DLN: 93493192014409 OMB No. 1545-0047 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 Open to Public Department of the ► Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 03-01-2018 , and ending 02-28-2019 C Name of organization D Employer identification number B Check if applicable INFORMATION TECHNOLOGY AND INNOVATION FOUNDATION ☐ Address change ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 1101 K STREET NW NO 610 ☐ Amended return ☐ Application pending (202) 449-1351 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC  $\,$  20005 G Gross receipts \$ 4,062,217 Name and address of principal officer H(a) Is this a group return for ROBERT D ATKINSON ☐Yes **☑**No subordinates? 1101 K STREET NW NO 610 H(b) Are all subordinates WASHINGTON, DC 20005 ☐Yes ☐No ıncluded? **✓** 501(c)(3) 501(c)( ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW ITIF ORG L Year of formation 2006 M State of legal domicile DE Summary 1 Briefly describe the organization's mission or most significant activities ITIF IS A NON-PARTISAN RESEARCH AND EDUCATIONAL INSTITUTE Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 24 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 **6** Total number of volunteers (estimate if necessary) . . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 3,490,380 3,946,514 Ravenua 9 Program service revenue (Part VIII, line 2g) . 37,500 2,011 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 213,935 113,690 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,741,819 4,062,217 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 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) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,491,944 2,599,150 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶202,621 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,403,825 1,526,471 3,895,769 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 4,125,621 Revenue less expenses Subtract line 18 from line 12 . -153,950 -63,404 Assets or d Balances Beginning of Current Year **End of Year** 5,098,690 5,233,584 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 1,685,588 1,808,886 22 Net assets or fund balances Subtract line 21 from line 20 . 3,413,102 3,424,698 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-07-11 Signature of officer Sign Here ROBERT D ATKINSON PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P00439715 Paid self-employed Firm's name ► TATE AND TRYON Firm's EIN ► 52-1855942 Preparer Use Only Firm's address ▶ 2021 L STREET NW SUITE 400 Phone no (202) 293-2200 WASHINGTON, DC 20036 ✓ Yes 🗆 No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page <b>2</b>
Pa	rt III Statem	nent of Program Service	e Accomplish	nments		
	Check If	Schedule O contains a respon	nse or note to a	ny line in this Part III .		🗆
1	Briefly describe	the organization's mission		•		
					O FORMULATE AND PROMOTE PUE HINGTON AND IN THE STATES	BLIC POLICIES TO
2	Did the organiza	ation undertake any significar	nt program serv	ices during the year whic	h were not listed on	
	the prior Form 9	990 or 990-EZ?				☐ Yes 🗹 No
	If "Yes," describ	e these new services on Sch	edule O			
3	Did the organiza	ation cease conducting, or ma	ake significant o	hanges in how it conduct	s, any program	
						☐ Yes ☑ No
4	Describe the org Section 501(c)(	ganızatıon's program service	accomplishmen ns are required	to report the amount of g	rgest program services, as measur grants and allocations to others, th	
4a	(Code	) (Expenses \$	3,153,600	including grants of \$	) (Revenue \$	2,011 )
	See Additional Dat		5,155,655	moraumy grants or ¢	, (nevende ¢	2,011 /
	_					
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other program	services (Describe in Schedul	le O )			
	(Expenses \$	ınclu	iding grants of s	\$	) (Revenue \$	)
4e	Total program	ı service expenses ▶	3,153,60	00		

Form	990 (2018)			Page <b>3</b>
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🕏	1	Yes	
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?  If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 🔰	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 2	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
Ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total			No

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 . . . . . . . .

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

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 🥦

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 . . . . . . . . . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . . .

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . 💆

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

12a Did the organization obtain separate, independent audited financial statements for the tax year?

15

19

21

Νo

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

Νo

Nο

Form **990** (2018)

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

Yes

Yes

Yes

orm '	990 (2018)			Page 4
Par	Checklist of Required Schedules (continued)			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		Yes	No
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	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		
С	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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		No
	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?  If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
	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
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
5a	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		
6	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Par	·		l	
	Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   6		Yes	No

1b

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

**1**c

Yes

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . .

b If "Yes," has it filed a Form 720 to report these payments If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

13b

13c

14a

14b

15

No

Nο

Form **990** (2018)

Page **6** 

ra	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Na 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	•	onse to	lines
	Check if Schedule O contains a response or note to any line in this Part VI	• •		
56	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 26		163	NO
	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 business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization'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 power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	⊋.)	
			Yes	No
10-	Did the organization have local chapters, branches, or affiliates?	اصدا		
тоа	bla the organization have local enapters, brahenes, or annuces	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			No No
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10b		
ь 11а b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b	Yes Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did 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 interests that could give rise to	10b 11a 12a		
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did 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 interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in	10b 11a 12a 12b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did 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 interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10b 11a 12a 12b 12c	Yes Yes	
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did 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 interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes	No
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did 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 interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	10b 11a 12a 12b 12c 13	Yes Yes	No
b 111a b 112a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did 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 interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No
b 111a b 112a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did 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 interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did 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 interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did 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 interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes	No No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did 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 interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes	No No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did 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 interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes	No No
b 111a b 112a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did 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 interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes	No No
b 111a b 112a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did 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 interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  List the States with which a copy of this Form 990 is required to be filed▶  Section 6.104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes	No No

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►THE ORGANIZATION 1101 K STREET NW STE 610 WASHINGTON, DC 20005 (202) 626-5732

orm 990 (	2018)										Page <b>7</b>
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees	
ear • List all f compens	e this table for all persons require of the organization's <b>current</b> of ation Enter -0- in columns (D), (	ficers, directors, E), and (F) if no	trustee	s (wl nsatı	neth on v	er ir vas į	ndıvıdu Daid	als (	or organizations), re	gardless of amount	-
	of the organization's <b>current</b> key		•								
ho receive	organization's five <b>current</b> high ad reportable compensation (Box n and any related organizations										
f reportabl	of the organization's <b>former</b> office e compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	•'			·	•
rganızatıor	of the organization's <b>former dire</b> n, more than \$10,000 of reportab	le compensation	n from t	he or	gan	ızatı	on and	an	y related organization	ns	2
ompensate	s in the following order individua ed employees, and former such p	ersons	•								
_ Check	this box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	Γ
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1000 MISC)	MISC)	related organizations
See Addition	al Data Table						Ŀ				
					l	1		l			

Form 990 (2018)										Page <b>8</b>
Part VII Section A. Officers, Direct	tors, Trustees	, Key I	Emp	loye	es,	and I	High	nest Compensate	d Employees (co	ntinued)
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than c	ne b	ox, ι in of	t che unles ficer	and a	son	(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	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total c Total from continuation sheets to P		 A		•		<b>▶</b>				

1b Sub-Total	art VII <b>, Section</b>	Α		<b>*</b>	1 451 401		266 247
d Total (add lines 1b and 1c)				<u> </u>	1,451,401	<u> </u>	266,347

					_			_									
	Gub-Total						<b>&gt;</b>										
	Total (add lines 1b and 1c)	=					<b>•</b>		1	,451,40:	1				0		266,347
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bove	e) who	o rec	eived m	ore tha	n \$1(	00,00	00				
																Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>								-				•	on	3		No
4	For any individual listed on line 1a, is organization and related organization:	greater than s	150,00									the					
	ındıvıdual														4	Yes	

c 1	Sub-Total	0		266,347
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\triangleright$ 6			
			Yes	No
3	Did the organization list any <b>former</b> 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	1
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 6			
			Yes	No
3	Did the organization list any <b>former</b> 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			
	ındıvıdual	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? If "Yes," complete Schedule I for such person	5		No
Se	ection B. Independent Contractors			

			res	NO
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	,		No.
		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			
	mundan	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 org	5		No
Se	ection B. Independent Contractors		<u> </u>	
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of com	pensa	tion	

3	line 1a? If "Yes," complete Schedule J for such individual	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		Vac	
		_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? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of confirm the organization. Report compensation for the calendar year ending with or within the organization is tax year.	npensa	ition	

	naviadar	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? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of co from the organization Report compensation for the calendar year ending with or within the organization's tax year	mpensa	ition	
	(A) (B) Name and business address Description of services		(C Compen	

	Name and business address	Description of services	Compensation
2	Total number of independent contractors (including but not limited to those listed above) who recompensation from the organization $\blacktriangleright$ 0	eceived more than \$100,000 of	

Form **990** (2018)

Part		Statement of	Revenue								rage <b>3</b>
		Check if Schedul	le O contains a	a respo	nse or note t	o any lin			<u> </u>		🗆
						1	( <b>A</b> ) Total revenue	( <b>B</b> ) Related o exempt function	r	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1:	a Federated campaig	ns	1a				revenue			512 - 514
tributions, Gifts, Grants Other Similar Amounts		<b>b</b> Membership dues		1b							
Gra not		<b>c</b> Fundraising events		1c							
īš, - r Ar		<b>d</b> Related organizatio	ns	1d							
ila Ila		e Government grants (c	ontributions)	1e							
sins,	1	f All other contributions									
utic Per		and similar amounts n above	ot included	1f	3,946	5,514					
g ji	!	g Noncash contribution in lines 1a - 1f \$		10	600						
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines 1a					2.245.544				
					Bus	siness Co	3,946,514 ode				1
Program Service Revenue	<b>2</b> a	PUBLICATION INCOME					10099	2,011	2,011		
Reve							10099				
l e l	b										
Serv	d										
an)	е	•		_							
ogra	f	All other program se	rvice revenue				.,011				
4	g	<b>Total.</b> Add lines 2a-2	2f		<u> </u>		.,011				
		Investment income (i similar amounts) .			nterest, and o	other	113,69	О			113,690
		Income from investme			ond proceeds	<b>▶</b>					
	5	Royalties				▶ [					
	_۔	. C	(ı) Real		(II) Perso	nal					
	oa	Gross rents									
	Ŀ	Less rental expenses									
		Rental income or									
		(loss)									
	•	Net rental income o	(i) Securit		(II) Othe	▶					
	7a	Gross amount	(1) 5000110		(ii) Still	-					
		from sales of assets other									
		than inventory									
	E	<ul> <li>Less cost or other basis and sales expenses</li> </ul>									
	c	Gain or (loss)									
		l Net gain or (loss) .				<b>&gt;</b>					
a)	8a	Gross income from f (not including \$	_	ents of							
ž K		contributions reporte See Part IV, line 18	ed on line 1c)								
leve	ŀ	Less direct expense									
er F		: Net income or (loss)		- 1	ents	<u> </u>					
Other Revenue	<b>9</b> a	Gross income from g See Part IV, line 19	jaming activiti	es							
•		See Fait IV, IIIle 19		a							
	Ł	Less direct expense	s	ь							
		Net income or (loss)		activiti	ies	<u> </u>					
	10	aGross sales of invent returns and allowand									
				a							
		Less cost of goods s		ь							
	•	Net income or (loss) Miscellaneous		invent	ory Business C	ode [					
	11	La OTHER INCOME	Revenue			900099		2			2
	b	,						1			
	c	=									
		All other revenue .				Ţ					
		<b>Total.</b> Add lines 11a				<b>P</b>		2			
	12	<b>2 Total revenue.</b> See	Instructions			<b>•</b>	4,062,21	7	2,011		0 113,692
											Form <b>990</b> (2018)

For	m 990 (2018)				Page <b>10</b>
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anizations must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
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, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,376,982	1,121,438	150,642	104,902
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	641,505	522,452	70,181	48,872
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	170,601	138,940	18,664	12,997
9	Other employee benefits	287,886	234,459	31,495	21,932
10	Payroll taxes	122,176	99,502	13,366	9,308
11	Fees for services (non-employees)				
	a Management				
	b Legal	1,180		1,180	
		-,			
	c Accounting				
	d Lobbying				
	e Professional fundraising services See Part IV, line 17				
1	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)	640,361	635,961		4,400
12	Advertising and promotion	2,715	849	1,866	
13	Office expenses	32,828	13,410	19,418	
14	Information technology	2,456		2,456	
15	Royalties				
16	Occupancy	397,267		397,267	
	Travel	52,494	52,085	199	210
	Payments of travel or entertainment expenses for any federal, state, or local public officials	•	,		
10	Conferences, conventions, and meetings	60,238	53,006	7,232	
	· · · · · · · · · · · · · · · · · · ·	00,230	33,000	7,232	
	Interest				
	Payments to affiliates			4.000	
	Depreciation, depletion, and amortization	4,209		4,209	
23	Insurance	28,063		28,063	
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 )				
	a ITI OVERHEAD	156,562	156,562		
	b STAFF HILL TRIP ACTIVIT	62,790	62,790		
	c DUES AND SUBSCRIPTIONS	49,898	31,945	17,953	
	d PUBLICATIONS	30,792	30,792		
	e All other expenses	4,618	-591	5,209	
25	Total functional expenses. Add lines 1 through 24e	4,125,621	3,153,600	769,400	202,621
	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 (2018)

28

29

30

31

32

33

34

Net

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

					Beginning of year		End of year
	1	Cash-non-interest-bearing	717,905	1	351,663		
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,034,100	4	1,293,824
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L		5			
S	6	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations (voluntary employees' beneficiary organizations (Part II of Schedule L	(c)(3)(B), and if section 501(c)(9) structions) Complete		6		
et	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		8			
٨	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	158,863			
	b	Less accumulated depreciation	<b>10</b> b	158,863	4,024	<b>10</b> c	0

Assets	7	Part II of Schedule L		7			
SS	8	Inventories for sale or use		8			
4	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	158,863			
	b	Less accumulated depreciation	<b>10</b> b	158,863	4,024	10c	0
	11	Investments—publicly traded securities .			2,605,199	11	2,718,135
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	11 .	•		13	
<b>14</b> Ir		Intangible assets		14			
	15	Other assets See Part IV, line 11			737,462	15	869,962
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	5,098,690	16	5,233,584
				·			0.700

10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	158,863			
b	Less accumulated depreciation	<b>10</b> b	158,863	4,024	10c	0
11	Investments—publicly traded securities .			2,605,199	11	2,718,135
12	Investments—other securities See Part IV, line	11 .			12	
13 Investments—program-related See Part IV, line 11		•		13		
14	Intangible assets				14	
15	Other assets See Part IV, line 11			737,462	15	869,962
16	Total assets.Add lines 1 through 15 (must equ	al line	34)	5,098,690	16	5,233,584
17	Accounts payable and accrued expenses			99,923	17	8,739
18	Grants payable				18	
19	Deferred revenue			848.203	19	930.185

20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 22 23 23 Secured mortgages and notes payable to unrelated third parties

Liabilities Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, 737.462 25 869.962 and other liabilities not included on lines 17 - 24)

Complete Part X of Schedule D 1.685.588 26 Total liabilities. Add lines 17 through 25 . 26 1.808.886 Assets or Fund Balances Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 3.413.102 3.424.698 27 27

28

29

30

31 32

33

34

3,424,698

5,233,584

Form **990** (2018)

3,413,102

5,098,690

Form	990 (2018)				Page <b>12</b>
Pa	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		4	,062,217
2	Total expenses (must equal Part IX, column (A), line 25)	2		4	,125,621
3	Revenue less expenses Subtract line 2 from line 1	3			-63,404
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	,413,102
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			75,000
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		3	,424,698
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990			Yes	No
-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ 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 separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule C	1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired	3b		

Form **990** (2018)

## **Additional Data**

Software ID:

Software Version:

**EIN:** 20-4403497

Name: INFORMATION TECHNOLOGY AND

INNOVATION FOUNDATION

Form 990 (2018)

## \_\_\_\_\_

Form 990, Part III, Line 4a:

ITIF IS A NONPARTISAN RESEARCH AND EDUCATIONAL INSTITUTE - A THINK TANK - WHOSE MISSION IS TO FORMULATE, EVALUATE, AND PROMOTE POLICY SOLUTIONS THAT ACCELERATE INNOVATION AND BOOST PRODUCTIVITY TO SPUR GROWTH, OPPORTUNITY, AND PROGRESS ITIF FOCUSES ON A HOST OF CRITICAL ISSUES AT THE INTERSECTION OF TECHNOLOGICAL INNOVATION AND PUBLIC POLICY - INCLUDING IN THE AREAS OF INNOVATION AND COMPETITIVENESS, INFORMATION TECHNOLOGY AND DATA. TELECOMMUNICATIONS. TRADE AND GLOBALIZATION. AND LIFE SCIENCES. AGRICULTURAL BIOTECHNOLOGY, AND CLEAN ENERGY

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

4 ·	for related	-	$\overline{}$	$\overline{}$	$\overline{}$	$\overline{}$		1 /W_ 2/1000_ I	(W- 2/1099-	organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	101	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	MISC)	related organizations
PHIL ENGLISH CO-CHAIR	1 00	1 1		x				0	0	0
VIC FAZIO CO-CHAIR	1 00	1 1		х				0	0	0
GRANT ALDONAS DIRECTOR	1 00	1 1						0	0	0
BILL ANDRESEN	1 00	1 1					П	0	0	0

1 00

1 00

1 00

1 00

1 00

1 00

Х

Χ

Χ

Х

Х

Х

0

0

0

0

.....

......

......

......

CO CITIZIN	
GRANT ALDONAS	
DIRECTOR	
BILL ANDRESEN	
DIRECTOR	

DON BAER

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

TOM GAVIN

DIRECTOR

JEFF EISENACH

MARIA CINO

CHRIS CAINE ......

**BILL BONVILLIAN** 

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

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

	ally llouis	I and	a un	ecti	217 (1	usice)		Organization	organizations	lioni the
	for related organizations below dotted line)		Institutional Trustee		key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
DEAN GARFIELD DIRECTOR	1 00	1 1						0	0	0
DAVID GOLDSTON DIRECTOR	1 00	1 1						0	0	0
SHANE GREEN DIRECTOR	1 00	1 1						0	0	0
DAVID GROSS DIRECTOR	1 00	1 1						0	0	0
CYNTHIA HOGAN	1 00						$\Box$			

0

0

0

0

0

0

Х

Χ

Х

Х

Х

Х

1 00

1 00

1 00

1 00

1 00

......

......

DIRECTOR
DAVID GROSS
DIRECTOR
CYNTHIA HOGAN

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

BLAIR LEVIN

JASON MAHLER

FRED HUMPHRIES

SHANNON KELLOGG

ADAM KOVACEVICH

.......

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the compensation from related any hours and a director/trustee) organization organizations from the

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

and Independent Contractors

ROBERT ATKINSON

**PRESIDENT** 

DANIEL CASTRO

VICE PRESIDENT

.......

RANDOLPH COURT

STEPHEN EZELL

CHIEF OPERATING OFFICER

JACQUELINE WHISMAN

VP, GLOBAL INNOVATION POLICY

VP, DEVELOPMENT AND OUTREACH

.....

	I dilly libura							Organization	digamzacions	Trom the	
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
LISA MALLOY DIRECTOR	1 00							0	0	0	
BERNIE MCKAY DIRECTOR	1 00	х						0	0	0	
DOROTHY ROBYN DIRECTOR	1 00							40,000	0	0	
	1 00						$\Box$				

82,812

62,671

48,015

41,344

19,777

0

DIRECTOR							
DOROTHY ROBYN	1 00	×			40,000	0	
DIRECTOR		^			40,000	ŭ	
NATE TIBBITS	1 00	l			0	0	
DIRECTOR		^			9	ŭ	
JOHN TUCCILLO	1 00	1			0	0	

Χ

Χ

Х

Χ

Χ

Х

467,098

209,242

268,501

188,674

160,427

DOROTHY ROBYN	1 00	_			40,000	ا	l
DIRECTOR		_ ^			40,000	Ĭ	
NATE TIBBITS	1 00	V					
DIRECTOR		*			U	١	
JOHN TUCCILLO	1 00	.,					
DIRECTOR		X			0	0	

40 00

40 00

40 00

40 00

40 00

......

......

and Independent Contractors (A)

DOUG BRAKE

Name and Title

DIRECTOR, BROADBAND AND SPECTRUM POLICY

hours per week (list any hours for related organizations below dotted line)
40 00

(B)

Average

40 00

than one box, unless person is both an officer and a director/trustee) employee

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

Institutio

Х

Position (do not check more

Reportable compensation from the organization (W-2/1099-MISC) 117,459

(D)

compensation from related organizations (W- 2/1099- MISC)	
C	

(E)

Reportable

(F)

Estimated

amount of other

compensation

from the

organization and related

organizations

11,728

SCI	HED	ULE A		Public	Charity Statu	s and Pul	hlic Sunn	ort	OMB No 1545-0047			
	m 990		Com		rganization is a sect 4947(a)(1) nonexe ► Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2018			
•		the Treasury		► Go to	www.irs.gov/Forms				Open to Public Inspection			
lame	e of th	ne organiza N TECHNOLOG						Employer identification number				
	_	FOUNDATION	ior Dublic (	'haritu Etat	us (All organization	s must comple	to this part \ (	20-4403497				
	<b>'t I</b> rganız				<b>us</b> (All organization e it is  (For lines 1 thro			see instructions.				
1		A church, c	onvention of a	hurches, or as	ssociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).				
2	$\overline{\Box}$	A school de	scribed in <b>sec</b>	tion 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))					
3		A hospital o	or a cooperativ	e hospital ser	vice organization desc	rıbed ın <b>section</b>	170(b)(1)(A)(	iii).				
4		A medical r	_	nization operat	ed in conjunction with	a hospital descr	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's			
5		-	ition operated ( <b>iv).</b> (Comple		t of a college or unive	rsity owned or o	perated by a gov	ernmental unit descri	bed in <b>section 170</b>			
6		A federal, s	tate, or local	government or	governmental unit de	scribed in <b>secti</b>	on 170(b)(1)(A	\)(v).				
7	✓	section 17	0(b)(1)(A)(	<b>vi).</b> (Complete	,			init or from the gener	al public described in			
8		A communi	ty trust descr	bed in <b>sectio</b> i	170(b)(1)(A)(vi)	(Complete Part I	ΙΙ )					
9					escribed in <b>170(b)(1)</b> ee instructions Enter				ege or university or a			
0		from activit	ies related to income and u	its exempt fur inrelated busir	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III )	taın exceptions,	and (2) no more	than 331/3% of its si	ipport from gross			
L		•			d exclusively to test fo	r public safety	See <b>section 509</b>	(a)(4).				
2		more public	ly supported	organizātions (	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or <b>se</b>	ction 509(a)(2	). See section 509(a				
a		<b>Type I.</b> A so	upporting org n(s) the powe	anızatıon oper	rated, supervised, or component or elect a major	ontrolled by its s	supported organi	zation(s), typically by				
b		manageme	nt of the supp		ervised or controlled i ation vested in the sar and C.							
С					supporting organizatio				ited with, its			
t		Type III n functionally	on-functional	ally integrate he organizatio	<ul> <li>d. A supporting organi</li> <li>n generally must satis</li> <li>rt IV, Sections A and</li> </ul>	zation operated fy a distribution	in connection wi requirement and	th its supported organ				
2		Check this	oox if the org	anızatıon recei	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally			
f		the number	of supported	organizations	integrated supporting	-						
g					upported organization(		anization listed	(w) Amount of	(vi) Amount of			
	(1)	organization organization in your governing document? monetary support other's				other support (see instructions)						
						Yes	No					
otal							-					
		work Reduc	tion Act Noti	ce. see the T	nstructions for	L Cat No 1128	5F '	<u> </u> Schedule A (Form 9	1 90 or 990-F7) 201:			

Page 2

(Complete only if you checked the box on line 5, 7, 8, or 9 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	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			

	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
_	(or fiscal year beginning in) ▶		` '	. ,	• ,	• • •	
1	Gifts, grants, contributions, and	3 570 356	2 466 045	2 610 500	2 400 200	2.046.514	10 002 702
	membership fees received (Do not	3,570,256	3,466,045	3,610,508	3,490,380	3,946,514	18,083,703
_	include any "unusual grant ") Tax revenues levied for the						
2							
	organization's benefit and either paid						
_	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge	3 570 356	2 466 045	2 642 500	2 400 200	2.046.544	10.002.702
4	Total. Add lines 1 through 3	3,570,256	3,466,045	3,610,508	3,490,380	3,946,514	18,083,703
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						1,748,544
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5						16 225 450
	from line 4						16,335,159
	Section B. Total Support						
	Calendar vear						

5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,748,544
6	<b>Public support.</b> Subtract line 5 from line 4						16,335,159
-:	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	3,570,256	3,466,045	3,610,508	3,490,380	3,946,514	18,083,703
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,515	-50,060	734	213,935	113,690	279,814
9	Net income from unrelated business activities, whether or not the business is regularly carried on						

	, , , , ,						
6	<b>Public support.</b> Subtract line 5 from line 4						16,335,159
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	<b>(a)</b> 2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	3,570,256	3,466,045	3,610,508	3,490,380	3,946,514	18,083,703
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,515	-50,060	734	213,935	113,690	279,814
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )	17,505	1,709	31	4	2	19,251
11	<b>Total support.</b> Add lines 7 through						18,382,768

amount shown on line 11, column (f)						
<b>Public support.</b> Subtract line 5 from line 4						16,335,159
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	<b>(a)</b> 2014	<b>(b)</b> 2015	(c)2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f)Total
Amounts from line 4	3,570,256	3,466,045	3,610,508	3,490,380	3,946,514	18,083,703
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,515	-50,060	734	213,935	113,690	279,814
Net income from unrelated business activities, whether or not the business is regularly carried on						
Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )	17,505	1,709	31	4	2	19,251
<b>Total support.</b> Add lines 7 through 10						18,382,768
Gross receipts from related activities,	etc (see instructio	ns)			12	150,367
First five years. If the Form 990 is fo	or the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a sec	tion 501(c)(3) org	anization,
check this box and <b>stop here</b>					<u> ▶ L</u>	<u> </u>
Section C. Computation of Public	Support Perce	entage		·	·	

	assets (Explain in Part VI )	17,505	1,703	31	]			15,251	
11	<b>Total support.</b> Add lines 7 through 10							18,382,768	
12	Gross receipts from related activities,	etc (see instruction	ons)			12		150,367	
13	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 <b>stop here</b>						▶[		
S	ection C. Computation of Public	c Support Perc	entage						
14	Public support percentage for 2018 (III	ne 6, column (f) di	vided by line 11,	column (f))		14		88 860 %	
15	Public support percentage for 2017 Sc	hedule A, Part II,	line 14			15		88 250 %	
16a	<b>33 1/3% support test—2018.</b> If the	organization did i	not check the box	on line 13, and lir	ie 14 is 33 1/3% or	more, c	heck this	s box	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation				▶ ☑	

		,	. /
	check this box and <b>stop here</b>	<u></u>	▶□
S	Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	88 860 °
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	88 250 °
16a	$_{ m 1}$ 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or n	nore, c	heck this box
b	and <b>stop here.</b> The organization qualifies as a publicly supported organization  33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3	% or m	► ✓ nore, check this
17a	box and <b>stop here.</b> The organization qualifies as a publicly supported organization <b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, a is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly	e. Expla	ain
	organization		▶ □

,	ection c. computation of Fubic Support Fercentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	88 860 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	88 250 %
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or n	nore, c	heck this box
	and <b>stop here.</b> The organization qualifies as a publicly supported organization  33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/39	% or n	ightharpoonupnore, check this
	box and <b>stop here.</b> The organization qualifies as a publicly supported organization <b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, a is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly	. Expl	ain
b	organization  10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop is Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as	here.	

Р	art III	Support Schedule for						
		(Complete only if you c the organization fails to						der Part II. If
Se	ection A. I	Public Support	quality under t	.ne tests listeu	below, please co	ompiete Part II.)		
	C	alendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(4) 2017	(e) 2018	(f) Total
	(or fiscal	year beginning in) 🕨 📗	(a) 2014	(B) 2015	(6) 2016	(d) 2017	(e) 2018	(I) Iotai
1		its, contributions, and hip fees received (Do not						
		y "unusual grants ")						
2		eipts from admissions,						
		se sold or services , or facilities furnished in						
	,	y that is related to the						
		on's tax-exempt purpose						
3		eipts from activities that are						
	not an unr under sect	related trade or business						
4		ues levied for the						
		on's benefit and either paid						
_		nded on its behalf						
5		of services or facilities by a governmental unit to						
		zation without charge						
6	Total. Add	d lines 1 through 5						
7a		ncluded on lines 1, 2, and						
h		from disqualified persons ncluded on lines 2 and 3						
		rom other than disqualified						
		at exceed the greater of						
	\$5,000 or 13 for the	1% of the amount on line						
c	Add lines	· .						
8		pport. (Subtract line 7c						
	from line 6							
Se		Total Support		ı	1	, ,		
		alendar year year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	•	from line 6						
L0a	Gross inc	ome from interest,						
		, payments received on						
		loans, rents, royalties and om similar sources						
Ь		business taxable income						
		ion 511 taxes) from						
	businesse 1975	es acquired after June 30,						
c		10a and 10b						
11		ne from unrelated business						
		not included in line 10b,						
		or not the business is carried on						
12		ome Do not include gain or						
	loss from	the sale of capital assets						
12		n Part VI) pport. (Add lines 9, 10c,						
13	11, and 1							
14		years. If the Form 990 is fo	r the organization	's fırst, second, t	hird, fourth, or fift	h tax year as a sec	tion 501(c)(3)	organization,
	check this	box and <b>stop here</b>						▶ 🗆
		Computation of Public s			1 (6))			
15		port percentage for 2018 (lin		•	column (f))		15	
16 S	· · · · · · · · · · · · · · · · · · ·	port percentage from 2017 S					16	
		Computation of Investint income percentage for 201			line 13. column (f	7))	17	
1 <i>7</i> 18		nt income percentage from 2			,(1	,,	18	
		upport tests—2018. If the	•	•	on line 14. and lin	ne 15 is more than		ne 17 is not
		33 1/3%, check this box and s						<b>▶</b> □
		support tests—2017. If the	-					· —
,		than 33 1/3%, check this box	_					▶□
20		nundation. If the organization		-				. □

Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V )

Schedule A (Form 990 or 990-EZ) 2018

answer line 10b below

the organization had excess business holdings)

2

Section A. All Supporting Organizations Yes No 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 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below 3a

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

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 Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a 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 4b supervised by or in connection with its supported organizations 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)? 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 4c 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 5a amendment to the organizing document)

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

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) its supported organizations, (11) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) 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

6 7

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ)

8

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

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Did a disqualified person (as defined in line 9a) 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.

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
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 <b>Part VI</b> 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 <b>Part VI</b> 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		162	140
•	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
_	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ions)		
_	The organization satisfied the Activities Test. Complete line 2 below	,		
	b  The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below			
	c  The organization supported a governmental entity Describe in <b>Part VI</b> how you supported a government entity (see	ınctru	ctions)	
	The organization supported a governmental entity Describe in Part VI now you supported a government entity (see	ii isti ui	ctions)	
2	Activities Test Answer (a) and (b) below.	I	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 <b>Part VI identify those supported organizations and explain</b> 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 <b>Part VI</b> 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	Parent of Supported Organizations Answer (a) and (b) below.	20		
	a 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		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3h		

	ule A (Form 990 or 990-EZ) 2018			Pa
1 1	Type III Non-Functionally Integrated 509(a)(3) Supporting O	_		D 11/17/ 6
_	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	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		
ŀ	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		
1	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	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> 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		
1	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		
5	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
3	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
L	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
ŀ	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
5	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	tegrate	d Type III supporting oi	ganization (see

a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater

than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines 31 and 4c 8 Breakdown of line 7

a Excess from 2014. . . . . . **b** Excess from 2015. . . . . c Excess from 2016. . . . . d Excess from 2017. e Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2018)

Schedule A (Form	990 or 990-EZ) 2	Page <b>8</b>
Secti Part Secti	ion A, lines 1, 2, 3 IV, Section D, line	mation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, 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, es 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 and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See
		Facts And Circumstances Test
990 Schedule	A, Supplemen	tal Information
Return R	eference	Explanation
SCHEDULE A, PAI EXPLANATION OF		INCOME FROM ACTIVITIES NOT REGULARLY CARRIED ON - 2014 AMOUNT \$ 17,505 2015 AMOUNT \$ 1, 709 2016 AMOUNT \$ 31 2017 AMOUNT \$ 4 2018 AMOUNT \$ 2

000 571 3010

INCOME

**SCHEDULE D** 

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

(Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

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

▶ Go to www.irs.gov/Form990 for the latest information.

DLN: 93493192014409 OMB No 1545-0047

Open to Public **Inspection** 

	me of the organization ORMATION TECHNOLOGY AND			Employer i	dentification	number
	ORMATION FECHNOLOGY AND IOVATION FOUNDATION			20-4403497	,	
Pa	ort I Organizations Maintaining Donor Advi			r Accounts		
	Complete if the organization answered "Ye	1		(1.)5	1 1 11	
	T. I I I. 6	(a) Donor adv	vised funds	(b)Fur	ds and other a	accounts
•	Total number at end of year					
<u>.</u>	Aggregate value of contributions to (during year)					
	Aggregate value of grants from (during year)					
	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex		sets held in donor adv	vised funds ar	_	Yes 🗌 No
5	Did the organization inform all grantees, donors, and donoring the donoring private benefit?				ermissible	Yes 🗌 No
Pa	rt II Conservation Easements. Complete if the	he organization answ	ered "Yes" on Form	n 990, Part I	IV, line 7.	
	Purpose(s) of conservation easements held by the orga	nızatıon (check all that a	apply)			
	Preservation of land for public use (e g , recreation	n or education)	Preservation of an I	historically im	portant land a	area
	Protection of natural habitat		Preservation of a ce	ertified histori	ıc structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation o	contribution in the form		vation I at the End o	of the Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified histor	ıc structure ıncluded ın (	(a)	2c		
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ured after 7/25/06, and	not on a historic	2d		
1	Number of conservation easements modified, transferred tax year ▶	ed, released, extinguishe	ed, or terminated by t	he organizati	on during the	
ı	Number of states where property subject to conservation	on easement is located	<b>-</b>			
;	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		inspection, handling o	of violations,	☐ Yes	□ No
•	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violati	ons, and enforcing co	nservation ea	sements durin	g the year
,	Amount of expenses incurred in monitoring, inspecting,	, handling of violations, a	and enforcing conserv	ation easeme	ents during the	e year
3	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(u)^2$	) above satisfy the requi	rements of section 17	'0(h)(4)(B)(ı)	☐ Yes	□ No
)	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	e footnote to the organiz				
ar	t III Organizations Maintaining Collections Complete of the organization answered "Ye	of Art, Historical T		er Similar A	Assets.	
.a	If the organization elected, as permitted under SFAS 1: art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	16 (ASC 958), not to reproperty public exhibition, education	port in its revenue states ation, or research in fu			
b	If the organization elected, as permitted under SFAS 1: historical treasures, or other similar assets held for pub following amounts relating to these items	16 (ASC 958), to report	ın ıts revenue stateme			
(	(i) Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$		
	ii)Assets included in Form 990, Part X			·		
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS			· -	vide the	
а	Revenue included on Form 990, Part VIII, line 1	( 5 555) relating		<b>▶</b> \$		
b	Assets included in Form 990, Part X			<b>▶</b> \$		
_				- +		

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Maintaining Col	lections of Art,	Histor	ical T	reas	ures, o	r Other	Similar A	ssets (	continue	d)
3		the organization's acquisition, accessio (check all that apply)	n, and other record	s, check	any of	the fo	ollowing t	hat are a	ı sıgnıfıcant ı	use of it	s collectio	n
а		Public exhibition		d		Loar	or exch	ange prog	grams			
b		Scholarly research		е		Othe	er					
С		Preservation for future generations										
4	Provid Part >	de a description of the organization's col KIII	llections and explai	n how th	ey furt	her th	e organiz	zation's e	xempt purpo	se in		
5		g the year, did the organization solicit o s to be sold to raise funds rather than to							nılar	□ Y <sub>6</sub>	es 🗆	No
Pai	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		orm 990	), Part	IV, I	ıne 9, o	r reporte	ed an amoi	unt on	Form 99	0, Part
1a	Is the	e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other interme	ediary fo	r contri	bution	ns or othe	er assets	not	□ <b>Y</b> €	es 🗌	No
ь	If "Y∈	es," explain the arrangement in Part XIII	and complete the	following	table				Α	mount		
С		ining balance	·	_				1c				
d	Addıt	ions during the year						1d				
е	Dıstrı	butions during the year						1e				
f	Endın	ng balance						1f				
<b>2</b> a	Did th	ne organization include an amount on Fo	orm 990, Part X, lin	e 21, for	escrov	v or cı	ustodial a	ccount li	ability?		es 🗌	 No
Ь		s," explain the arrangement in Part XIII								_		
Pa	rt V	Endowment Funds. Complete if										
		·	(a)Current year		Prior yea				(d)Three ye		(e)Four y	ears back
1a	Beginn	ing of year balance										
b	Contrib	outions										
С	Net inv	estment earnings, gains, and losses										
d	Grants	or scholarships										
е		expenditures for facilities ograms										
f	Admını	strative expenses										
g	End of	year balance										
2	Provid	de the estimated percentage of the curr	ent year end baland	e (line 1	.g, colu	mn (a	a)) held a	s				
а	Board	d designated or quasi-endowment 🕨										
b	Perm	anent endowment ►										
С	Temp	orarily restricted endowment <b>&gt;</b>										
	The p	percentages on lines 2a, 2b, and 2c shou	ıld equal 100%									
3a		here endowment funds not in the posses	ssion of the organiz	ation tha	at are h	eld ar	nd admin	istered fo	r the		V-	- I N-
	_	nization by  nrelated organizations								[3	a(i)	s No
	• •	elated organizations								<u> </u>	a(ii)	<del>                                     </del>
b		es" on 3a(II), are the related organization	ns listed as required	d on Sch	edule R	?.					3b	
4	Descr	ribe in Part XIII the intended uses of the	organization's end	owment	funds							
Pai	rt VI	Land, Buildings, and Equipme										
		Complete if the organization answ							rm 990, Pa			alua
	Descri	ption of property (a) Cost or oth (investme		st or othe	r Dasis (	otner)	(e) Acc	umulated	uepreciation	ı	(d) Book v	alue
1a	Land											
b	Buildin	gs										
c	Leaseh	old improvements										
d	Equipm	nent		•	1	58,863			158,863			0
Tota	ıl. Add	lines 1a through 1e (Column (d) must e	qual Form 990, Par	t X, colu	mn (B)	, line	10(c))		<b>&gt;</b>			0

Part VII Investments—Other Securities. Complete if the organiz	ation answer	ed "Yes" on Form 990,	Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category  (including name of security)	(b) Book value	(c) Method of Cost or end-of-year	of valuation ear market value
(1) Financial derivatives			
A)			
В)			
C)			
D)			
E)			
F)			
G)			
н)			
	•		
Investments—Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV, line	11c. See Form 990, Pa	rt X, line 13.
(a) Description of investment (b)	Book value	(c) Method ( Cost or end-of-ye	
1)		,	
2)			
3)			
4)			
5)			
6)			
7)			
8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13 )			
	irm 990, Part 1	V, line 11d See Form 990	ı, Part X, line 15 <b>(b)</b> Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered 'Yes' on Form  (a) Description  1) DEFERRED COMPENSATION	ırm 990, Part I	V, line 11d See Form 990	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered 'Yes' on Form  (a) Description  1) DEFERRED COMPENSATION  2)	rm 990, Part 1	V, line 11d See Form 990	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered 'Yes' on Form  (a) Description  1) DEFERRED COMPENSATION  2)  3)	irm 990, Part I	V, line 11d See Form 990	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered 'Yes' on Form  (a) Description  1) DEFERRED COMPENSATION  2)  3)	irm 990, Part I	V, line 11d See Form 990	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered 'Yes' on Form  (a) Description  1) DEFERRED COMPENSATION  2)  3)  4)	rm 990, Part I	V, line 11d See Form 990	(b) Book value
Otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered 'Yes' on Form (a) Description  1) DEFERRED COMPENSATION 2) 3) 4) 5)	rm 990, Part I	V, line 11d See Form 990	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered 'Yes' on Form (a) Description  1) DEFERRED COMPENSATION  2)  3)  4)  5)  6)	orm 990, Part 1	V, line 11d See Form 990	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered 'Yes' on Form (a) Description  1) DEFERRED COMPENSATION  2)  3)  4)  5)  6)  7)	orm 990, Part 1	V, line 11d See Form 990	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX  Other Assets. Complete if the organization answered 'Yes' on Form (a) Description  1) DEFERRED COMPENSATION  2)  3)  4)  5)  6)  7)  8)			<b>(b)</b> Book value 869,96.
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX  Other Assets. Complete if the organization answered 'Yes' on Form (a) Description  1) DEFERRED COMPENSATION  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X  Other Liabilities. Complete if the organization answered '			(b) Book value 869,963
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX  Other Assets. Complete if the organization answered 'Yes' on Form (a) Description  1) DEFERRED COMPENSATION  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X  Other Liabilities. Complete if the organization answered 'See Form 990, Part X, line 25.		990, Part IV, line 11e	(b) Book value 869,96
Otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered 'Yes' on Form (a) Description  1) DEFERRED COMPENSATION  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization answered 'See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes	Yes' on Form	990, Part IV, line 11e	(b) Book value 869,96
Otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered 'Yes' on Form (a) Description  1) DEFERRED COMPENSATION  2)  33)  4)  5)  6)  Otal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization answered 'See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes  DEFERRED COMPENSATION	Yes' on Form	990, Part IV, line 11e	(b) Book value 869,96
otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered 'Yes' on Form (a) DEFERRED COMPENSATION  2)  3)  4)  5)  66)  7)  88)  99)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization answered 'See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes  DEFERRED COMPENSATION  2)	Yes' on Form	990, Part IV, line 11e	(b) Book value 869,96
otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered 'Yes' on Form (a) DEFERRED COMPENSATION  2)  3)  4)  5)  6)  7)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes  DEFERRED COMPENSATION  2)  3)	Yes' on Form	990, Part IV, line 11e	(b) Book value 869,96
Otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered 'Yes' on Form (a) Description  1) DEFERRED COMPENSATION 2)  3) 4)  5)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization answered 'See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes  DEFERRED COMPENSATION 2)  3)  4)	Yes' on Form	990, Part IV, line 11e	(b) Book value 869,96
Otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered 'Yes' on Form (a) Description  1) DEFERRED COMPENSATION  2)  33)  44)  55)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes  DEFERRED COMPENSATION  2)  33)  44)	Yes' on Form	990, Part IV, line 11e	(b) Book value 869,96
Other Assets. Complete if the organization answered 'Yes' on Form (a) Description  1) DEFERRED COMPENSATION  2)  3)  4)  Fort X  Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description  7)  Part X  Other Liabilities. Complete if the organization answered 'See Form 990, Part X, Inne 25.  (a) Description of liability  1) Federal income taxes  DEFERRED COMPENSATION  2)  33  44)  55  66  67  68  68  69  69  69  69  60  60  60  60	Yes' on Form	990, Part IV, line 11e	(b) Book value 869,96
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered 'Yes' on Form (a) Description  1) DEFERRED COMPENSATION  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  See Form 990, Part X, line 25.  L. (a) Description of liability  1) Federal income taxes  DEFERRED COMPENSATION  2)  3)  4)  5)  6)  7)	Yes' on Form	990, Part IV, line 11e	(b) Book value 869,96
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered 'Yes' on Form (a) Description  1) DEFERRED COMPENSATION  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  See Form 990, Part X, line 25.  L. (a) Description of liability  1) Federal income taxes  DEFERRED COMPENSATION  2)  3)  4)  5)  6)  7)  8)	Yes' on Form	990, Part IV, line 11e	(b) Book value 869,96
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered 'Yes' on Form (a) Description  1) DEFERRED COMPENSATION  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  See Form 990, Part X, line 25.  L. (a) Description of liability  1) Federal income taxes  DEFERRED COMPENSATION  2)  3)  4)  5)  6)  7)	Yes' on Form	990, Part IV, line 11e	(b) Book value 869,96.

1

2

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

1

Schedule D (Form 990) 2018

Page 4

а	Net unrealized gains (losses) on inv	vestments	2a		
b	Donated services and use of facilities	es	2b		
С	Recoveries of prior year grants .		2c		
d	Other (Describe in Part XIII ) .		2d		
e	Add lines 2a through 2d			. 2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	
4	Amounts included on Form 990, Pai	rt VIII, line 12, but not on line <b>1</b>			
а	Investment expenses not included of	on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII ) .		4b		
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c.	(This must equal Form 990, Part I, line 12)		5	
Par		enses per Audited Financial Statem ation answered 'Yes' on Form 990, Part		s per Retur	n.
1		ted financial statements		1	
2	Amounts included on line 1 but not	on Form 990, Part IX, line 25			
а	Donated services and use of facilities	es	2a		
b	Prior year adjustments		2b		
c	Other losses		2c		
d	Other (Describe in Part XIII ) .		2d		
e	Add lines 2a through 2d			2e	
3	Subtract line $\mathbf{2e}$ from line $1$			3	
4	Amounts included on Form 990, Pai	rt IX, line 25, but not on line 1:			
а	Investment expenses not included of	on Form 990, Part VIII, line 7b 🔒 .	4a		
b	Other (Describe in Part XIII ) .		4b		
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c	. (This must equal Form 990, Part I, line 18	)	5	
Par	t XIII Supplemental Infor	mation			
		t II, lines 3, 5, and 9, Part III, lines 1a and 4 d and 4b Also complete this part to provide			4, Part X, line 2, Part
	Return Reference	Explanation			

	orm 990) 2018		Page <b>5</b>
Part XIII	Supplemental Info	rmation (continued)	
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2018

tivities to for the the organizer, line 3 to	e Outside the Untain records to be grants or assistantial process.	Outside the Un Yes" to Form 990, Part IV, Ito Form 990. Instructions and the latest I  Juited States. Complete substantiate the amount stance, and the selection and the selection and the selection stance of the selection s	Ine 14b, 15, on formation.  En  20  ete if the or  t of its grant or criteria use e use of its g	mployer ident 0-4403497 ganization ar ts and ed	☐ Yes ☐ No
tivities  Ion mail ty for th  the orga	Attach of gov/Form990 for in a contract of the land of	Jnited States. Complessubstantiate the amoun stance, and the selection dures for monitoring the	ete if the or	mployer ident 0-4403497 ganızatıon ar ts and ed	Open to Public Inspection  tification number  nswered "Yes" to
tion mail ty for th the orga , line 3 t mber of	ntain records to be grants or assi- anization's proce	substantiate the amoun stance, and the selection dures for monitoring the	ete if the or t of its grani n criteria use e use of its g	0-4403497 ganization ar ts and ed	nswered "Yes" to
tion mail ty for th the orga , line 3 t mber of	ntain records to be grants or assi- anization's proce	substantiate the amoun stance, and the selection dures for monitoring the	ete if the or t of its grani n criteria use e use of its g	0-4403497 ganization ar ts and ed	nswered "Yes" to
tion mail ty for th the orga , line 3 t mber of	ntain records to be grants or assi- anization's proce	substantiate the amoun stance, and the selection dures for monitoring the	t of its grand	rganization ar ts and ed	☐ Yes ☐ No
ty for th the orga , line 3 t	e grants or assi	stance, and the selection	n criteria use	ed	
, line 3 t	table can be dupli	•	_	grants and oth	ner assistance
mber of	· ·	icated if additional space is	s needed )		
	(c) Number of				
s in the Jion	employees, agents, and independent contractors in region	fundraising, program services, investments, grants to recipients located in the	program ser specifi		(f) Total expenditures for and investments in region
0	1	PROGRAM SERVICES	RESEARCH,	ANALYSIS,	72,12
0	) 1				72,12
0	1				72,12
	0	contractors in region  0 1  0 1	contractors in region services, investments, grants to recipients located in the region)  0 1 PROGRAM SERVICES  0 1	contractors in region services, investments, grants to recipients located in the region)  0 1 PROGRAM SERVICES PUBLIC POLIRESEARCH, AND ADVOC	contractors in region services, investments, grants to recipients located in the region)  1 PROGRAM SERVICES PUBLIC POLICY RESEARCH, ANALYSIS, AND ADVOCACY  0 1

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(e) Manner of cash disbursement (g) Description of non-cash (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (f) Amount of (h) Method of cash grant non-cash valuation recipients assistance (book, FMV, assistance appraisal, other)

Page **3** 

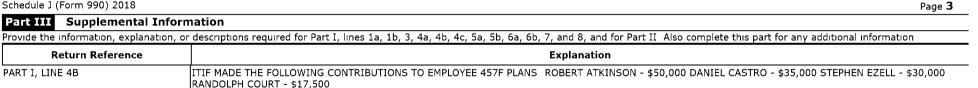
Sche	dule F (Form 990) 2018		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	<b>☑</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)		
	,	☐ Yes	<b>✓</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations (see Instructions for Form 5471)	☐ Yes	<b>✓</b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing		
	fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	<b>✓</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships		
	(see Instructions for Form 8865)	Yes	<b>✓</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713, don't file with Form 990)	∐ Yes	<b>✓</b> No

Schedule Fi	(Form 990) 2018	Page :						
Part V	Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting met amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provany additional information (see instructions).							
	ReturnReference	Explanation						

Schedule F (Form 990) 2018

efil	e GRAPHIC pi	int - DO NOT PROCESS As Filed Data -		DLN: 934	9319	2014	409
Schedule J		Compensation	n Information	ОМ	B No	1545-0	)047
•	m 990) tment of the Treasury	For certain Officers, Directors, Trust Compensated ▶ Complete if the organization answerec ▶ Attach to F ▶ Go to www.irs.gov/Form990 for inst	line 23.	2018 Open to Public			
	al Revenue Service					ectio	n
INF	me of the organiza ORMATION TECHNOI OVATION FOUNDAT:	LOGY AND		Employer identificati 20-4403497	on nu	mber	
		ons Regarding Compensation		20-4403497			
	· ·					Yes	No
1a	Check the appro	opiate box(es) if the organization provided any of the ection A, line 1a Complete Part III to provide any rele	following to or for a person listed levant information regarding thes	d on Form se Items			
	_	_	using allowance or residence for p				
		·	ments for business use of persor				
			alth or social club dues or initiation				
	□ Discretion	ary spending account LJ Pers	sonal services (e g , maid, chauf	reur, chef)			
b		xes in line 1a are checked, did the organization follow ill of the expenses described above? If "No," complete		ent or reimbursement	1b		
2		ation require substantiation prior to reimbursing or all		4-3	2		
	directors, truste	es, officers, including the CEO/Executive Director, rec	garding the items checked in line	la/			
3	organization's C	If any, of the following the filing organization used to EO/Executive Director Check all that apply Do not clud organization to establish compensation of the CEO/	theck any boxes for methods				
	Compens	ation committee	itten employment contract				
			mpensation survey or study				
		·	proval by the board or compensal	tion committee			
4	During the year related organiza	, did any person listed on Form 990, Part VII, Section ition	n A, line 1a, with respect to the fi	ling organization or a			
а	Receive a sever	ance payment or change-of-control payment?			4a		No
ь		r receive payment from, a supplemental nonqualified	retirement plan?		4b	Yes	
c	•	r receive payment from, an equity-based compensation	·		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and provide the applicab	ole amounts for each item in Part	111			
		), 501(c)(4), and 501(c)(29) organizations mus	•				
5		ed on Form 990, Part VII, Section A, line 1a, did the o ontingent on the revenues of	organization pay or accrue any				
а	The organization	۹۶			5a		No
b	Any related orga	anization?			5b		No
	If "Yes," on line	5a or 5b, describe in Part III					
6		ed on Form 990, Part VII, Section A, line 1a, did the o ontingent on the net earnings of	organization pay or accrue any				
а	The organization	۹۶			6a		No
b	Any related orga	anization?			6b		No
	If "Yes," on line	6a or 6b, describe in Part III					
7		ed on Form 990, Part VII, Section A, line 1a, did the o escribed in lines 5 and 6 <sup>7</sup> If "Yes," describe in Part III		i	7		No
8		nts reported on Form 990, Part VII, paid or accured p nitial contract exception described in Regulations secti		escribe			l Ne
9		8, did the organization also follow the rebuttable pres	sumption procedure described in	Regulations section	9		No_
For F	Panerwork Redu	iction Act Notice, see the Instructions for Form	<b>990.</b> Cat No 5	0053T Schedule J		9901	2018

Part III Officers,	Dire	ctors, Trustees, Key	y Employees, and Hi	ghest Compensated	Employees. Use dup	licate copies if addition	nal space is needed.	
instructions, on row (ii)	Do no	ot list any individuals that	ted on Schedule J, report t are not listed on Form 9 dividual must equal the to	90, Part VII		-		it individual
(A) Name and Title		(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MIS  (ii) Bonus & incentive compensation	compensation  (iii) Other reportable compensation  (C) Retirement and other deferred compensation		<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 ROBERT ATKINSON PRESIDENT	(i)	407,098	60,000	0	67,274	16,598	550,970	0
	(ii)	0	0	0	0	0	0	0
2 DANIEL CASTRO VICE PRESIDENT	(i)	194,242	15,000	0	47,683	20,847	277,772	0
	(ii)	0	0	0	0	0	0	0
3 RANDOLPH COURT CHIEF OPERATING OFFICER	(i)	251,001	17,500	0	32,327	16,623	317,451	0
CHIEF OF ENVIEWS OF FEER	(ii)	0	0	0	0	0	0	0
4 STEPHEN EZELL VP, GLOBAL INNOVATION	(i)	176,174	12,500	0	41,344	772	230,790	0
POLICY	(ii)	0	0	0	0	0	0	0
5 JACQUELINE WHISMAN VP, DEVELOPMENT AND	(i)	145,427	15,000	0	9,720	15,760	185,907	0
OUTREACH	(ii)	0	0	0	0	0	0	0
	1							



Schedule J (Form 990) 2018

efile GRAPHI	C print - DC	NOT PROCE	SS	As Fi	led Data -					DL	N: 93	4931	920	14409
Schedule L Form 990 or 990	-EZ) ► Con						d Person		5a. 2	25b. 26		МВ No	1545	-0047
Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  Attach to Form 990 or Form 990-EZ.								2018						
		▶Go					st information	n.				21	<i>,</i>	<u> </u>
Department of the Trea											(	Open	to Po ecti	
nternal Revenue Servi Name of the org	anızatıon							Er	nplo	yer ide	ntifica			
INFORMATION TEC								20	-440	3497				
		<b>Fransactions</b>						ganız	ations	only)				
_		anization answe qualified person					r 25b, or Form lified person ar					(4	1 Cor	rected?
1 (a	) Name of dis	quamieu person		(5)	•	organization	ilileu person ai	"	d (c) Description of transaction			· · ·		No
								+						
								+						
Con	nplete if the or orted an amou (b) Relation	int on Form 990 ship (c) Purpos	vered "\ , Part X	res" or 1, line 5 Loan t	n Form 990-EZ,	(e)Original principal amount	(f)Balance due		In	(h) Approved by board or committee?		or i		ten
				То	From			Yes	No	Yes	No	Yes		No
otal			I		•	<u>'</u> ▶ \$				I	l			
		stance Bene												
Com (a) Name of Inter		organization a (b) Relationsl			es" on Form 9 (c) Amount		(d) Type o	of acci	ctano	·a	(a) Pu	rnoso	of acc	stance
(a) Name of mile	ested person	interested per organiz	son and		(c) Amount	Ji assistance	(а) туре с	JI 0331	Starre		(e) Fu	i pose (	JI G33	istance
or Paperwork Red	uction Act Not	ıce. see the Inst	ructions	for Fo	rm 990 or 990-l	<b>Z.</b> Ca	at No 50056A		Scl	nedule I	(Form	990 0	r 000-	F7) 20

Complete if the organization a	answered "Yes" on Forn	n 990, Part IV, line 28a	a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	<b>(c)</b> Amount of transaction			naring f ation's lues?
				Yes	No
(1) DOROTHY ROBYN	BOARD MEMBER	, i	DOROTHY ROBYN IS COMPENSATED AS A RESEARCH CONSULTANT SHE IS NOT COMPENSATED FOR HER SERVICES AS A BOARD MEMBER		No

**Explanation** 

Schedule I. (Form 990 or 990-F7) 2018

Provide additional information for responses to questions on Schedule L (see instructions)

**Return Reference** 

Part V

**Supplemental Information** 

efile GRAPH	IC print - DO NOT PROCESS	As Filed Data -		DLN:	93493192014409
COLLEBIU	<b>F.O.</b> .		. –		OMB No 1545-0047
SCHEDUL (Form 990 or EZ)	990- Complete to pro	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.			2018
Department of the T	reasury • Go to		n 990 or 990-EZ. <u>90</u> for the latest information.		Open to Public Inspection
<b>Ntame</b> l <b>B®the</b> เจโg INFORMATION TEC INNOVATION FOU!	HNOLOGY AND	Employer identi 20-4403497	fication number		
990 Schedul	e O, Supplemental Informatio	on			
Return Reference			Explanation		
FORM 990, PART VI, SECTION A, LINE 2	CHRIS CAINE, ITIF BOARD MEME ITIC WHOSE CEO (DEAN GARFIE			CONSULTING SEF	RVICES TO

Return Explanation
Reference

LINE 11B

FORM 990, TAX RETURN WAS PROVIDED TO CLIENT BEFORE BEING SUBMITTED
PART VI,
SECTION B,

Return Explanation
Reference

FORM 990, A COPY OF THE CONFLICT OF INTEREST POLICY IS PROVIDED ANNUALLY TO EACH MEMBER OF THE GOVER NING BODY AS WELL AS TO ALL OFFICERS AND KEY EMPLOYEES, EACH IS REMINDED TO REVIEW THE POL SECTION B, ICY AND TO REPORT ANY CONFLICTS OF INTEREST

Return Explanation
Reference

FORM 990, ON AN ANNUAL BASIS, THE COMPENSATION OF THE TOP MANAGEMENT OFFICIAL IS REVIEWED AND APPROVED BY INDEPENDENT MEMBERS OF THE GOVERNING BODY

SECTION B, LINE 15A

Return Reference Explanation

FORM 990. ITIF IS A NON-PARTISAN RESEARCH AND EDUCATIONAL INSTITUTE WHOSE MISSION IS TO FORMULATE AN

990 Schedule O. Supplemental Information

PART VI,

D PROMOTE PUBLIC POLICIES TO ADVANCE TECHNOLOGICAL INNOVATION AND PRODUCTIVITY INTERNATION

SECTION C,

LINE 19

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

Return Explanation Reference

11010101100	
FORM 990,	CONTRACT SERVICES PROGRAM SERVICE EXPENSES 635,961 MANAGEMENT AND GENERAL EXPENSES 0
PART IX	FUNDRAISING EXPENSES 4 400 TOTAL EXPENSES 640 361

LINE 11G