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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2008

Department of the Treasury

(A)

to Public Inspection

Inter		nue Service	► The organization may have to u					1 '		- Inspection			
	For the	e 2'008 calendar year,	or tax year beginning Jul	1 ,;	2008, and endi	ing Jun			, 2009				
В	Chack if	applicable Please use	C Name of organization				D Employ	er Ident	ification Numb	er			
	Add	ress change IRS label	Center for Innova	tive Technolo	ogy		54-	1282	820				
	Nam	or print ne change or type	Number and street (or P O box	if mail is not delivered to st	treet addr) Room	/suite	E Telepho	one numl	ber				
	Initia	See specific	2214 Rock Hill Ro	ad	600)	(70	3) 6	89-3000)			
	Terr	nination linstruc-	City, town or country		State ZIP code +			•					
	H	ended return	Herndon		VA 20170)	G Gross r	eceints 5	s 6,993,	037.			
	=		and address of principal officer			• •	I(a) Is this a group return for affiliates? Yes X No.						
	☐ \\pp		Gentry 2212 Rock Hill Road S	Herndon	VA 20170	H(b) Are all	l affiliates inc	luded?		Yes No			
	Tav.	exempt status X 501		4947(a)(1)		If 'No,'	' attach a list	(see ins	structions) —				
<u>;</u>		site: <pre>www.cit.</pre>		1 14347 (0)(1)	01 1327				•				
<u>к</u>				7 011 5	L Year of Form		exemption no		egal domicile	177			
Pa		of organization X Corpora	ation Trust Association	Other ►	L Year of Form	ation 196	4 141 3	state or i	egai gomicile	<u> </u>			
Fa			ganization's mission or most	avanificant nativitions	CTTLa m	iccion	ic to	220	noto 000	onomia.			
			<u>Virginia</u> by attra							11101117 -			
Activities & Governance	_	and businesses		accing and re	carning_	11911 - 66	CINIOIO	ר דגה	003				
'naī	_	and Dubinebber	<u>'</u>										
Ver	2 (heck this hov	If the organization discontinu	ed its operations or	disposed of m								
ၓိ			bers of the governing body (disposed of in	OFE WAIT Z	3 /0 OI ILS C		13				
න්		•	it voting members of the gove		line 1b)				13				
ij			yees (Part V, line 2a)		•			5	35				
÷	6 T	otal number of volunt	eers (estimate if necessary)					6	0				
¥	7a T	otal gross unrelated b	ousiness revenue from Part V	'III, line 12, column ((C)			7a		0.			
	bΝ	let unrelated business	s taxable income from Form 9	990-T, line 34				7b		0.			
						F	rior Year	ŀ	Curre	nt Year			
a)	8 (Contributions and gran	its (Part VIII, line 1h)				6,148,9	69.	5,8	90,955.			
ž		Program service reven					3,680,1	97.	9	31,258.			
Revenue	10 li	nvestment income (Pa	art VIII, column (A), lines 5, 60 8	, <u>and</u> 7d) —			239,2	299.		77,829.			
Œ	11 (Other revenue (Part VI	II, column (A), limbs 5, 60,8	(9 0) 0c, and 11e)				33.		92,995.			
	12 T	otal revenue – add lir	nes 8 through 11 (must equal	Part VIII coolumn (A	A), line 12)	10	0,069,4		6,9	93,037.			
	13 (Grants and similar amo	ounts pand (Pant//Aycolumn) (A) Imes 3			375,0	00.	125,000				
	14 E	Benefits paid to or for	members (Part IX, column (A				0.						
ø									3,8	07,420.			
Expenses	16a Բ	Professional fundraisin				_							
per			nses (Part IX, column (D), lin		322,779								
Ä			IX, column (A), lines 11a-11d		SEZITIO		6,352,8	07		74 417			
			nes 13-17 (must equal Part I)	•)E\		1,932,9			74,417.			
		•	•		:5)					06,837.			
	19 F	revenue less expense	s Subtract line 18 from line	12			1,863,4			86,200.			
Not Assets or Fund Balancos							nning of Y			of Year			
Balc		otal assets (Part X, III	•				5,042,9			25,846.			
žĘ	21 T	otal liabilities (Part X,	, line 26)				2,992,4			89,138.			
			ances Subtract line 21 from	ine 20			2,050,5	808.	2,4	36,708.			
Pa	rt II	Signature Bloc	<u> </u>										
		Under penalties of perjury, true, correct, and complete	I declare that I have examined this ret Declaration of preparer (other than o	urn, including accompanyir	ng schedules and s	tatements, and	d to the best of	of my kn	owledge and b	elief, it is			
			4/			1							
Sig	jn	(/ Junda) & Xales V	<u> </u>			<u>)5/13/1</u>	.0					
He	re	Signature of officer	0			Da	ate						
		Linda E. Ge				CFO							
		Type or print name and	1 mue		ls.			I D-	opprod-	6 a			
	: _1				Date		Check if elf-		eparer's identi ee instructions	ying number)			
Pa Pre		Preparer's		mployed	\Box								
	:- rer's	signature			l			L_					
Us		Firm's name (or yours if self-											
On		employed),	E	EIN ►									
	_	address, and ZIP + 4											
May	the IR	S discuss this return v	with the preparer shown above	e? (see instructions))				X Yes	No			

Form 990 (2008)

Form	n 990 (2008) Center for Innovative Technology	54-128	2820)		Page 2
Par	rt III Statement of Program Service Accomplishments (see instructions)					
1	Briefly describe the organization's mission:		_			
	CIT's mission:					
	a). Promote economic development of the Commonwealth by attracting	and ret	ain	ing		
	See Form 990, Page 2, Part III, Line 1 (continued)					
			- -			- - -
2	Did the organization undertake any significant program services during the year which were not listed on	the prior				
_	Form 990 or 990-EZ?		\sqcap	Yes	X	No
	If 'Yes,' describe these new services on Schedule O					
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	uces?	\Box	Yes	x	No
J	If 'Yes,' describe these changes on Schedule O.	.003.	_		لت	
А	· · · · · · · · · · · · · · · · · · ·	hy evnences	Secti	on 5	01(c)(.3)
7	Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	allocations t	o othe	rs, th	e tota	اد
	expenses, and revenue, if any, for each program service reported					
4 a	a (Code) (Expenses \$ 2,196,088. including grants of \$ 0.) (Revenue \$		8	7.4	16.)
70	Entrepreneur Program - CIT recognizes that the availablity of ear					
	critical need of many emerging technology companies by making connecti					
	private and federal funding sources. CIT Growth Acceleration Program (G					
	equity investments in Virginia-based technology and life science compan					
	for achieving rapid growth and generating significant economic return					
	Assistance Program identifies and accelerates opportunities for Virg					rodā
	businesses to obtain SBIR, STTR and ATP awards and other government	nt_contr	act	<u>s.</u> _		
					-	-
41	b (Onder) (Francisco C 03E 320 maludum mante et C 0) (Davis 6		20	1 E	E 4 \
40	b (Code:) (Expenses \$ 835,320. including grants of \$ 0.) (
	Research and Development Program - CIT conducts world-class research					
	that create new industry clusters. To do this, CIT focuses on deliveri					
	in areas that will deliver significant economic impact and replace					his_
	includes working with Virginia's ten regional technology councils					-
	Commonwealth Innovation Index, a tool to assist the public and pri					
	makers in advancing Virginia's innovation economy. In addition, CI					utes
	world-class R&D projects targeting the areas of defense, renewabl					
	sciences, biotechnology, nanotechnology, and information and commun	nications	tec	hnc	log	ies.
			 -			
		·				
	(Code) \(\(\) \(Daviania A		E 2	0 0	00 \
40	c (Code:) (Expenses \$ 629,367. including grants of \$ 0.) (
	Connect Program - CIT Connect is a service line dedicated to help					
	and corporate consumers of technology identify and assimilate innova					<u>rate</u>
	sector start-up companies. For technology consumers, the Connect					
	unique and innovative value-add solutions that have just entered the m					
	producers receive value from Connect by being able to extend the					
	activities without expanding their marketing and sales staffs. I					
	operates by working with technology consumers to help them identif	y_their_c	ore	tec	hno	logy
	constraints. These problem sets are converted to search criteria and	compared	tor	orop	rie	tary
	databases and search facilities to discover companies and innovat	ions tha	t ac	ddre	ess	
	the need of the consumer.					
4	d Other program services (Describe in Schedule O.)					
70	(Expenses \$ 919,409. including grants of \$ 125,000.) (Revenue \$			Ο.	`	
10	e Total program service expenses ► \$ 4,580,184. (Must equal Part IX, Line 25, column (Expenses)			<u>.</u>	/	
46	e Total program service expenses - 4 4,000,104. (Must equal Fait IX, Line 25, Column (E	// /				

1 41	(1) Oncomot of frequired 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	x	
2	ls the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X;			
	or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		_ X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II</i>	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	-	X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20 21	x	Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	^	х
22		22		
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23	х	
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and			
Į.	complete Schedule K. If 'No,'go to question 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		X
		240		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
BAA		Form	990	(2008)

Form 990 (2008) Center for Innovative Technology

Part IV Checklist of Required Schedules (continued)

			Yes	_No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		_x_
	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		_x_
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		<u>x</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Χ_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		<u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		<u>x</u>
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
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		Х
RΔ		Form	990 (2008)

Statements Regarding Other IRS Filings and Tax Compliance Part V No Yes 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US 24 Information Returns Enter -0- if not applicable 1 a **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1ь c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х 1 c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 35 Х 2b 2b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return 3a X b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? **b** If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding 5с Prohibited Tax Shelter Transaction? Х 6a 6a Did the organization solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 7 a Х 7b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с X Form 8282 d If 'Yes.' indicate the number of Forms 8282 filed during the year 7di e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e benefit contract? 7 f Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 g 7h h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have 8 X excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. 9a x a Did the organization make any taxable distributions under section 4966? Х 9ь b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter. 11 a a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 11 b amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

BAA

12b

Form 990 (2008)

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A.	Governing Body and Management								
	For each	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, on some standard of the second	describe the circumstances,		Yes	No				
1 :	a Enter the	number of voting members of the governing body	1a 13			•				
١	b Enter the	number of voting members that are independent	1b 13							
2	Did any o officer, d	officer, director, trustee, or key employee have a family relationship or a business relation, trustee or key employee $^{\circ}$	lationship with any other	2		х_				
3	Did the o	rganization delegate control over management duties customarily performed by or u s, directors or trustees, or key employees to a management company or other perso	nder the direct supervision n?	3		<u>x</u>				
4		rganization make any significant changes to its organizational documents		4	<u> </u>					
		prior Form 990 was filed?		ŀ						
5		rganization become aware during the year of a material diversion of the organization	n's assets?	_5		<u>X</u>				
6		organization have members or stockholders?		_6_		<u>x</u>				
	governin	•		7a 7b	X X					
	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?									
8	the following.									
	•	rning body?		8 a	<u> </u>					
		nmittee with authority to act on behalf of the governing body?		8b	X	-				
		organization have local chapters, branches, or affiliates?		9a		X				
	and bran	loes the organization have written policies and procedures governing the activities of ches to ensure their operations are consistent with those of the organization?		9b						
10	Was a co describe	py of the Form 990 provided to the organization's governing body before it was filed in Schedule O the process, if any, the organization uses to review the Form 990	? All organizations must	10	х					
11	organiza	any officer, director or trustee, or key employee listed in Part VII, Section A, who car tion's mailing address? If 'Yes,' provide the names and addresses in Schedule O	nnot be reached at the	11		х				
Sec	ction B.	Policies								
	5 "	the first of the first of the section 2 16 Medical to the 12		10-	Yes	No				
		organization have a written conflict of interest policy? If 'No,' go to line 13		12a	<u>X</u>					
	to conflic		-	12b		<u>x</u>				
	Schedule	organization regularly and consistently monitor and enforce compliance with the pole O how this is done	icy? If 'Yes,' describe in	12c	X					
		organization have a written whistleblower policy?		13	<u> </u>					
14		organization have a written document retention and destruction policy?		14	X					
15		rocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and decomparability data.	approval by independent							
	_	nization's CEO, Executive Director, or top management official?		15a	<u>x</u> _	1,,				
ļ		the process in Schodule O. (con instructions)		15b		X				
10		the process in Schedule O. (see instructions)				_				
	entity du	rganization invest in, contribute assets to, or participate in a joint venture or similar ring the year?	-	16a		<u>x</u> _				
l	in joint v	ias the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard th respect to such arrangements?	the organization's exempt	16b						
Sec		Disclosures	_							
17	List the s	tates with which a copy of this Form 990 is required to be filed ▶								
18	Section 6	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, arn. Indicate how you make these available. Check all that apply				ublic				
	Own	website Another's website X Upon request								
19		in Schedule O whether (and if so, how) the organization makes its governing documents available to the public.	ents, conflict of interest poli	cy, and	d fınar	ncıal				
20		name, physical address, and telephone number of the person who possesses the b	~			3035				
BAA	١			Form	990 ((2008)				

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

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

- 1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did no	t compens	sate ai	ny o	ffice	r, d	ırector	r, tru	ustee, or key employe	e.	
(A)	(B)			(((D)	(E)	(F)
Name and Title	Average Position (cher			check	all t	hat appl	y)	Reportable	Reportable	Estimated
	per week	adividi el frustee or director	urshluhomal kustee	Offi 😜	Key emphyee	High est cointensated employee	F.G. Det	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Daniel Bannister										_
Chairman	2.00	Х		Х				0.	0.	0.
Kimberly B. Chapman										
Director	1.00	X						0.	0.	0.
Aneesh P. Chopra										
Director	1.00	Х						0.	0.	0.
Evan L. Curbeam										
Director	1.00	Х						0.	0.	0.
Rakesh C. Gupta										
Director	1.00	X						0.	0.	0.
Rodney P. Hunt										
Director	1.00	Х						0.	0.	0.
Maloy I. Jones								·		
Director	1.00	Х						0.	0.	0.
Rick Kapani										
Director	1.00	х						0.	0.	0.
Suzanne H. King										
Director	1.00	х						0.	0.	0.
Harry T. Lester										
Director	1.00	Х						0.	0.	0.
Carolyn Meyers										
Director	1.00	Х						0.	0.	0.
Roderick Powell										
Director	1.00	X						0.	0.	0.
Charles W. Steger										
Director	1.00	х						0.	0.	0.
Peter J. Jobse										
President & CEO	40.00			х				311,223.	0.	52,062.
Linda E. Gentry										
Chief Financial Officer	40.00			x				209,957.	0.	37,762.
Paul McGowan										
VP, Consulting Services	40.00				Х			253,919.	0.	47,367.
Tom Weithman										
Vp, Entrepreneurship	40.00				X			181,489.	0.	39,700.
BAA			EEA	0107	04	/24/09				Form 990 (2008)

Part VII Section A. Officers, Directors, Trus				plo	oye	es, a	and	d Highest Con	npensated Em	ploye		<u>11.)</u>		
(A)	(B)			(((D)	(E)		(F)			
Name and Title	Average hours							Reportable compensation from	Reportable compensation from	am	Estimated ount of oth	hor		
•	nours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 MISC)	related organizations (W-2/1099 MISC)	CO OI	mpensation of the pensation of the ganization and related ganization	on n d		
Dan Mills						1	┪			1				
VP, Regional Operations	40.00					х		166,425.	0.		13,9	86.		
Louis McDonald														
CTO/CIO	40.00					х	_	155,443.	0.	·	32,0	18.		
Nancy Vorona								440 505			20.0			
VP, Research Investment	40.00				\vdash	X	\dashv	148,525.	0.	:	30,9	150.		
Henry Connors VP, Gov't & Public Affairs	40.00					x		146,406.	0.		36,1	98		
Denise Baken	40.00				\vdash	\uparrow	_	140,400.		+	30,1	<u>. 50 .</u>		
Dir, Biodefense Programs	40.00					x		140,756.	0.	.	35,9	90.		
							_				,			
												•		
								·						
1 b Total							-	1,714,143.	0.		326,0	33.		
2 Total number of individuals (including those in 1a) worganization ► 14	ho rece	ived	moi	re th	han :	\$100	,00	0 in reportable co	empensation from					
organization 2.1							_				Yes	No		
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste Idividual	e, k	еу е	mpl	loyee	e, or	hıg	hest compensate	d employee	3		х		
4 For any individual listed on line 1a, is the sum of return the organization and related organizations greater the	ortable	con	npen 02 lf	satı F'Ye	ion a	and o	the ete	er compensation for Schedule J for si	rom uch		v			
IndividualDid any person listed on line 1a receive or accrue continuous	ompens	atıor	n frọi	m a	ny u	ınrela	atec	d organization for	services	4	X			
rendered to the organization? If 'Yes,' complete Sch	edule J	for s	such	pei	rson					_ 5		<u> </u>		
Section B. Independent Contractors 1 Complete this table for your five highest compensate	ed inder	end	ent d	conf	tract	ors ti	hat	received more th	an \$100,000 of					
compensation from the organization.						- •	_							
(A) (B) (C)														

(A) Name and business address			(B) Description of Services	(C) Compensation
Potomac Inst for Policy 901 N. Stuart St, Ste 200 Arlington	VA	22203	consulting services	275,519.
VITA 11751 Meadowville Lane Chester	VA	23836	IT services	268,387.
American Systems Corp 13990 Parkeast Circle Chantilly	VA	20151	subcontractor services	192,859.
Automatika, Inc. 137 Delta Drive Pittsburgh	PA	15238	subcontractor services	174,183.
Holland & Knight 11050 Lake Underhill Rd, #864084 Orlando	FL	32825	consulting services	150,000.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► 10

Pa	rt v	III Statement of Re	evenue					
		•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	t c c f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, gismilar amounts not included in Total. Add lines 1a-1f Seminars and we	grants, and above 1 f	5,308,802. 200,100.	5,890,955. 32,055.	32,055.	0.	0.
RE	Ŀ	GAP Program in	come	900099	54,000.	54,000.	0.	0.
/ICE	c	Federal, state and	local awards	900099	845,203.	845,203.	0.	0.
IM SER	6							
GR/	f	All other program service						
PRO		Total. Add lines 2a-2f		•	931,258.			
		Investment income (incother similar amounts)		•	77,829.	0.	0.	77,829.
	4	Income from investmen	t of tax-exempt	bond proceeds				
	5	Royalties			92,995.	92,995.	0.	0.
	_		(i) Real	(II) Personal				-
		Gross Rents						
		Less. rental expenses		_				
		: Rental income or (loss)						
	C	Net rental income or (lo		•				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	t	Less cost or other basis and sales expenses						
	C	Gain or (loss)						
	C	Net gain or (loss)		<u> </u>				
NUE	8 a	Gross income from fund (not including \$	draising events					
OTHER REVEN		of contributions reported See Part IV, line 18	d on line 1c).	a				
Ä	Ł	Less direct expenses		b				
5		: Net income or (loss) fro	m fundraising	events •				Ī
		Gross income from gam See Part IV, line 19	_	a				
		Less direct expenses		b				-
		: Net income or (loss) fro	om gaming activ					
	10 a	Gross sales of inventory and allowances	y, less returns	a				
	b	Less: cost of goods solo	t	b				
		: Net income or (loss) fro	m sales of inve	entory >				
		Miscellaneous Reven	ue	Business Code			··	
	11 a	' _						
	t) 						
	c							
	c	All other revenue						
	e	Total. Add lines 11a-11	d	•				
	12	Total Revenue. Add line 10c, and 11e	es 1h, 2g, 3, 4,	5, 6d, 7d, 8c, 9c,	6,993,037.	1,024,253.	0.	77,829.

Part IX | Statement of Functional Expenses

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

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

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	125,000.	expenses 125,000.	general expenses	expenses
2	Grants and other assistance to individuals in the U.S See Part IV, line 22	0.	0.		
3	Grants and other assistance to governments, organizations, and individuals outside the	_	_		
	U.S. See Part IV, lines 15 and 16	0.	0.		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	1,160,428.	134,816.	848,543.	177,069.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	1,100,420.	134,610.	040,343.	177,009.
7	Other salaries and wages	1,945,556.	615,718.	1,192,171.	137,667.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	250,673.	0.	250,673.	0.
9	 	270,711.	0.	270,711.	0.
		180,052.	0.	180,052.	0.
11	Fees for services (non-employees)				
ā	a Management	0.	0.	0.	0.
ı	b Legal	30,796.	0.	30,796.	0.
	C Accounting	43,409.	0.	43,409.	0.
	d Lobbying	212,600.	0.	212,600.	0.
	Prof fundraising svcs. See Part IV, In 17				
	Investment management fees	10 204		10 204	
•	g Other	18,304.	0.	18,304.	0.
	Advertising and promotion	0. 61,097.	0.	61,097.	0.
13 14	Office expenses Information technology	302,929.	0.	302,929.	0.
15	Royalties	0.	0.	0.	0.
16	Occupancy	40,484.	0.	40,484.	0.
17	Travel	13,517.	0.	13,517.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
	Interest				
21	Payments to affiliates				
22			_		
	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	32,223.	0.	32,223.	0.
	Entrepreneur program	915,079.	915,079.	0.	0.
	R&D program	372,219.	372,219.	0.	0.
	Innovation Center	257,053.	257,053.	0.	0.
	Communications & Marketing	146,875.	0.	146,875.	0.
	Allocation of Fringe, OH & GA	0.	1,975,541.	-1,975,541.	0.
	All other expenses	227,832.	184,758.	35,031.	8,043.
	Total functional expenses. Add lines 1 through 24f Joint Costs. Check here ► If following	6,606,837.	4,580,184.	1,703,874.	322,779.
2 6	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA	L				Form 990 (2008)

ГС	<u> </u>	Datatice Street		г т						
		-	(A) Beginning of year		(End o	3) of year	•			
	1	Cash — non-interest-bearing	600.	1			500.			
	2	Savings and temporary cash investments	4,695,997.	2	4,6		165.			
	3	Pledges and grants receivable, net	-,,	3						
	4	Accounts receivable, net	309,065.	4	2	65,	510.			
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5			<u></u>			
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))								
		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6						
ASSETS	7	Notes and loans receivable, net		7						
E	8	Inventories for sale or use		8						
S	9	Prepaid expenses and deferred charges	36,661.	9		68,	671.			
	10 a	Land, buildings, and equipment, cost basis 10a								
	ь	Less. accumulated depreciation. Complete Part VI of								
		Schedule D 10b	_	10 c						
	11	Investments — publicly-traded securities		11						
	12	Investments – other securities. See Part IV, line 11	619.	12						
	13	Investments - program-related. See Part IV, line 11		13			0.			
	14	Intangible assets		14						
	15	Other assets. See Part IV, line 11		15						
	16	Total assets Add lines 1 through 15 (must equal line 34)	5,042,942.	16	5,0	25,	346.			
	17	Accounts payable and accrued expenses	2,830,640.	17	2,4	62,	261.			
	18	Grants payable	23,906.	18						
	19	Deferred revenue	1,300.	19			<u>705.</u>			
Ļ	20	· · · · · · · · · · · · · · · · · · ·								
A B	21	Escrow account liability Complete Part IV of Schedule D		21						
LIABILITIES	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II								
į		of Schedule L		22	·-··					
š	23	Secured mortgages and notes payable to unrelated third parties		23						
	24	Unsecured notes and loans payable		24						
	25	Other liabilities. Complete Part X of Schedule D	136,588.	25			172.			
	26	Total liabilities. Add lines 17 through 25	2,992,434.	26	2,5	89,	138.			
N E T		Organizations that follow SFAS 117, check here ► X and complete lines								
		27 through 29 and lines 33 and 34.	1 550 500							
ŝ	27	Unrestricted net assets	1,750,508.	27			708.			
ANOET-S	28	Temporarily restricted net assets	300,000.	28		00,	000.			
R	29	Permanently restricted net assets		29	·					
		Organizations that do not follow SFAS 117, check here ► and complete					•			
FUZD	20	lines 30 through 34.		20						
	30	Capital stock or trust principal, or current funds		30 31						
Æ	31	Paid-in or capital surplus, or land, building, and equipment fund		32						
Ņ	32	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances.	2,050,508.	33	2 4	36 '	700			
B女し女之いEの	33 34	Total liabilities and net assets/fund balances	5,042,942.	34			708. 346.			
	rt X		3,042,342.	34	3,0	25,	340.			
	<u> </u>	Tinancial Statements and reporting				Yes	No			
1	Acc	counting method used to prepare the Form 990. Cash X Accrual	Other							
		re the organization's financial statements compiled or reviewed by an independent a			2a		х			
		re the organization's financial statements audited by an independent accountant?			2b	Х	 -			
	c If "	Yes' to 2a or 2b, does the organization have a committee that assumes responsibility	y for oversight of the au	dıt.	<u></u>		\vdash			
	rev	iew, or compilation of its financial statements and selection of an independent accou	untant?		2c		X			
3	a As	a result of a federal award, was the organization required to undergo an audit or audit Act and OMB Circular A-133?	dits as set forth in the S	ingle	3a		"			
		Yes,' did the organization undergo the required audit or audits?			3a 3b		<u> </u>			
BA		i es, did the organization undergo the required addit of addits:				990	(2008)			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

nonexempt charitable trusts.

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

OMB No 1545-0047 **2008**

Open to Public Inspection

Employer identification number

	er for Innova								282820			
Part	Reason for Pu	blic Charity Statu	is (All organizations	must o	comple	ete this	part.	(see	instruct	tions)		
The or			se it is. (Please check or									
1	A church, conventi	on of churches or asse	ociation of churches desc	ribed in	section	170(b)(1)(A)(i).					
2	A school described	I in section 170(b)(1)(A)(ii). (Attach Schedule E	Ξ)								
3	_		e organization described		on 170(b	х1хахі	ii). (Att	ach Sch	edule H.)		
4	=	·	d in conjunction with a h		-		, ,			•	oital's	
	name, city, and sta								,,,. <u>_</u>			
5		erated for the benefit	of a college or university	owned	or opera	ited by a	gover	nmental	unit desc	cribed in se	ction	
6	A federal, state, or	local government or	governmental unit descri	oed in se	ection 1	70(b)(1)	(A)(v).					
7	X An organization the in section 170(b)(1	at normally receives a XAXvi). (Complete P	substantial part of its su art II.)	pport fro	om a go	vernmer	ital unit	or from	the gene	eral public	descri	bed
8	A community trust	described in section 1	1 70(b)(1)(A)(vi). (Complet	te Part II)							
9	from activities relations	ted to its exempt functi	(1) more than 33-1/3 % o tions — subject to certain ss taxable income (less : omplete Part III.)	excepti	ons, and	d (2) no	more th	nan 33-1	/3 % of ı	ts support	from g	ross
10	An organization or	ganized and operated	exclusively to test for pu	blic safe	ty. See	section	509(a)(4). (see	ınstructı	ons)		
11	more publicly supp	orted organizations d	exclusively for the benef lescribed in section 509(a ration and complete lines	a)(1) or s	section 5	509(a)(2	tions o). See s	f, or carr section s	ry out the 5 09(a)(3)	e purposes . Check the	of one e box	e or that
	a Type I	b Type II	c Type II				ed		d \square	Type III-	Other	
e	By checking this both than foundation may 509(a)(2).	ox, I certify that the or anagers and other that	ganization is not controll n one or more publicly su	ed direct upported	tly or incorporation	directly bations of	y one o lescribe	or more d in sec	disqualifi tion 509(ied person (a)(1) or se	s othe	er
f		received a written det	ermination from the IRS	that is a	Туре І,	Type II	or Type	III supp	orting or	ganızatıon,	•	
g		006, has the organiza	tion accepted any gift or	contribi	ution fro	m anv d	of the fo	llowina i	ersons?	,		
9	omoo ragaat rr, z	.ooo, nas ara organiza	non accepted any girt of	00111.10		, .				ſ	Yes	No
	(i) a person who	directly or indirectly of	controls, either alone or t	ogether	with per	sons de	scribed	ın (ıı) a	nd (III)			-110
	below, the go	verning body of the si	upported organization?	J	•			• •	` ,	11 g (i)		
	(ii) a famıly mem	iber of a person desc	ribed in (i) above?							11 g (ii)		
	(iii) a 35% contro	lled entity of a person	described in (i) or (ii) at	ove?						11 g (iii)		
<u>h</u>	Provide the following	ng information about t	he organizations the orga	anization	suppor	ts.						
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	s the ion in cold in your rning ment?	the organ	ou notify ization in (i) of ipport?	organizát	s the ion in col zed in the 5 ?	(vii) Amoun	t of Sup	port
				Yes	No	Yes	No	Yes	No			
										_		
										-		
										-		
									J			
					ĺ							
Total	or Brivacy Act and Br	anenwork Poduction A	Act Notice, see the Instru	etions f	or Form	990		Sabadul	A (5000	n 990 or 99	N E 7	2000
	or a livacy metallu fo	aportroin iteuaction #	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CHOHO (Of III	JJU.	,	シン・・・こしはは	~ ~ (I UII	11 730 01 93	ハーニム)	2000

	dule A (Form 990 or 990-EZ) 200					54-1282		
Par	t II Support Schedule for	•			(b)(1)(A)(iv) ar	id 170(b)(1)(A)((vi)
<u></u>	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part	1)				
	tion A. Public Support	T			 	Ι		
begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	•	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')	7,755,403.	6,125,134.	6,580,857.	6,148,969.	5,890,9	55.	32,501,318.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge							
4	Total. Add lines 1-3	7,755,403.	6,125,134.	6,580,857.	6,148,969.	5,890,9	55.	32,501,318.
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)							0.
6	Public support. Subtract line 5 from line 4							32,501,318.
Sec	tion B. Total Support	-		1				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008		(f) Total
7	Amounts from line 4	7,755,403.	6,125,134.	6,580,857.	6,148,969.	5,890,9	55.	32,501,318.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	127,748.	471,000.	359,798.	355,332.	170,8	24.	1,484,702.
9	Net income form unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)	420,269.	253,218.	50,000.	1,033.			724,520.
11	Total support. Add lines 7 through 10							34,710,540.
12	Gross receipts from related activ	rities, etc. (see ins	tructions)				12	16,958,772.
13	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	d, third, fourth, c	or fifth tax year as	a section 50	1(c)(3) ▶ □
_	tion C. Computation of Pu							
14 15	Public support percentage for 20 Public support percentage for 20			e 11, column (f)			14 15	93.64% 93.70%
16 a	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a put	not check the bo	x on line 13, and ganization	the line 14 is 33-	1/3 % or mor	e, che	eck this box ► X
t	33-1/3 support test — 2007. If the and stop here. The organization	e organization did qualifies as a pub	not check a box of licly supported or	on line 13, or 16a ganization.	, and line 15 is 33	3-1/3% or mo	re, ch	eck this box ►
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstances	i' test, check this	box and stop her e	e. Explain in l	Part ۱۱	V how
t	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	ind-circumstances test. The organiz	s' test, check this zation qualifies as	box and stop her e a publicly suppor	e. Explain in l rted organizat	Part I ^v tion	V how the ►
18 RAA	Private foundation. If the organiz	zation did not che	ck a box on line,	<u>13, 16a, 16b, 17a</u>			_	tructions
BAA					30	A (FO	לב ווויי	70 OT 330-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in) (a) 2004 (d) 2007 **(b)** 2005 (c) 2006 (e) 2008 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1-5 7a Amounts included on lines 1. 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11 and 12 for the year or \$5,000 c Add lines 7a and 7b Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal yr beginning in) ► (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 19a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008 Ce	enter for In	novative Techr	nology	54-1282820	Page 4
Part IV Supplemental Information Part II, line 17a or 17b; or	. Complete this	part to provide the	e explanation requ	ired by Part II, line 1	10; ons)
Other Income Part II, Line	10				
Description: Unrealized gain	on marketa	ble_securities	<u>.</u>		. – – – –
2004: 420269.					·
Description: Sale of markets	able_securit	ies			·
2005: 253218.		_			·
Description: Gain on GAP Fur	nd repayment				· -
2006: 50000.					
Description: sublease renta	l_income				 -
2007: 1033.					. -
					 -
					- -
					·
		_			
					-
					-
					
					. – – – –

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

2008

OMB No 1545-0047

Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public

Employer identification number

54-1282820

Department of the Treasury Internal Revenue Service

Name of organization

To be completed by organizations described below.
 Attach to Form 990 or Form 990-EZ.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: complete Parts I-A and B. Do not complete Part I-C

- Section 501(c) (other than section 501(c)(3)) organizations. complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: complete Part I-A only

Center for Innovative Technology

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A

Part II-A	
If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax), then	
 Section 501(c)(4), (5), or (6) organizations: Complete Part III. 	

Pai	To be completed See the instruction	by all organizations exempt undens for Schedule C for details.	r section 501(c) a	and section 527 or	ganizations.				
1	Provide a description of the	organization's direct and indirect political c	ampaign activities in	Part IV.					
2	Political expenditures			► \$	0.				
3	Volunteer hours				0				
Par	To be completed See the instruction	by all organizations exempt unde ns for Schedule C for details.	r section 501(c)(3	3).					
1	Enter the amount of any exc	ise tax incurred by the organization under s	section 4955	▶ \$					
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955	▶ \$					
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No				
4 a	Was a correction made?				Yes No				
	If 'Yes,' describe in Part IV.								
Par	To be completed See the instruction	by all organizations exempt unde ns for Schedule C for details.	r section 501(c),	except section 501	(c)(3).				
1	Enter the amount directly exp	pended by the filing organization for section	n 527 exempt function	n activities > \$					
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities								
3	Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ►\$								
4	Did the filing organization file	Form 1120-POL for this year?			Yes No				
5	made. Enter the amount paid received and promptly and d	and employer identification number (EIN) of and indicate if the amount was paid from irectly delivered to a separate political orga al space is needed, provide information in	the filing organization inization, such as a s	n's funds or were politic	al contributions				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's own internal funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-				

Schedule C (Form 990 or 990-EZ) 200				54-1282	
		zations exempt under he instructions for Sch			3 (election
		ngs to an affiliated group.			
B Check ► If the filin		cked box A and 'limited con	troi provisions apply.	T	
(The term	Limits on Lobbyir 'expenditures' mea	ng Expenditures — ns amounts paid or incurre	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditi	<u>.</u>	· · · · · · · · · · · · · · · · · · ·	:		
b Total lobbying expendition	ures to influence a l	egislative body (direct lobby	ring)		
c Total lobbying expendition	ures (add lines 1a ai	nd 1b)			
d Other exempt purpose e	expenditures				
e Total exempt purpose e	expenditures (add lin	es 1c and 1d)			
f Lobbying nontaxable an both columns	nount. Enter the am	ount from the following table	e ın		
If the amount on line 1e, col	umn (a) or (b) is	The lobbying nontaxable ar	nount is:		
Not over \$500,000	2	0% of the amount on line 1e.			
Over \$500,000 but not over \$1	,000,000	100,000 plus 15% of the excess ov	er \$500,000		**
Over \$1,000,000 but not over \$	\$1,500,000	175,000 plus 10% of the excess ov	/er \$1,000,000		
Over \$1,500,000 but not over \$	\$17,000,000	225,000 plus 5% of the excess ove	er \$1,500,000.		
Over \$17,000,000	\$	1,000,000			
g Grassroots nontaxable a	amount (enter 25%	of line 1f)			
h Subtract line 1g from lir	ne 1a. Enter -0- if lin	ne g is more than line a			
i Subtract line 1f from lin	e 1c. Enter -0- if line	e f is more than line c			
j If there is an amount of section 4911 tax for this	her than zero on eit	her line 1h or line 1i, did the	e organization file Form	n 4720 reporting	☐ Yes ☐ No
		4 Van Avan din Badad II	-dCostion E01/b)		1 1.03 1.00
(Son	ne organizations tha column	4-Year Averaging Period U it made a section 501(h) ele is below. See the instructio	ection do not have to one for lines 2a through	complete all of the five h 2f.)	
	Lobb	ying Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
DAA				Schadula C (Form	990 or 990 EZX 2009

Schedule C (Form 990 or 990-EZ) 2008 Center for Innovative Technology		<u>-1282</u>			Page 3
Part II-B To be completed by organizations exempt under section 501(c)(3) that ha	ve NOT	Γ filed	Form 5	768	
(election under section 501(h)). See the instructions for Schedule C for det		. 1			
	-	(a)		b)	
·	Yes	No	Am	ount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?		Х			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X				
c Media advertisements?		Х			
d Mailings to members, legislators, or the public?		Х			
e Publications, or published or broadcast statements?		X			
f Grants to other organizations for lobbying purposes?		Х			
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		3	07,2	285.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		х			
i Other activities? If 'Yes,' describe in Part IV		Х			
j Total lines 1c through 1i			3	07,2	285.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х			
b If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		l L			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					٠
Part III-A To be completed by all organizations exempt under section 501(c)(4), sec	tion 50	1(c)(5), or sec	tion	
501(c)(6). See the instructions for Schedule C for details.			<u> </u>		
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		L
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Part III-B To be completed by all organizations exempt under section 501(c)(4), sec 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Paranswered 'Yes.' See Schedule C Instructions for details.	tion 50 t III-A,	11(c)(5 quest), or section 3 is	tion	
Dues, assessments and similar amounts from members		1			
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	1				
a Current year		2a			
•		2b			
b Carryover from last year c Total		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
Aggregate amount reported in Section 6055(e)(1)(A) notices of nondeductible section 102(e) dues		3			-
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po					
expenditure next year? F. Tauchla amount of labburgs and political expenditures (line 2s total minus 3 and 4)		4			
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5		_	
Part IV Supplemental Information					
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, a Also, complete this part for any additional information.	and Part	II-B, lin	e 1ı.		
Also, complete this part for any additional information.					
					- - -

Schedule C (F	orm 990 or 990-EZ) 2008 Center for Innovative Technology	54-1282820	Page 4
Part IV	Supplemental Information (continued)		
_ 	·		. .
	· 		
-			
			
Part II	-B, 1j The Center for Innovative Technology engaged sta	ff_to_work	
	with Holland & Knight, and Robison International	, to assist wit	h
	strategic and tactical education to present CIT'	s_performance_	
	metrics and upcoming initiatives to officials in	the Virginia	-
	General Assembly and in the Congress. To fulfil	l its statutory	
	obligations to the Commonwealth to search for an	d secure federa	1
	funding opportunities, CIT staff engaged Holland	& Knight, and R	obison
	International, for advice and assistance.		
			
			-
 -			_ _

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization

Employer Identification number

Cer	nter for Innovative Technology	,	54-1282820
Par		Advised Funds or Other Similar Fur	nds or Accounts Complete if
	the organization answered 'Yes' to	o Form 990, Part IV, line 6.	<u> </u>
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1.	
2	Aggregate contributions to (during year)	400,000.	
3	Aggregate grants from (during year)	0.	
4	Aggregate value at end of year	700,000.	
5	Did the organization inform all donors and don funds are the organization's property, subject t		nor advised X Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for timpermissible private benefit??	s, and donor advisors in writing that grant fund he benefit of the donor or donor advisor or othe	ls may be er X Yes No
Par	t II Conservation Easements Comple	te if the organization answered 'Yes'	
1			
	Preservation of land for public use (e.g., re		of an historically important land area
	Protection of natural habitat		of certified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a of the tax year	qualified conservation contribution in the form	of a conservation easement on the last day
			Held at the End of the Year
a	Total number of conservation easements		2a
t	Total acreage restricted by conservation easen	nents	2b
c	Number of conservation easements on a certification	ed historic structure included in (a)	2c
C	Number of conservation easements included in	(c) acquired after 8/17/06	2d
3	Number of conservation easements modified, t year ►	ransferred, released, extinguished, or terminat	ed by the organization during the taxable
4	Number of states where property subject to co	nservation easement is located ►	_
5	Does the organization have a written policy recenforcement of the conservation easement it h	parding the periodic monitoring, inspection, viololods?	ations, and Yes No
6	Staff or volunteer hours devoted to monitoring,	inspecting, and enforcing easements during the	ne year ►
7	Amount of expenses incurred in monitoring, in	specting, and enforcing easements during the y	year ► \$
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its revenue and the organization's financial statements that do	d expense statement, and balance sheet, and escribes the organization's accounting for
Par	t III Organizations Maintaining Colle	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	r Other Similar Assets 8.
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statemen	SFAS 116, not to report in its revenue statemed c exhibition, education, or research in furtheral	ent and balance sheet works of art, historical
t	b If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items:	SFAS 116, not to report in its revenue stateme c exhibition, education, or research in furtheral	ent and balance sheet works of art, historical nce of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	\$
	(ii) Assets included in Form 990, Part X		►\$ ►\$
2	If the organization received or held works of ar amounts required to be reported under SFAS 1	t, historical treasures, or other similar assets for 16 relating to these items	or financial gain, provide the following
а	Revenues included in Form 990, Part VIII, line	1	- \$
t	Assets included in Form 990, Part X		►\$ ►\$

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Schedule D (Form 990) 2008 Cente					54-128	
Part III Organizations Mainta	ining Colle	ctions of Art, His	storical T	reasures, or (Other Similar Ass	sets (continued)
3 Using the organization's accession that apply):	on and other re	ecords, check any of	the following	ng that are a sign	ificant use of its colle	ction items (check all
a 🔲 Public exhibition		d 🗌 Loa	an or excha	nge programs		
b Scholarly research		e 🗌 Oth	ner			
c Preservation for future gener						
4 Provide a description of the organ Part XIV.						e in
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or i	receive donations of ne maintained as par	art, historic	cal treasures, or o	ther similar	☐ Yes ☐ No
Part IV Trust, Escrow and Cu IV, line 9, or reported	stodial Arr	angements Com	plete ıf o	rganization ar		<u> </u>
1 a is the organization an agent, trus included on Form 990, Part X?	itee, custodiar	n, or other intermedia	ary for conti	ributions or other	assets not	Yes No
b If 'Yes,' explain the arrangement	ın Part XIV aı	nd complete the follo	wing table.			
						Amount
c Beginning balance					1c	
d Additions during the year					1d	
e Distributions during the year					1 e	
f Ending balance						
2a Did the organization include an a	mount on For	m 990, Part X, line 2	17			Yes No
b If 'Yes,' explain the arrangement						
Part V Endowment Funds Cor	mplete if or	ganization answe	ered 'Yes	s' to Form 990	<u>, Part IV, line 10.</u>	
	(a) Current	year (b) Prior y	year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance				<u>-</u>		
b Contributions						
c Investment earnings or losses		_				
d Grants or scholarships						
 Other expenditures for facilities and programs 						
f Administrative expenses						
g End of year balance						<u>"</u>
2 Provide the estimated percentage	e of the year e	nd balance held as:				
a Board designated or quasi-endow	/ment ►	 %				
b Permanent endowment ▶	%					
c Term endowment ►	8					
3a Are there endowment funds not in organization by	n the possess	on of the organizatio	on that are	held and administ	tered for the	Yes No
(i) unrelated organizations						3a(i)
(ii) related organizations						3a(ii)
b If 'Yes' to 3a(II), are the related o	rganizations li	sted as required on \$	Schedule R	?		3b
4 Describe in Part XIV the intended	uses of the o	rganization's endowr	ment funds			
Part VI Investments-Land, B	uildings, aı	nd Equipment. Se	ee Form	990, Part X, II	ne 10.	
Description of investment		(a) Cost or other bas (investment)		ost or other is (other)	(c) Depreciation	(d) Book Value
1 a Land	L					
b Buildings	[· · · · · · · · · · · · · · · · · · ·				
c Leasehold improvements	[
d Equipment						
e Other		<u> </u>				
Total. Add lines 1a-1e (Column (d) sho	uld equal Fori	n 990, Part X, colum	ın (B), İıne	10(c).)	•	
BAA					Sched	ule D (Form 990) 2008

Schedule **D** (Form 990) 2008

Sche	edule D	(Form 990) 2008 Center for Innovative Technology	54-1282	2820	Page 4
Par	t XI	Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total	revenue (Form 990, Part VIII,column (A), line 12)		6,99	3,037.
2	Total	expenses (Form 990, Part IX, column (A), line 25)		6,60	6,837.
3	Exces	s or (deficit) for the year Subtract line 2 from line 1	Γ	38	36,200.
4	Net ur	nrealized gains (losses) on investments			
5	Donat	ed services and use of facilities			
6	Invest	ment expenses			
7	Prior	period adjustments			
8	Other	(Describe in Part XIV)	Ī		
9	Total	adjustments (net). Add lines 4-8			
10		s or (deficit) for the year per financial statements. Combine lines 3 and 9	Γ	38	36,200.
Pai		Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return		
1		revenue, gains, and other support per audited financial statements	1	6,99	3,037.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:			
		nrealized gains on investments 2a			
		ed services and use of facilities 2b			
		reries of prior year grants 2c	7		
		(Describe in Part XIV)	\neg		
		nes 2a through 2d	2e		
		act line 2e from line 1	3	6 90	3,037.
		1 1	-		757057.
		nts included on Form 990, Part VIII, line 12, but not on line 1:			
		ments expenses not included on Form 990, Part VIII, line 7b			
		(Describe in Part XIV)	┦.		
		nes 4a and 4b	4c		
		revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5		3,037.
Par		Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retui		
1		expenses and losses per audited financial statements	1	6,60	6,837.
		nts included on line 1 but not on Form 990, Part IX, line 25.			
a	Donat	ed services and use of facilities 2a	I		
Ŀ	Prior :	year adjustments 2b	_		
C	: Losse	s reported on Form 990, Part IX, line 25	_		
c	d Other	(Describe in Part XIV)	_		
e	Add I	nes 2a through 2d	2e		
3	Subtra	act line 2e from line 1	3	6,60	6,837.
4	Amou	nts included on Form 990, Part IX, line 25, but not on line 1:			
a	ı Invest	ments expenses not included on Form 990, Part VIII, line 7b	1		
Ŀ	Other	(Describe in Part XIV) 4b	\neg		
		nes 4a and 4b	4c		
		expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	5	6,60	6,837.
		Supplemental Information			
Com	plete th	nis part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part I X; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	V, lines 1t	o and 2b, Pa	art V,
	D,	Part 1 The taxpayer meets the literal definition of a Dono. We meet all requirements of the three-prong test; therefo to the excise tax penalties under section 4966 and Internal Revenue Code of 1986, as amended. The dono the distribution or investments of the fund.	re, we a	are not s	subject

TEEA3304 12/23/08

BAA

Schedule **D** (Form 990) 2008

Schedule D	(Form 990) 2008	Center :	for Innovat:	ive Technol	.ogy		54-1282820	Page 5
Part XIV	(Form 990) 2008 Supplemental	Information	on (continued)			_		
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SCHEDULE I

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

► Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.

► Attatch to Form 990.

2008

OMB No 1545-0047

Open to Public Inspection

ջ □ (h) Purpose of grant or assistance Tech Center 4 Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form Employer identification number X Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 54-1282820 (g) Description of non-cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 125,000 (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable 2 Enter total number of section 501(c)(3) and government organizations Part I | General Information on Grants and Assistance 54-0701501 (b) EiN Center for Innovative Technology Enter total number of other organizations CNU is a state Christopher Newport Univ 1 (a) Name and address of organization or government One University Place Newport News VA 23606 1 1 Name of the organization university 11111 1 1 1 8

Schedule I (Form 990) 2008

TEEA3901 12/19/08

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Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 54-1282820 during the tax year and it did not fall within the scope of the grants manual procedures. The grant was authorized by the Virginia General Assembly. for monitoring awards on a program and financial level. CIT issued one grant _2008 Session, Virginia Acts of Assembly Chapter 879, as a pass through of elegibility and selection criteria for the awarding of grants, as well as _CIT_follows_procedures_documented_it_its_grants_manual_for_determining__ (e) Method of valuation (book, FMV, appraisal, other) funds in support of the Virginia Electronic Commerce Technology Center (d) Amount of non cash assistance (c) Amount of cash grant at Christopher Newport University. ___ Center for Innovative Technology (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2008 Pt_I_Line_2_ Pt_I_Line_2 Pt_I_Line_2 Pt_I_Line_2 Pt_I_Line_2 Pt_I_Line_2 Pt_I_Line_2 Pt_I_Line_ Part III

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Schedule I (Form 990) 2008

SCHEDULE J (Form 990)

Compensation Information

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Center for Innovative Technology

Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, line 23.

Open to Public Inspection

Employer identification number

54-1282820

ra	irt i Questions Regarding Compensation			
			Yes	No
1	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			1
	b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1 b	_	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
				-
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			ł
	a Receive a severance payment or change of control payment?	4a	X	ļ
	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If 'Yes' to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			_
	a The organization?	5 a		X
	b Any related organization?	5b		X
	If 'Yes' to line 5a or 5b, describe in Part III.] ;		l
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
	a The organization?	6a		Х
	b Any related organization?	6 b		Х
	If 'Yes' to line 6a or 6b, describe in Part III.			
7	For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7_	Х	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53 4958-4(a)(3)? If 'Yes,' describe in Part III	8		x

Schedule J (Form 990) 2008 Center for Innovative Technology

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

Page 2

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

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

	Γ	(R) Breakdown	(8) Breakdown of W.2 and/or 1099-MISC compensation	Compensation	Doformod ()	ON Montachio	(E) Total of columns	(F) Company atton
(A) Name		(f) Base compensation	(ii) Bonus and incentive compensation	(III) Other compensation	compensation	benefits	(B)(I)(D)	reported in prior Form 990 or Form 990-EZ
	ε		70,200.	7,023.	35,100.	16,962.	363,285.	0.
Peter J. Jobse	(ii)	0.	0 0	0.	0.	0	0	.0
	Θ	174,242.	34,091.	1, 624.	26,136.	11,625.	247,718.	.0
Linda E. Gentry	(ii)		0	0.	0.	0.	0.	0.
	ω	202,701.	50,585.	633.	30,405.	16,962.	301,286.	0
Paul McGowan	(ii)		00	0.	0.		0.	0.
	Θ	151,587.	29,120.	782.	22,738.	16,962.		0
Tom Weithman	<u>(ii)</u>	0.	\sim	0.	0.	0.	0.	0.
	Θ	60,537.	12,108.	93,780.	.080,6	4,905.	180,410.	0
Dan Mills	(ii)	0.	\sim	0.	0.	0.	 	0.
	Θ	135,952	18,547.	944.	20,393.	11,625.	187,461.	.0
Louis McDonald	(ii)	0.	0		0.	0.		0.
	ω	128,830.	18,790.	<u> 506 </u>	19,325.	11,625.	179,475.	0.
Nancy Vorona	(ii)	00	0	0.	0.	0	0	0
	Θ	128,237.	17,465.	704.	19,236.	16,962.	182,604.	0
Henry Connors	(ii)	0.	\sim	0.		0.		.0
	Θ	126,853.	12,523.	1,380.	19,028.	16, 962.	176,746.	0
Denise Baken	▣	0.		0.		0.		0.
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	€							
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	€ €	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1
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Schedule J (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. Department of the Treasury Internal Revenue Service

Open to Public Inspection

Employer identification number 54-1282820 Center for Innovative Technology Pt VI-A, Line 4 An amendment to the bylaws reduced the number of board members from 16 to 13. Pt VI-A, Line 7a The bylaws of CIT state that the directors will be those persons who are directors of the Innovative Technology Authority (ITA) as provided in section 2.2-2220 of the Code of Virginia,____ 1950 as amended (Code). Section 2.2-2220 of the Code designates _____ that directors of ITA will be appointed by the Governor of Virginia. Pt_VI-A, Line 7b In addition to appointing directors, as stated in the previous answer, The Governor of Virginia has the authority to remove directors. Pt_VI-A, Line 10 The review process is comprised of four steps: 1) The CFO of CIT reviewed Form 990 on 4/13/2010, by going through each line of the return and investigating the meaning of questions by reviewing the instructions and other outside documentation. 2) Form 990 was reviewed by outside legal counsel who specializes in IRS reporting. 3) The President and CEO of CIT reviewed Form 990. 4) Form 990 was sent to the CIT Board of Directors by the CFO, requesting comments and questions. Pt VI-B, Line 12c All CIT employees provide a Financial Disclosure Statement annually. The statement includes the name of any organization that CIT works with in which the employee holds a security or equity interest, is a director or officer, or has recieved any gifts, payments or any type of compensation of more than a nominal value. In addition, the President is required to notify the chairman of the Board of Directors in writing of all affiliations with any individual or organization that solicits CIT services.

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Schedule O (Form 990) 200	08	Page 2
Name of the organization		Employer identification number
Center for Innova	ative Technology	54-1282820
Pt_VI-B, Line_15	_The_compensation_of_the_President_and_CEO_is_se	t by the Board of
	Directors, after a review and deliberation proc	ess which includes
	a comparability study by an independent consult	ant. The compensation
	_is_documented_in_the_employment_contract,_and_s	ubsequent written
	notification to the CFO regarding annual increase	se, if any. The process
	was last undertaken in 2008.	
Pt_VI-C, Line 19	_CIT's governing documents and conflict of inter	est_policy
	_are_not_available_to_the_publicThe_audited_f	inancial statements
	of ITA and its blended component unit CIT are a	vailable on the
_==	Auditor of Public Accounts website, www.apa.vir	ginia.gov, and in
	CIT's annual report located on CIT's website, w	ww.cit.org.
Pt XI, Line 2c	CIT does not have a committee that assumes resp	onsibility for the
	_oversight of the audit and selection of an inde	pendent auditor.
	As the non-stock, not-for-profit corporation wh	ich acts as the
	operating arm of the Innovative Technology Auth	ority (ITA),
	CIT's financial statements are audited annually	during the audit
	of ITA's financial statements. Section 2.2-2229	of the Code of Virginia
	states that the accounts and books of ITA will	be examined by
	The Auditor of Public Accounts.	
	CIT has not recorded the value of the equity se	
	or on its accounting records because these inve	stments do not
	have a ready market to indicate their market va	
	of these investments are traded on an open mark	
	have a clear secondary market.	

not recorded the original investment in Tau, it is not recording

CIT has received a K-1 from Tau Therapeutics, LLC. Since CIT has

Schedule 0 (Form 990) 2008	Page 2
Name of the organization	Employer identification number
Center for Innovative Technology	54-1282820
the ordinary business loss of	of \$11,839 and the interest income of \$447
reported on the K-1.	
CIT has received a K-1 from	Engineered Products of Virginia, LLC.
Since CIT has not recorded t	the original investment in Engineered
Products, it is not recording	ng the ordinary business loss of \$6,077
reported on the K-1.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545 0047

2008

Open to Public Inspection

(F)
Direct controlling
entity Employer identification number 54-1282820 (E) End-of-year assets Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions. **(D)** Total income (C)
Legal domicile (state or foreign country) (B) Primary activity (A) Name, address, and EIN of disregarded entity Part I Identification of Disregarded Entities Center for Innovative Technology Name of the organization

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(C) Legal domicile (state or foreign country)	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Innovative Technology Authority 54-1491096 2214 Rock Hill Road, Ste 600, Herndon VT 20170	accelerating technology	VA	State agency		N/A
Innovatvie Technology Foundation 54-1400124 supporting CIT 2214 Rock Hill Rd, Ste 600, Herndon VA 20170		VA	501 (c) (3)	11c Type III	N/A

Schedule R (Form 990) (2008)

TEEA5001 12/23/08

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Schedule R (Form 990) 2008 Center for Innovative Technology

Part III Identification of Related Organizations Taxable as	of Related Organ	izations		a Partnership				•		
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportonate allocations?	Code V-UBI amount in Box 20 of Schedule K-1	(J) General or managing partner?	al or ging ler?
		country)		,			Yes No		Yes	ę
									- -	
								-		
	1									

Part IV Identification of Related Organizations Taxable as		a Corporation or Trust	ıst				
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign or	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	Activity Legal domicile Direct Type of entity (state or foreign controlling entity (C corp, S corp, country)	(G) Share of end-of-year assets	(H) Percentage ownership

Schedule R (Form 990) (2008)

TEEA5002 12/23/08

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Schedule R (Form 990) (2008)

TEEA5003 07/02/08

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Amount involved

Schedule R (Form 990) 2008 Center for Innovative Technology

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	Code V-UBI amount in Box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	al or ging
			Yes No		Yes No		Yes	<u>۹</u>
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Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

high technology jobs and businesses in Virginia;

- b) Increase industry competitiveness by supporting the application of innovative technologies that improve productivity and efficiency;
- c) Mobilize support for high technology industries to commercialize new products and processes, including organizing assistance for small business and supporting select industry sectors and regional high technology efforts;
- d) Enhance and expand the scientific and technological research and development capabilities of the institutions of higher education in the Commonwealth and coordinate such capabilities with the scientific and technological research and development activities and requirements of the public and private sectors, including transferring technological advances to the private sector;
- e) Expand knowledge pertaining to scientific and technological research and development among public and private entities;
- f) Attract R&D facilities and contracts from the federal government and private sector, including coordinating efforts to identify and compete for large federal and private sector R&D facilities, tracking federal technology initiatives and recommending state actions, and developing a statewide strategy to compete for large R&D contracts; and
- g) Faciliate and coordinate the marketing, organization, utilization and development of scientific and technological research and development in the Commonwealth.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

4d Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code:	Description:	Other program services - Broadband, Innovation Center,
Expenses	919,409.	Innovative Institutes, Commonwealth Support.
Grants Of	125,000.	
Revenue	0.	

Schedule D, Supplemental Financial Statements

Part VIII Investments - Program Related

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Secure Command, Inc 53,850 preferred shares	0.	FMV
Senior-Living.com, Inc 100,000 common shares	0.	FMV
South49 Solutions, Inc 250,000 preferred sha	0.	FMV
Soft Tissue Regeneration, Inc - 33,038 preferr	0.	FMV
SquareLoop, Inc 1,161,827 preferred shares	0.	FMV
Tau Therapeutics, LLC - 482,986 shares	0.	FMV
Verical, Inc 282,624 preferred shares	0.	FMV
Visure Corp, - 8,054 preferred shares	0.	FMV