expension of the organization answered 'Yes' to Form 990, Part IV, line 12a.	ses	per	Return. Complete
1	Tota	l expenses and losses per audited financial statements	L	1	3,787,110
2	A mo	unts included on line 1 but not on Form 990, Part IX, line 25			
а	Dona	ated services and use of facilities	000		
b	Prior	year adjustments			
C	Othe	er losses			
d	Othe	er (Describe in Part XIII)			
e	Add	lines 2a through 2d	. [2e	50,000
3	Subt	ract line 2e from line 1	. [3	3,737,110
4	A mo	unts included on Form 990, Part IX, line 25, but not on line 1:			
а	Inve	stment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Othe	er (Describe in Part XIII).............. <mark>4b</mark>			
C		lines 4a and 4b	.	4 c	0
5		l expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	.	5	3,737,110
Prov Part	ıde the	Supplemental Information de descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part XII.			de any additional
	R	eturn Reference Explanation			

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Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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DLN: 93493189001085

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

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.

Department of the Treasury Internal Revenue Service

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection **Employer identification number**

NFC	ORMATION TECHNOLOG	Y AND INNOVATION	FOUNDA	TION		20-4403497	
Par		ivities. Complete in		anızatıo	n answered "Yes" to	Form 990, Part IV, I	ıne 17. Form 990-E
L	Indicate whether the orga	ınızatıon raısed funds t	hrough ar	ny of the f	ollowing activities Che	ck all that apply	
а	Mail solicitations			e	Solicitation of non-	government grants	
b	Internet and email so	licitations		f	Solicitation of gove	ernment grants	
c	Phone solicitations			g	Special fundraising	events	
d	☐ In-person solicitation	าร					
a	Did the organization have or key employees listed ii						┌ Yes ┌ M
b	If "Yes," list the ten higher to be compensated at lea			undraisei	rs) pursuant to agreeme	nts under which the fun	draiser is
(i) Name and address of ındıvıdual 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
			Yes	No			
1	HELEN MILBY 233 PENNSYLVANIA AVE SE 2ND FLO	PROFESSIONAL FUNDRAISING SERVICES		No	120,000	34,659	85,34
	WASHINGTON, DC 20003						
2							
3							
4							
5							
6							
7							
8							
9							
LO							
ota	1			.	120,000	34,659	85,341
3	List all states in which the registration or licensing	e organization is regist	cered or lic	censed to	solicit contributions or	has been notified it is o	exempt from

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut			
			(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)	(4)
Revenue	1	Gross receipts				
ē,	2	Less Contributions				
<u>~</u>	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ဟ	5	Noncash prizes				
esu:	6	Rent/facility costs				
Expenses	7	Food and beverages .				
Direct	8	Entertainment				
à	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 in colum	n (d)		()
	11	Net income summary Subtract li	ne 10 from line 3, colum	n (d)		
Par	t II	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
<u>Ф</u>		\$13,000 OH TOHH 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				
Expenses	2	Cash prizes				
ρę	3	Non-cash prizes				
Direct B	4	Rent/facility costs				
<u>ā</u>	5	Other direct expenses				
	6	Volunteer labor	Г Yes% Г No	┌ Yes% ┌ No	┌ Yes <u>%</u> ┌ No	
	7	Direct expense summary Add line	s 2 through 5 ın column	(d)	•	
	8	Net gaming income summary Subt	ract line 7 from line 1, c	olumn (d)		
9	Ent	er the state(s) in which the organiza	ation conducts gaming a	ctivities		
а		the organization licensed to conduct				Fyes Fno
Ь	If"	No," explain				
10a b		re any of the organization's gaming Yes," explain				

Sche	edule G (Form 990 or 990-EZ) 2014				Page 3
11	Does the organization conduct gaming	activities with nonm	nembers?	┌ Yes	_ No
12	Is the organization a grantor, beneficia	ry or trustee of a tru	ust or a member of a partnership or other entity		
	formed to administer charitable gaming	,,		Г _{Yes}	Γ _{No}
13	Indicate the percentage of gaming acti	vities conducted in			
а	The organization's facility				%
b	An outside facility				%
14	Enter the name and address of the pers	son who prepares the	e organization's gaming/special events books and records		
	Name 🟲				
	Address ►				
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming		
				Γ _{Yes}	Γ _{No}
b	If "Yes," enter the amount of gaming reamount of gaming revenue retained by		the organization 🟲 \$ and the		
C	If "Yes," enter name and address of th	e thırd party			
	Name ▶				
	Address 🟲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation 🕨 \$				
	Description of services provided				
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а	Is the organization required under stat	e law to make charıt	table distributions from the gaming proceeds to		
	retain the state gaming license?			Γ_{Yes}	Г _{N°}
b	Enter the amount of distributions requi	red under state law (distributed to other exempt organizations or spent		
	ın the organization's own exempt activ				
Pai			xplanations required by Part I, line 2b, columns (iii) 7b, as applicable. Also provide any additional infori		
	Return Reference		Explanation		

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INFORMATION TECHNOLOGY AND INNOVATION FOUNDATION

DLN: 93493189001085

OMB No 1545-0047

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. ► Attach to Form 990.

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Department of the Treasury Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

Employer identification number

20-4403497

Pai	rt 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			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	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 respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) 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			
а	The organization?	5a		No
b	Any related organization?	5b		No
	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			
а	The organization?	6a		Νo
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, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	۳		
	section 53 4958-6(c)?	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	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 ROBERT D ATKINSON, PRESIDENT, ITIF	(i)	337,394	50,000	0	17,577	15,233	420,204	0
, , , , , , , , , , , , , , , , , , , ,	(ii)	0	0	0	0	0	0	0
	(i)	134,077	12,000	0	8,594	19,407	174,078	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 4B	ITIF MADE THE FOLLOWING CONTRIBUTIONS TO EMPLOYEE 457F PLANS ROBERT ATKINSON - \$50,000 STEPHEN EZELL - \$30,000 DANIEL CASTRO - \$30,000

Schedule J (Form 990) 2014

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SCHEDULE 0 (Form 990 or 990-EZ)

FORM 990. PART VI. SECTION B.

FORM 990, PART VI, SECTION C,

Department of the Treasury Internal Revenue Service

LINE 15

LINE 19

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number
20-4403497
Explanation

TAX RETURN WAS PROVIDED TO CLIENT BEFORE BEING SUBMITTED

LINE 11 FORM 990, PART VI, SECTION B, A COPY OF THE CONFLICT OF INTEREST POLICY IS PROVIDED ANNUALLY TO EACH MEMBER OF THE LINE 12 **GOVER**

> NING BODY AS WELL AS TO ALL OFFICERS AND KEY EMPLOYEES, EACH IS REMINDED TO REVIEW THE POL ICY AND TO REPORT ANY CONFLICTS OF INTEREST

FORM 990, PART VI, SECTION B. THE BOARD REVIEWS THE EXECUTIVE DIRECTOR'S COMPENSATION AS PART OF THE ANNUAL PERFORMANCE EVALUATION PROCESS

> ΑN D PROMOTE PUBLIC POLICIES TO ADVANCE TECHNOLOGICAL INNOVATION AND PRODUCTIVITY INTERNATION ALLY, IN WASHINGTON AND IN THE STATES RECOGNIZING THE VITAL ROLE OF TECHNOLOGY IN

ITIF IS A NON-PARTISAN RESEARCH AND EDUCATIONAL INSTITUTE WHOSE MISSION IS TO FORMULATE

ENSURIN G AMERICAN PROSPERITY, ITIF FOCUSES ON INNOVATION, PRODUCTIVITY AND DIGITAL ECONOMY **ISSUES**