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Department of the Treasury

Internal Revenue Service

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

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

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

OMB No 1545-0047

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 04/01, 2009, and ending		731,20 10
B Check if applicable Please C Name of organization IN-Q-TEL, INC.	D Employer identifi	cation number
Address change label or Doing Business As	52-214996	
Name change print or Number and street (or P O box if mail is not delivered to street address) Room/st	uite E Telephone numbe	r
Install return See PO BOX 749	(703) 248-3	3000
Terminated Specific Instruc- City or town, state or country, and ZIP + 4		
Amended tions ARLINGTON, VA 22216	G Gross receipts \$	75,578,446.
Application F Name and address of principal officer CHRISTOPHER DARRY	H(a) Is this a group retur	
PO BOX 749 ARLINGTON, VA 22216	affiliates? <b>H(b)</b> Are all affiliates inc	luded? Yes No
I Tax-exempt status   X   501(c) ( 3 )	If "No," attach a list	
J Website: WWW.IOT.ORG	H(c) Group exemption n	
	ormation 1999 M State	
Part I Summary	Milaton 1999 III Gua	or regar dormanc DE
IN-Q-TEL IDENTIFIES AND PARTNERS WITH COMPANIES TO HELP DE	ELIVER	
SOLUTIONS TO THE CENTRAL INTELLIGENCE AGENCY AND THE BROAM		
INTELLIGENCE COMMUNITY (IC) TO FURTHER THEIR MISSIONS.		
2 Check this box If the organization discontinued its operations or disposed of more than 25	5% of its not assets	
3 Number of voting members of the governing body (Part VI, line 1a)	1	12
w 4 Number of independent voting members of the governing body (Part VI, line 1a)		11
		96
		0
6 — Total number of volunteers (estimate if necessary)	l	
		0.
b Net unrelated bysiness taxable income from Form 990-T, line 34		0.
FEB 2 2 2011   6	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	50,433,734.	56,418,127.
9 Program service revenue (Part VIII, line 2g)	0.	0.
O Linvestment income (Part VIII, column (A), lines 3, 4, and 7d)	1,581,170.	12,897,390.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	52,014,904.	69,315,517.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
45 Calarina other componentian employee benefits (Bart IV calumn (A) lines 5.10)	19,029,061.	19,111,160.
16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
16 a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses, Part IX, column (D), line 25)  b Total fundraising expenses, Part IX, column (D), line 25)		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	29,595,883.	32,580,328.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	48,624,944.	51,691,488.
19 Revenue less expenses Subtract line 18 from line 12	3,389,960.	17,624,029.
500	Beginning of Year	End of Year
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26)	120,298,560.	142,917,973.
21 Total liabilities (Part X, line 26)	56,031,279.	60,928,223.
22 Net assets or fund balances Subtract line 21 from line 20	64,267,281.	81,989,750.
Part II Signature Block	1 21,231,201	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedule and belief, it is true, carried, and complete. Declaration of preparer (other than officer) is based on all Signature of officer  MATTHEW STROTTMAN, EVP & CFO	es and statements, and to Il information of which pre	the best of my knowledge parer has any knowledge
Type or pnnt name and title		
Paid Preparer's signature Paid Preparer's signature Paid Paid Paid Paid Paid Paid Paid Paid	/one restr	s identifying number uctions) P00369623
Preparer's Firm's name (or yours PRICEWATERHOUSE COOPERS LITTE		13-4008324
Use Only if self-employed), address, and ZIP + 4 1301 K STREET NW, STE 800W WASHINGTON, DC 20005-3333	Phone no	202-414-1000
May the IRS discuss this return with the preparer shown above? (see instructions)		X Yes No
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. *		Form <b>990</b> (2009)

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Form **990** (2009)

Part	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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			į
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	_4		X
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			1
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			l
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			l
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			1
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			l
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			l
	quasi-endowments? If" Yes,"complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable	11 10 (1) (5)	X	~15.5kg
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	學是		
_	Schedule D, Part VI	1 3	5- J.	
•	Did the organization report an amount for investments—other-securities Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	المراجعة المراجعة	; ;	
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			# 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		ECUM A	7.0
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	150	į, ,,	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	13	وال	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	ile is	29 F 64-	- 5 <sub>1</sub>
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		2	100
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	~	172	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	7	1 to 1	. , .
	complete Schedule D, Parts XI, XII, and XIII	12	Х	
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year?  Yes No	1-1		政治
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	15:-		
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 United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			1
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	<u> </u>	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? If "Yes," complete Schedule F, Part II	15	<u> </u>	X
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	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			Į
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			{
20	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L	Х

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
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, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			1
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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	1	1	
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			İ
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			[
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			[
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	[7] 1984	-	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).	-		=-,
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<b> </b>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	ļ		1
	family member) was an officer, director, trustee, or direct or indirect owner? 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> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		[	
	Part I	31	├—	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			١.,
	Schedule N, Part II	32	<u> </u>	X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		J	ļ
25	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	1 2-	<b> </b>	,
26	Schedule R, Part V, line 2	35	<del> </del>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	20	1	
27	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	l		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	]		,
20	Part VI	37	<del> </del>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	20	x	
	19? Note. All Form 990 filers are required to complete Schedule O	38		(2009)
		LOU	330	(2009)

a Enter the number reported in Box 3 of Form 1066, Annual Summary and Transmittal of U.S Information Returns Entire 4-0 rith applicable	Form 9	90 (2009) 52-2149962		F	Page 5
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter-0-if not applicable  □ Del Ther the number of Forms W-2G included in the 1a Enter-0-if not applicable  □ Del the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners?  2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax game of gameing (gameing) gameing to be provided on Form W-3. Transmittal of Wage and Tax gameing (gameing) gameing) gameing) gameing (gameing) gameing) gameing) gameing (gameing) gameing) game	Pari	V Statements Regarding Other IRS Filings and Tax Compliance			
U.S. Information Returns Enter -0-in of applicable . 15				Yes	No
U.S. Information Returns Enter -0-in of applicable . 15	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of j			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable control of payments to vendors and reportable gamming (gambling) with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners?  2a Enter the number of employees exported on Form W-3. Transmittal of Wage and Tax 2 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1 23	¥ , , ,
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambing journings to prize winners?  2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax  Statements, filed for the celendar year ending with or within the year covered by this return.  5 If at least one is reported on ince 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-rife 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?  5 If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.  5 If "Yes," enter the name of the foreign country.  5 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial accounts.  5 Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5 Did any taxable party notify the organization file Form 8886-T, Disclosure by Tax-Exempl Entity Regarding Prohibited Tax Sheller Transaction?  6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that wave rent tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization must have annual gross receipts that are normally greater than \$100,000, and did the organization shart may receive deductible contributions under section 170(c).  5 Did the organization of the payor?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization of the payor?  5 Did the organization of qualified intellectual property,	b			1	w; **;
agaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  3 Istalements, filed for the calendar year ending with or within the year covered by this return  3 In the sum of lines is and Za is greater than 250, you may be required to e-file this return's period on the sum of lines is and Za is greater than 250, you may be required to e-file this return's period of the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If "Yes," enter the name of the foreign country.  5c enter instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization aparty to a prohibited tax shelter transaction?  5d If "Yes," do usetion 5 aor 5b, did the organization file after transaction?  5a Was the organization solicit any contributions with the event of the deductible?  5c If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Organization shall array receive deductible contributions under section 170(c).  6d Did the organization shall expressed first made party as a contribution and party for goods and services provided to the payor?  6c If "Yes," indicate the number of Forms 8292 filed during the year  6c If Yes," indicate the number of Forms 8292 filed during the year  6d If Yes," indicate the number of Forms 8			1		$A_{i} = 2$
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendary sear ending with or within the year covered by this return.  b 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 1 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?  b if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicid any contributions that were not tax deductible?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization she have receive deductible contributions under section 170(c).  a Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization she have receive deductible contributions under section 170(c).  a Did the organization she have receive deductible contributions under section 170(c).  a Did the organization she have receive deductible contributions under section 170(c).  a Did the organization she have receive deductible contributions under section 170(c).  a Did the organization she have received file of the prossibility of the prossibility of the prospility			1c		
Statements, filed for the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return?  It is a sum of lines 1a and 2a is greater than 250, you may be required to e-file this return?  It is lif Yes, has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0.  If Yes, has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0.  If Yes, has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0.  If Yes, has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0.  If Yes, has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0.  If Yes, has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0.  If Yes, has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0.  If Yes, has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0.  If Yes, has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0.  If Yes, and provide of the second of the seco	2a				-V.
b 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?  b if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  5b Core of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6c Organization standard the every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  8 Organizations that may receive deductible contributions under section 170(c).  9 Did the organization include with every solicitation an express statement that such contributions of life form 8282?  17 Organizations that may receive deductible contributions under section 170(c).  9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  17 Did the organiza				5	. د في
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this returm (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  bif Yes,* has it flied a Form 990-T for this year? If 'No," provide an explanation in Schedule 0	b	, , , , , , , , , , , , , , , , , , , ,	1 1		
an Distructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  5a Did Tyes, has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  5a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ►  5b If "Yes," enter the name of the foreign country. ►  5c Was the organization aparty to a prohibited tax shelter transaction and Financial Accounts  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b 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 Prohibited Tax Shelter Transaction?  5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization stat were not tax deductible?  5c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  5d If "Yes," indicate the number of Forms \$282 filed during the year.  b If "Yes," indicate the number of Forms \$282 filed during the year.  c Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d Did the organization shall may receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9d Did the organization shall may similarity did the organization file a Form 1098-C as required?  1 Did the organization shall may similarity and other vehicles, did the organization by a sponsoring			<b>登</b> 基		
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7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 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 Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 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?			6ь		
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amounts due or received from them)	а	Gross income from members or shareholders			4
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	b				
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		amounts due or received from them )	2		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	<u>_b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	<b>E</b>		ş.₹7.2.

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

Seci	ion A. Governing Body and Management		<del></del>	
	المالية		Yes	No
1a	Enter the number of voting members of the governing body	¥[	<u> </u>	
b	Enter the number of voting members that are independent 1b 11	1.		2-1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			a -
	any other officer, director, trustee, or key employee?	2_		X
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	ı	Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
		6		X
6	Does the organization have members or stockholders?			<del></del>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_		х
	of the governing body?	7a		X
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<u> </u>	<u></u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	ا ارا	1.7	- '
	the year by the following			
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u></u>
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? If "Yes," provide the names and addresses in Schedule O	9a	1	Х
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code.)			
/\CV	snac oode./		Yes	No
40	Dave the same to be a boat should be because to a filler of	10a		X
10 a	Does the organization have local chapters, branches, or affiliates?	iva	<del> </del>	<del>  ^-</del>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		l	1
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	ļ	├
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			1
	form?	11	<u> </u>	<u> </u>
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ļ		<u></u>
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	}		1
-	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy?    If "Yes,"			
·	describe in Schedule O how this is done	12c	Х	}
43		13	Х	<del>                                     </del>
13	Does the organization have a written whistleblower policy?	14	X	<del> </del>
14	Does the organization have a written document retention and destruction policy?		<u> </u>	<del> </del>
15	Did the process for determining compensation of the following persons include a review and approval by	- <u>-</u>		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			١
а	The organization's CEO, Executive Director, or top management official	15a	X	ļ
b	Other officers or key employees of the organization	15b	X	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)	2	l	1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1	1	
	with a taxable entity during the year?	16a	_	x
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	4.1.		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		Î	{· · · · ·
	the organization's exempt status with respect to such arrangements?	16h	<del>                                     </del>	<del>                                     </del>
Sec	tion C. Disclosure	1 100		
17	List the states with which a copy of this Form 990 is required to be filed   CA, MA,	<del>-</del>		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only	/)		
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: MATTHEW STROTTMAN 2107 WILSON BLVD. SUITE 1100 ARLINGTON, VA 22201			
	703-248-3000			

# 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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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

(A) Name and Title	(B) Average	Dog 4	ion /-		C)	hat	di ek	(D)	(E)	( <b>F</b> ) Estimated
Name and Title	hours per week	per 의 হ		eck Officer	Key employee	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
C. DARBY										
PRESIDENT, CEO & TRUSTEE	40.00	Х		X		ļ	辶	798,035.	0.	20,638
M. CROW						ľ		1		
BOT CHAIR & COMMITTEE CHAIR	5.00	X	$\sqcup$				L	42,500.	0	. 0
C. BOYD					1		l			
TRUSTEE	5.00	X	Ш		L		L	35,000.	0	0
J. BARKSDALE										
TRUSTEE	5.00	Х	Ш				L.	35,000.	0	0
D. JEREMIAH	]									
TRUSTEE	5.00	X					L	35,000.	0	. 0
A. JONES TRUSTEE & COMMITTEE CHAIR	5.00	Х						37,500.	0.	0
C. VEST TRUSTEE & COMMITTEE CHAIR	5.00	Х						37,500.	0	. 0
E. PATE-CORNELL							Г			
TRUSTEE	5.00	Х					ļ	35,000.	0.	. 0
P. BARRIS										
TRUSTEE	5.00	Х						35,000.	ol	. 0
J. MISCIK							Π			
TRUSTEE	5.00	Х						17,500.	0	. 0
H. COX							Г	T		
TRUSTEE & COMMITTEE CHAIR	5.00	Х	1 1			\		37,500.	0	. 0
A.B. KRONGARD										
TRUSTEE	5.00	х			ŀ			0.	lol	. 0
S. BOWSHER										<u> </u>
EVP & MANAGING PARTNER	40.00	1		Х		ļ	Ì	687,456.	0	20,638
B. ADAMS					$\vdash$	t —	<u> </u>	<u> </u>		
EVP & GENERAL COUNSEL	40.00	1		х	l		l	415,291.	0.	20,238
M. STROTTMAN	1					<u> </u>				
EVP & CFO	40.00	}		Х			{	382,926.	0	20,638
E. POULOS			H		<del>                                     </del>		T			
EVP & CHIEF OF STAFF	40.00			х				356,643.	0	13,917

Form 990 (2009)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nple	oye	es,	and	Hig	hest Compensa	ted Emplo	yees(c	continued)
(A)	(B) (C)							(D)	(E)	_	(F)
Name and title	Average hours per week	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reporta compensa from rela organizat (W-2/1099-I	ation ited ions	Estimated amount of other compensation from the organization and related
			] "	Ì	Ì	ž		]			organizations
T. PEARSALL	t				$\vdash$		$\vdash$				
EVP - TECHNOLOGY TRANSFER	40.00	<u> </u>		Х			L	376,710.		0.	20,245
P. CIGANER											
EVP - IC SUPPORT	40.00	<u> </u>		X		L	_	383,804.		0.	12,309
W. STRECKER						[		107 170			2 05 6
EVP & CTO E. KAUFMANN	40.00		┡	X	$\vdash$	<u> </u>	⊬	137,179.		0.	1,056
PARTNER	40.00		{	1		х		404,232.	}	0.	20,638
P. BORBERLY	40.00	<del> </del>	├	$\vdash$	-		├-	404,232.	<u> </u>		20,038
PARTNER	40.00		ĺ	1	Ì	x		361,878.		0.	15,636
B. LEVITAN	10.00	<del>                                     </del>	╁	<del> </del>	╁	<del>                                     </del>	<del> </del>	301/0/0.			10,000
PARTNER	40.00				ļ	Х		365,222.		0.	20,638
J. ADDIEGO				1			T				
PARTNER	40.00	<u> </u>	<u>L</u> .		1	Х	}	343,838.	<u> </u>	0.	20,638
M. BREIER											
PARTNER	40.00	<u>L</u> .	<u>L</u>			X	<u> </u>	357,615.		0.	18,176
	1	[	1								
	<del></del>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<b>├</b> -				
	4	Ì		1	}		]	Ì			
	ļ	<del> </del>	┢	├—		├	-	<del> </del>			
	1	ĺ	İ					1			
	<del></del>		H	-	-	-	+-	ļ — — — — — — — — — — — — — — — — — — —			
	1						ł				1
			<u> </u>								
			İ								
1b Total					<u>.</u>	<u>,</u>	▶	5,718,329.		0.	225,405
2 Total number of individuals (including but not lin							ceiv	ed more than \$100	),000 in		
reportable compensation from the organization	<u> </u>	5	6								
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	cer, directo	or or ch ind	tru Iividi	uste ual	e,	key (	emp	oloyee, or highes	t compens	ated	Yes No
4 For any individual listed on line 1a, is the the organization and related organizations	greater th	nan \$	150	,00	0?	<i>lf</i> "\	es,	" complete Sched	lule J for	such	
Individual											4 X
5 Did any person listed on line 1a receiv services rendered to the organization? If "Yes,											5 X
Section B. Independent Contractors	- complete	001100		0 10	, 50	on po	1001	<u> </u>	<u></u>	· · · ·	1.31 1.
1 Complete this table for your five highest compensation from the organization.	compensat	ed ır	ndep	enc	dent	con	trac	tors that receive	d more th	an \$10	00,000 of
(A)							T	(B)			(C)
Name and business add	ress						4	Description of ser	vices		Compensation
ATTACHMENT 4							+				
					_		T	<del></del>			
							I				
							$\prod$				
2 Total number of independent contractors (in more than \$100,000 in compensation from the	ncluding b	ut no tion i	t lin	nıte		tho:	se	listed above) who	received		

t VIII	Statement of Revenue		52-2149962							
が長い			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from to under section 512, 513, or 51				
1a	Federated campaigns 1a		是公司		理學家 计设置					
b	Membership dues 1b					31 4				
c	Fundraising events 1c									
ď	Related organizations 1d		A Service Constitution	and state of						
e	Government grants (contributions) 1e	56,418,127		The second of the second		<b>建</b> 加光紫				
f	All other contributions, gifts, grants,		<b>医关门</b> 小家庭家	() 是是是						
	and similar amounts not included above . 1f			The state of the s		2.2				
	Noncash contributions included in lines 1a-1f \$									
h	Total. Add lines 1a-1f		56,418,127.			5 1 d d d d d				
		Business Code		4. 经制度的	Cold Land on School					
2a										
ь										
c										
d										
e										
f	All other program service revenue									
g	Total. Add lines 2a-2f		0		14412	13. V. V. 1				
3	Investment income (including dividends, intere other similar amounts)	st, and				763,3				
4	Income from investment of tax-exempt bond pr	oceeds	0	<u> </u>						
5	Royalties · · · · · · · · · · · · · · · · · · ·	<u> ▶</u>	0							
	(i) Real	(II) Personal			THE STATE OF THE S					
6a	Gross Rents			。建筑家农村。		图画 中国				
ь	Less rental expenses		PATTE MARKET			10000000000000000000000000000000000000				
c	Rental income or (loss)		132 Y 11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		4 1 7 7	100 g ( 100 g ( 100 g ) 100 g				
d	Net rental income or (loss)	<b>. &gt;</b>	0	L						
7a	Gross amount from sales of (i) Secunties	(II) Other	The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	公司 经证明	<b>激光进</b> 源				
'"	assets other than inventory 18,396,936	0.	图图《诗人》		[建筑建筑,位]	المهارية المناطقة				
ь	Less cost or other basis					3.5 € 1.4 3.6 € 1.4				
	and sales expenses 5,991,489	271,440.								
С	Gain or (loss)		1. 2.							
d	Net gain or (loss)					12,134,0				
8a	Gross income from fundraising			1、1、1、10000000000000000000000000000000	The state of the s	: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	events (not including \$	1	(1) 10 2 24 26 17 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	Fag a		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	of contributions reported on line 1c)		5			a '				
	See Part IV, line 18	.1	[[] 四次美国			7 6				
ь	Less direct expenses		1 1 1 20	المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحم	11.03	Sugle &				
٥	Net income or (loss) from fundraising events		0.							
9a	Gross income from gaming activities		4 -			, <u>4</u>				
	See Part IV, line 19	, [			J. 100 100 100 100 100 100 100 100 100 10	1				
ь	Less direct expenses	1				类 "				
c	Net income or (loss) from gaming activities .		0	The second secon		<u> </u>				
10a	Gross sales of inventory, less			, = ,		3,00				
	returns and allowances	J				1 3 cm 1 mm				
ь	Less cost of goods sold	1	He services		-13	1,3				
c	Net income or (loss) from sales of inventory.		- 0			<del></del>				
	Miscellaneous Revenue	Business Code				Section 1				
11a		<u> </u>		<del></del>	X	- · · · · ·				
ì.			<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>				
Ь			<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>				
C	All other revenue		<del> </del>	<del></del>		<del>                                     </del>				
ď	All other revenue		0.		£ 50					
e	Total. Add lines 11a-11d				5 - T. 13	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				

#### 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).  Po not include amounts reported on lines 6b.  (A)  (B)  (C)  (D)											
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	Fundraising expenses						
1	Grants and other assistance to governments and		· · · · · · · · · · · · · · · · · · ·								
	organizations in the U.S. See Part IV, line 21	0.									
2	Grants and other assistance to individuals in										
	the U.S. See Part IV, line 22	0.									
3	Grants and other assistance to governments,										
	organizations, and individuals outside the										
	U.S. See Part IV, lines 15 and 16	0.									
4	Benefits paid to or for members	0.		1 1 ± 1 15 + 15 + 12 = 11	30 1125 7						
5	Compensation of current officers, directors,			<del></del>	<del></del>						
•	trustees, and key employees	4,032,746.	2,019,843.	2,012,903.							
6	Compensation not included above, to disqualified										
Ŭ	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	0.1									
-	F	12,995,174.	9,987,585.	3,007,589.	<del></del>						
7	Other salaries and wages	12,993,174.	9, 907, 303.	3,007,389.							
8	Pension plan contributions (include section 401(k))	0.			}						
_	and section 403(b) employer contributions)	<del></del>	876,770.	444 401	<b></b>						
9	Other employee benefits	1,321,251.	<del></del>	444,481.	<del> </del>						
10	Payroll taxes	761,989.	544,067.	217,922.	<del> </del>						
11	Fees for services (non-employees)										
а	Management	0.									
b	• · · · · · · · · · · · · · · · · · · ·	635,916.	64,700.	571,216.							
C	Accounting	212,578.		212,578.							
d	Lobbying	0.	<del></del>	L							
е	Professional fundraising services See Part IV, line 17	0.									
f	Investment management fees	0.	. <u> </u>								
g	Other	457,674.	359,887.	97,787.							
12	Advertising and promotion	0.									
13	Office expenses	812,175.	51,671.	760,504.							
14	Information technology	0.									
15	Royalties	0.									
16	Occupancy	1,654,042.	881,450.	772,592.							
17	Travel	1,023,445.	805,533.	217,912.							
18	Payments of travel or entertainment expenses										
-	for any federal, state, or local public officials	0.1									
19	Conferences, conventions, and meetings	542,285.	490,127.	52,158.							
20	Interest	0.			<del> </del>						
21	Payments to affiliates	0.		<del></del>	<del>                                     </del>						
22	Depreciation, depletion, and amortization	1,043,726.	283,038.	760,688.							
23	- · · · · · · · · · · · · · · · · · · ·	419,146.		419,146.							
24	Insurance	r를		-	- 25 - 125°						
24	Other expenses Itemize expenses not covered above (Expenses grouped together	· # =			1						
	and labeled miscellaneous may not exceed		44-		1 1 EFF						
	5% of total expenses shown on line 25 below )	74.	기 등 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기		150 EQ.						
	1	25 000 005	24 002 720	07 075	<del> </del>						
	WORK PROGRAM FOR CIA AND IC	25,000,805.	24,903,730.	97,075.							
	EQUIPMENT EXPENSES	361,980.	125,370.	236,610.	<del> </del>						
	RESEARCH MATERIALS	98,367.	71,883.	26,484.							
	BANK FEES	89,805.	0.	89,805.	ļ						
	DUES AND SUBSCRIPTIONS	73,226.	37,594.	35,632.	ļ						
1	All other expenses	155,158.	73,865.	81,293.							
<u>25</u>	Total functional expenses. Add lines 1 through 24f	51,691,488.	41,577,113.	10,114,375.							
26	Joint Costs. Check here ▶ If following										
	SOP 98-2 Complete this line only if the				}						
	organization reported in column (B) joint costs from a combined educational campaign and			1							
	fundraising solicitation			I	I						

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	62,147,142.	2	70,926,508.
	3	Pledges and grants receivable, net	9,810,815.	3	20,621,191.
	4	Accounts receivable, net	\	4	
	5	Receivables from current and former officers, directors, trustees,	key	<u> </u>	
		employees, and highest compensated employees. Complete Part II	of January 1	3 () - 3 () 4	
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under sec	ion .	-	변화 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Comp			
	}	Part II of Schedule L		6	
ets	7	Notes and loans receivable, net	· · · <del></del>	7	<del></del>
Assets	8	Inventories for sale or use	• • •	8	
⋖	9	Prepaid expenses and deferred charges	531,515.	<del></del>	1,366,912.
	1 -	Land, buildings, and equipment cost or 10a 6,686,4		1-	7,300,312.
	10 4	other basis Complete Part VI of Schedule D	93.	7.	
	h		76 2 507 000	100	1 451 007
		Less accumulated depreciation		_	1,451,007.
	11	Investments - publicly traded securities		11	2 (10 221
	12	Investments - other securities. See Part IV, line 11		_	2,619,331.
	13	Investments - program-related See Part IV, line 11		+	44,657,459.
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		<del></del>	1,275,565.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	142,917,973.
	17	Accounts payable and accrued expenses		17	7,733,331.
	18	Grants payable		18	<del> </del>
	19	Deferred revenue		+	53,194,892.
	20	Tax-exempt bond liabilities		20	<u> </u>
es	21	Escrow or custodial account liability. Complete Part IV of Schedule		21	<del>                                     </del>
Liabilities	22	Payables to current and former officers, directors, trustees,	- 1		
jab	ł	employees, highest compensated employees, and disquali-		_	-
ل	}	persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	<u> </u>
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	56,031,279.	26	60,928,223.
S		Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets		27	81,989,750.
<u>a</u>	28	Temporanly restricted net assets		28	
ã	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.			5z
ō	30	On the first of the control of	1	20	
šets	31			30	<del> </del>
Ass	32	Detained as a sure and a sure a sure and a sure and a sure and a sure and a sure and a sure and a sure and a sure and a sure and a sure and a sure and a sure a sure and a sure and a sure and a sure and a sure and a sure and a sure and a sure and a sure and a sure and a sure and a sure a sure and a sure and a sure and a sure and a sure and a sure and a sure and a sure and a sure and a sure and a sure and a sure a sure and a sure and a sure and a sure and a sure and a sure and a sure and a sure and a sure and a sure a sure and a sure and a sure and a sure and a sure and a sure and a sure and a sure a		31	<del> </del>
et,	22	•	64 267 201	32	01 000 750
Z	ì	Total net assets or fund balances	64,267,281.	33	81,989,750.
	34	Total liabilities and net assets/fund balances	120,298,560.	34	142,917,973.

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-	r 1.
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		4	15
	Schedule O			2
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	<u> </u>	Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
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	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in	33.	4	1
	Schedule O.		155	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	-7		1.5
	issued on a consolidated basis, separate basis, or both.	1 3		
	X Separate basis	E24		n '- -
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990	(2009)

#### **SCHEDULE A** (Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

52-2149962

IN-Q-T	EL, INC.										52-21	49962
Part I		or Public C	harit	ty Status	(All organi	zations m	ust comple	ete this p	oart.) Se	e instruc		
The orga	nization is no				<del></del>		_ <del></del>					
1	A church, co	nvention of	churc	hes, or as	sociation of	churches d	escribed in	section	n 170(b)(ʻ	1)(A)(i).		
2	A school de											
3	A hospital of			. , , ,			•	ction 170	(b)(1)(A)(	iii).		
4											170(b)(1)(	A)(iii). Enter the
	hospital's na					•						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5	· ·	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
	section 170					•				, . 5		
6	A federal, st					al unit desc	ribed in s	section 1	70(b)(1)(A	λ)(ν).		
7 X											or from t	he general public
تت ا	described in			-			по опрред		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			gamera, pasiis
8	A communit						mplete Parl	: 11: )				
9								-	m contrib	utions. m	nembershij	p fees, and gross
لــا -	_			-								han 33 1/3% of its
												from businesses
	acquired by										· · · · · · · · · · · · · · · · · · ·	Buomicocco
10	An organiza	_						•		•		
11	_	=			_			•			ns of or	to carry out the
ــا ٠٠	_	_				-						)(2) See section
	509(a)(3).											
	a Typ		ь	Type II			e III - Func		•			pe III - Other
е			) cer					•	•		- لـــا	more disqualified
	-	=							=	- •		scribed in section
	509(a)(1) oi							,		- J.J.		
f	If the organ			•	determinat	tion from t	the IRS tha	ntıtisa	Type I. 1	Type II. o	r Type III	supporting
	organization								.,,,,	, , p =, o	, , ,	
g	Since Augus		•	· · · · · ·	ation accept				nv of the			
3	following pe					, g			,			
	(i) A pers		ectly	or indirec	tly controls	. either ale	one or toa	ether wit	h person	s describ	ed in (ii)	Yes No
		below, the	-		•	-	Ū				(,	11g(i)
	(ii) A family		-		•						<i>.</i> .	11g(ii)
	(iii) A 35%						bove?				· · · · · ·	11g(m)
h	Provide the						•		• • • • •			
	of supported	(ii) EIN			organization	<del></del>	rganization	(v) Did v	ou notify	(vi) I	s the	(vii) Amount of
	anization	(,	[	(described	on lines 1-9	in col (i) lis	sted in your	the organ	nization in	organizat	ion in col	support
					IRC section tructions)	governing	document?		of your port?		zed in the	
			ĺ	<b>\</b>	, ,	Yes	No	Yes	No	Yes	No	
								t		<del>                                     </del>	<del>                                     </del>	
							ĺ		ł			
										<del></del>	-	
		:	Ì									
							<del> </del>		<del>                                     </del>	<del>                                     </del>		
			ł									
					<del></del>	<del> </del>	<del>                                     </del>	<del> </del>	<del>                                     </del>	<del>                                     </del>		<del></del>
			]				1			•		
							<del> </del>	<del>                                     </del>	<del> </del>	<del> </del>		
		Ì	j			]	1	1		]	1	
			· 生-		基本	왕일 소리 중				76. 20. 10.		
Total		1 3 1	=- 1	- <u>A</u>		[ <b>]</b>	[발표]	# -(	F	100 mg/m		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

52-2149962 Schedule A (Form 990 or 990-EZ) 2009 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (e) 2009 (a) 2005 (b) 2006 (d) 2008 (f) Total (c) 2007 Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not 54,366,103 54,024,972 include any "unusual grants") . . . . . 55,577,088 50,433,734 56,418,127. 270,820,024. Tax revenues levied for the organization's benefit and either paid to or expended on 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . . Total. Add lines 1 through 3 . . . . . . . 54,366,103 54,024,972 270,820,024. 1.5 E 23 (3) 5 The portion of total contributions by each person (other than a governmental unit or 重い (4.7 publicly supported organization) included 1 S. E. on line 1 that exceeds 2% of the amount shown on line 11, column (f)..... Public support. Subtract line 5 from line 4 270,820,024 Section B. Total Support (e) 2009 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total Amounts from line 4 . . . . . . . . . . . . . . . . 54,366,103 54,024,972 55,577,088 50,433,734 56,418,127 270,820,024 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 214,499 31,260 55,629 763,383 1,064,771 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 IV) . . . . . . . . . . . . . . . Total support. Add lines 7 through 10 . . 11 12 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) Section C. Computation of Public Support Percentage 99.61% Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 99.84 % 16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check b 33 1/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Schedule A (Form 990 or 990-EZ) 2009

# Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

<u></u>	Sam A. Diskilla Osmanari						
	tion A. Public Support	(-) 2005	(F) 200C	(-) 2007	(4) 0000	(-) 2000	(f) Tatal
	llendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and					ļ ļ	
	membership fees received (Do not include					[ [	
	any "unusual grants ")		·			ļ	
2	Gross receipts from admissions, merchandise				1		
	sold or services performed, or facilities				İ	)	
	furnished in any activity that is related to the					1	
	organization's tax-exempt purpose				<b></b>		·
3	Gross receipts from activities that are not an					1 1	
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on					Ì	
	its behalf						
5	The value of services or facilities						· · · · · · · · · · · · · · · · · · ·
	furnished by a governmental unit to the	ļ		Į l		(	1
	organization without charge			[		[ ]	
6	Total. Add lines 1 through 5					r	
	Amounts included on lines 1, 2, and 3					† ·- · · · · · ·	
, -	received from disqualified persons			·		1	
b	Amounts included on lines 2 and 3		<del></del>			<b>†</b>	
	received from other than disqualified persons that exceed the greater of					ļ	
	\$5,000 or 1% of the amount on line 13			1	[		
	for the year	<del> </del>	<del>                                     </del>	<del> </del>	<del></del>	<del> </del>	
	Add lines 7a and 7b	<del></del>	70	<del> </del>			<del> </del>
8	,, ,		1. 1. 1. 1. 1.	#			
<u> </u>	tion B. Total Support	<u> </u>	<u> </u>		<u> </u>	<u> </u>	
	tion B. Total Support	(a) 2005	(b) 200e	(6) 2007	(4) 2009	(a) 2000	(f) Total
	alendar year (or fiscal year beginning in)	(4) 2003	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	<del></del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
ıu a	Gross income from interest, dividends, payments received on securities loans,			]	]	1	
	rents, royalties and income from similar		)				
	sources	<del></del>	<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>	<del></del>
b	Unrelated business taxable income (less		1	1	ļ	1	
	section 511 taxes) from businesses		{	1	ļ		
	acquired after June 30, 1975	<u> </u>	ļ	ļ		ļ	<del> </del>
С	Add lines 10a and 10b	ļ	ļ	<b> </b>	ļ	ļ	ļ
11	Net income from unrelated business		)	ì			
	activities not included in line 10b, whether or not the business is regularly		1	1	e T	1	
	carried on		ļ	<del> </del>	<u> </u>	<del> </del>	ļ
12	Other income Do not include gain or		ļ	1	Į.		
	loss from the sale of capital assets		l			į	
	(Explain in Part IV )			<u> </u>		ļ	ļ
13	Total support. (Add lines 9, 10c, 11,			}	]		]
	and 12)				<u> </u>	<u> </u>	
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	as a section 501	(c)(3)
	organization, check this box and stop here	<u></u>	<u></u>	<u></u>	<u></u>	<u></u> . <u>.</u> .	▶
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2009 (line 8, c			(f))		15	%
16	Public support percentage from 2008 Sched	• •	•	• • • • • •		16	%
	tion D. Computation of Investmen			_ <del></del>		<del> </del>	<del></del>
17	Investment income percentage for 2009 (II			3. column (f))		17	%
18	Investment income percentage from 2008					18	<del>%</del>
	33 1/3 % support tests - 2009. If the o						
.5 a	17 is not more than 33 1/3 %, check t						
<b>-</b>						=	
0	33 1/3 % support tests - 2008. If the org	='			=		· —
20	line 18 is not more than 331/3 %, check <b>Private foundation.</b> If the organization		•	•			. —

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

# **SCHEDULE D** (Form 990)

#### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

IN-Q-TEL, 52-2149962 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts 1 Total number at end of year ...... Aggregate contributions to (during year) .... 3 Aggregate grants from (during year) . . . . . Aggregate value at end of year ...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total acreage restricted by conservation easements ......... Number of conservation easements on a certified historic structure included in (a) ..... Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

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

Schedule D (Form 990) 2009

Assets included in Form 990, Part X

Par	III Organizations Maintaini	ng Collections o	of Art, Histor	ical Treasures	, or Oth	er Similar A	ssets(continu	ıed)	
2	Using the organization's acquisition,	acces sion and o	ther records o	hock any of the f	ollowing t	that are a ciani	ificant use of it	•	
3	collection items (check all that apply		ther records, c	meck any or me i	Ollowing	inat are a sign	incant use or it	3	
_	Public exhibition	,	d $\square$	Loan or excl	nanna nro	oarame			
a b	Scholarly research		"	Other	lange pro	ogramo			
	Preservation for future gen	perations	۔ ا						
С 4	Provide a description of the organiza		and explain be	ow they further th	e organiz	ation's exemn	t nurnose in		
•	Part XIV	ation's conections	and explain in	ow they luttile: th	e organiz	ation's exemp	t purpose in		
5	During the year, did the organization	solici torreceive	donations of a	art historical trea	sures or	other similar			
3	assets to be sold to raise funds rath						TYe		No
Par	t IV Escrow and Custodial A								140
Fai	IV, line 9, or reported an	amount on Form	990 Part X	line 21	answere	u res tort	וווו פפט, רמו		
	TV, mio o, or reported an	amount on tom	. 000, 1 4,177				<del></del>		
1a	Is the organization an agent, trustee	custo dian or oth	er intermedian	v for contribution	s or other	assets not			
	included on Form 990, Part X?						T	<u> </u>	No
h	If "Yes," explain the arrangement in						16	لــا	,
_	in 100, Oxplain the arrangement in	· are your area oom	p.0.0 ( 10.10.1	ring 12010.		Am	nount		
С	Beginning balance				10				
	Additions during the year			<b>⊢</b>	1d		···		
e	Distributions during the year				1e				
f	Ending balance					<del></del> _			
2a	Did the organization include an amo						Ye	s	No
b	If "Yes," explain the arrangement in		•						,
	t V Endowment Funds. Con		tion answere	ed "Yes" to For	m 990, F	Part IV, line 1	0.		
		(a) Current Year	(b) Prior yea			(d) Three year		our years t	back
1a	Beginning of year balance					- 1			
b	Contributions					=	_		
С	Net investment earnings, gains,			-	-				
	and losses		1				_	-	
d	Grants or scholarships			-1					
е	Other expenditures for facilities .			-		-			
	and programs						`		
f	Administrative expenses			<b>T</b> - '					
g	End of year balance								
2	Provide the estimated percentage of	•	ance held as						
а	Board designated or quasi-endowm	ent ▶	%						
b	Permanent endowment	%							
	· · · · · · · · · · · · · · · · · · ·	%							
3a	Are there endowment funds not in the	he pos session of	the organization	on that are held a	and admir	nistered for the	<b>;</b>		
	organization by								No
	(i) unrelated organizations						3a(i	<del>'</del>	
	(ii) related organizations						3a(ii		
b	If "Yes" to 3a(II), are the related orga		•				<u>3b</u>		
4	Describe in Part XIV the intended us								
Par	t VI Investments - Land, Bui	ildings, and Equ	ipmentSee	Form 990, Part	X, line	10			
	Description of investment		or other basis estment)	(b) Cost or other basis (other)		Accumulated epreciation	(d) Book	value	
1a	Land				1	4			
b	Buildings								
С	Leasehold improvements			2,523,24	7. 1	,571,993.		951,2	54.
d	Equipment			3,408,43		,119,934.		288,5	
е	Other			754,80		543,549		211,2	
Tota	I. Add lines 1a through 1e (Column	(d) must equal For	rm 990, Part X	, column (B), line	10(c)).	▶	1,	451,0	07.

Part VII Investments - Other Securities. See	Form 990, Part X, line	<del>2</del> 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests , ,		
Other		
	- <del></del>	
		<u> </u>
	<b>5</b> 000 <b>5</b> 1 1 1	
Part VIII Investments - Program Related. See		<del></del>
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
PREFERRED STOCK	29,051,452.	FMV
COMMON STOCK	805,551.	FMV
WARRANTS - PREFERRED	11,808,770.	FMV
WARRANTS - COMMON	467,355.	FMV
CONVERTIBLE NOTE	2,524,331.	FMV
		<u></u>
Total (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>▶</b> 44,657,459.	2
Part IX Other Assets. See Form 990, Part X,		
	(a) Description	(b) Book value
	<del></del>	
		<del></del>
	<del> </del>	
<del></del>		<del></del>
		<del></del>
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)		
Part X Other Liabilities. See Form 990, Part		<u></u>
1. (a) Description of liability	(b) Amount	The state of the s
	(b) Amount	
Federal income taxes		
		The state of the s
	<del></del>	
	<del></del>	
	_	
<del></del>		
	<del></del>	
		上海、海外、海洋、海洋、南部、沙兰、
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ent	<u>s</u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		69,315,517.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		51,691,488.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3_		17,624,029.
4	Net unrealized gains (losses) on investments	4		98,440
5	Donated services and use of facilities	5_		
6	Investment expenses	6		
7	Prior period adjustments	7_		
8	Other (Describe in Part XIV)	8		
9	Total adjustments (net). Add lines 4 through 8	9		98,440
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			17,722,469.
Part		urn		
1	Total revenue, gains, and other support per audited financial statements	L	1	69,413,957.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	l		
а	Net unrealized gains on investments 98,44	0.	· 「· ]	
b	Donated services and use of facilities	_	ا. ۔	
С	Recoveries of prior year grants 2c	],	/	
đ	Other (Describe in Part XIV )		-	
е	Add lines 2a through 2d	L	2e	98,440
3	Subtract line 2e from line 1		3	69,315,517.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		- 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV )		-	
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	69,315,517.
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	<u>Retu</u>	<u>rn</u>	
1	Total expenses and losses per audited financial statements	L	1	51,691,488
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	-		
а	Donated services and use of facilities		· 1	
ь	Prior year adjustments 2b		· ]	
С	Other losses 2c		1	
d	Other (Describe in Part XIV )		ļ	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	٠ . إ	3	51,691,488.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	-	-	
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV )	_		
С	Add lines 4a and 4b	ļ	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	51,691,488.
Part	XIV Supplemental Information			
and 2t	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 5, Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also art to provide any additional information			
		_		

Part XIV Supplemental Information (continued)

#### **SCHEDULE J** (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public

Internal Revenue Service Name of the organization IN-Q-TEL, INC.

Department of the Treasury

Inspection Employer identification number

52-2149962

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form		71 W.	
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items		7, 50	53.
	First-class or charter travel Housing allowance or residence for personal use		7-3	1
	Travel for companions Payments for business use of personal residence	2."	-( )	1 1
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	7.		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			5.1
		- 15-		_ ·
b	If any of the boxes on 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	1b		
2	explain			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
		11.7	17	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the	}- =	or th	23m.
	organization's CEO/Executive Director Check all that apply		-	~
	X Compensation committee X Written employment contract	Ti -	- 0	2-
	X   Independent compensation consultant   X   Compensation survey or study	1, 4,4	- 1 	년. 15=-:
	Form 990 of other organizations  X Approval by the board or compensation committee	1		
4	During the year did any person listed in Form 990, Part VII. Section A line 1a, with respect to the filing	1	- 1.1	
•	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.	.45		14 · 1
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X	<u> </u>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			15
		1 -		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	'-	l .	- 1
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	- **		\ - ^
	compensation contingent on the revenues of	-		
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		Į	
	compensation contingent on the net earnings of:		2 +	/-
a	The organization?	6a_	<del> </del>	X
b	Any related organization?	6b		X
_	If "Yes" to line 6a or 6b, describe in Part III		ui'	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	_		,,
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
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			l v
•	In Part III	8_	<del> </del>	X
9	Regulations section 53 4958-6(c)?	•		
	11000000000000000000000000000000000000	, 4		

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

Schedule J (Form 990) 2009

Schedule J (Form 990) 2009

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

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

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

	(B) Bres	(B) Breakdown of W-2	W-2 and/or 1099-MISC compensation	ompensation				
(A) Name	(i) Base			(iii) Other	(C) Ketirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation reported in prior
	compensation	5	compensation	reportable	compensation			Form 990 or Form 990-EZ
	484,204	204.	313,831.	0	9,800.	13,570.	821,405.	0
C. DARBY		0		0	0.	. i	.0	0
	(1) 440,218.	218.	247,238.	0.	9,800.	13,373.	710,629.	0
S. BOWSHER		0		0.	0	0.	   	0.
	(0)279,085.	085.	136, 206.	0	.008,6	12,939.	438,030.	0
B. ADAMS	(ii)	0	0.	0.	0	<u> </u>	0	0
	(i) 259, 465.	465.	123,461.	.0	.008,6	13,242.	405,	0
M. STROTTMAN	(ii)	0	0	0.	0	i		0.
	2	47,227.	109,416.	0	9,800.	6,449.	372,8	0.
E. POULOS	- 1	0	- 1	0.		0.	1	.0
	24	9,445.	127,265.	0	9,800.	12,668.	399,178.	0.
T. PEARSALL	(ii)	0	0	0.0	0	i	 	.0
	(1) 258, 786.	786.	125,018.	0	8,592.	6,169.	398,565.	0.
P. CIGANER	(ii)	0	0.	0	0	i		.0
	(1)281,522.	522.	122,710.	0	.008,6	13,306.	427, 338.	0.
E. KAUFMANN		0		0	.0			.0
	(ı) 252, 913.	913.	108,965.	0	5,198.	12,870.	379,946.	0.
P. BORBERLY	(ii)	•	0.	0.	0.	] [ ]	 	.0
	2	57,122.	108,100.	0	9,800.	13,255.	388, 277.	0.
B. LEVITAN			0	0.	0	0	! !	.0
	239,	509.	104,329.	0	9,800.	13,141.	366,779.	0
J. ADDIEGO			- 1	0	0.	0.	       	.0
	249,	515.	108,100.	0	7,338.	13,206.	378,159.	0.
M. BREIER		0	0.	0.	0	i	!	.0
	(i)	-    -   	1					
	(ii)							
	(1)	        						
	(ii)							1
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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					
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Schedule J (Form 990) 2009

Schedule J (Form 990) 2009	52-2149962
Part III Supplemental Information	Fage 3
Complete this part to provide the information, explanation, or description for any additional information.	or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part
FORM 990, PART VII & SCHEDULE J, PART II	
IN ADDITION TO C. DARBY'S RESPONSIBILITIES AS PRESIDENT	PRESIDENT AND CEO OF
IN-Q-TEL, MR. DARBY SERVES AS A TRUSTEE ON THE COMPANY'S	'S BOARD OF
TRUSTEES. MR. DARBY HAS WAIVED ANY COMPENSATION RELATED	2D TO HIS TRUSTEE
DUTIES AND HIS INCOME AS REPORTED IN THIS FORM IS ENTIRELY	RELY ATTRIBUTABLE
TO HIS DUTIES AS PRESIDENT AND CEO.	
FORM 990, SCHEDULE J, LINE 4C	
PLEASE REFER TO THE SCHEDULE O DISCLOSURE ON THE IN-Q-TEL	EL EMPLOYEE FUND,
LLC.	

Schedule J (Form 990) 2009

#### SCHEDULE L (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 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. ► See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

IN-Q-TEL, INC.							52-	-214	9962			
Part I Excess Benefit Transacation Complete if the organization answ	ns(section	501(c)(	3) and sections 990. Part	n 501(c)(4 IV. line 25	) organization	ons only). Form 990-E						
1 (a) Name of disqualified person					) Description					-	(c) Cor	rected?
											res	NO
						Form 990-EZ, Part V, line 38 ) Balance due (e) In default Yes No the (c) Amount and the graph of						
<ul><li>Enter the amount of tax imposed on under section 4958</li><li>Enter the amount of tax, if any, on line</li></ul>		<i>.</i>							* \$ _ • \$ _			
Part II Loans to and/or From Inter Complete if the organization and				rt IV, line 2	26, or Form	990-EZ, Pa	rt V, III	ne 38a	a			
(a) Name of interested person and purpose		to or from nization?	(c) Ong principal a		(d) Bala	nce due	(e) In a	iefault?	(f) App by boa comm	ard or	( <b>g)</b> W agree	
	То	From	<del>-</del>	<del></del>			Yes No		Yes	No	Yes	No
				·			<u> </u>					
				<del> </del>			├					
	<u></u>	<u> </u>		▶\$	L		<del> </del> -					
Part III Grants or Assistance Bene Complete if the organization and	fitting Ir	nterest	ed Persons	·.	<u> </u>		<u> </u>					
(a) Name of interested person	(b) Re	elationship	between inte organizat		on and the	(c) A	Mount	and ty	pe of a	assista	ince	
						-						
Part IV Business Transactions Inv Complete if the organization an	olving II swered "Y	nterest 'es" on F	ed Persons form 990, Pa	s. irt IV, line :	28a, 28b, or	28c			<del>.</del>			
(a) Name of interested person			ip between son and the ation		nount of saction	(d) Desc	cription	of trar	nsactio	n	organia	anng of zation's nues?
BBN TECHNOLOGIES	BOARD	OVERLAP	<del></del> -	3	,447,018_	SEE SCHEDU	LE O				Yes	No x
	<del>                                     </del>		<del></del>	<del> </del>		<del> </del> -					-	-

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

#### SCHEDULE O (Form 990)

#### **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization IN-Q-TEL, INC.

Employer identification number

52-2149962

ATTACHMENT 1

PART VI, LINE 11A

REVIEW OF FORM 990

THE FORM 990 WAS PREPARED BY THE COMPANY'S EXTERNAL TAX ADVISORY FIRM WITH THE ASSISTANCE OF IN-Q-TEL'S FINANCE AND LEGAL DEPARTMENTS. THE FORM 990 WAS ALSO REVIEWED BY CERTAIN MEMBERS OF THE COMPANY'S EXECUTIVE TEAM, INCLUDING THE CFO AND GENERAL COUNSEL. ADDITIONALLY, THE AUDIT AND ETHICS COMMITTEE OF THE BOARD OF TRUSTEES REVIEWED THE FORM 990 DURING ONE OF ITS QUARTERLY MEETINGS. AFTER REVIEW BY THE AUDIT AND ETHICS COMMITTEE, THE FORM 990 WAS DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO BEING FILED.

PART VI, LINE 12C

CONFLICT OF INTEREST POLICY

FOR EVERY TRANSACTION SUBJECT TO BOARD/COMMITTEE APPROVAL, THE MEMBERS OF THE BOARD AND COMMITTEE ARE ASKED TO IDENTIFY ANY CONFLICTS. THE "DEAL TEAMS" ARE REQUIRED TO IDENTIFY CONFLICTS INVOLVING IQT OFFICERS OR EMPLOYEES IN TRANSACTIONS IN THE DOCUMENTS SUBMITTED FOR APPROVAL.

ADDITIONALLY, EACH YEAR A QUESTIONNAIRE IS SENT TO IQT TRUSTEES, OFFICERS AND KEY EMPLOYEES ASKING FOR IDENTIFICATION OF CONFLICTS.

PART VI, LINE 15A & 15B

COMPENSATION EXPLANATION

IN FORMULATING IQT'S COMPENSATION SYSTEM, THE BOARD OF TRUSTEES IS CONSCIOUS OF ITS RESPONSIBILITIES UNDER THE INTERNAL REVENUE CODE OF

Employer identification number

52-2149962

ATTACHMENT 1 (CONT'D)

1986, AS AMENDED ("CODE"), TO PAY REASONABLE COMPENSATION TO IQT'S EMPLOYEES AND TO AVOID ANY "EXCESS BENEFIT TRANSACTIONS" UNDER SECTION 4958 OF THE CODE. IN OVERSEEING IQT'S COMPENSATION SYSTEM, THE BOARD ADHERES TO THE FOLLOWING PRINCIPLES:

- THE COMPENSATION SYSTEM IS APPROVED BY THE BOARD OR A COMMITTEE OF THE BOARD COMPOSED ENTIRELY OF INDEPENDENT TRUSTEES WHO ARE NOT EMPLOYEES OF, OR INDEPENDENT CONTRACTORS TO, IQT AND WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO ANYONE COVERED BY THESE POLICIES;
- THE BOARD, OR COMMITTEE THEREOF, OBTAINS AND RELIES UPON APPROPRIATE COMPENSATION DATA FROM COMPARABLE ENTITIES PRIOR TO MAKING COMPENSATION DETERMINATIONS; AND
- THE BOARD OR COMMITTEE ADEQUATELY DOCUMENTS THE BASIS FOR ITS DETERMINATION CONCURRENTLY WITH MAKING THAT DETERMINATION.

#### COMPENSATION COMMITTEE

AS SET FORTH IN ITS CHARTER, IQT'S COMPENSATION COMMITTEE (THE "COMPENSATION COMMITTEE" OR "COMMITTEE") HAS BEEN CHARGED BY THE BOARD OF TRUSTEES TO ASSIST THE BOARD IN OVERSEEING IQT'S COMPENSATION SYSTEM. SPECIFICALLY, THE COMMITTEE PERFORMS THE FOLLOWING DUTIES:

- ENSURES THAT IQT'S COMPENSATION PROGRAM AND OTHER EMPLOYEE BENEFITS ARE COMPARABLE TO THE HIGH-TECH AND OTHER APPROPRIATE MARKETS.
- DETERMINES, WITH INPUT FROM THE CIA, AN OVERALL ANNUAL COMPANY "PERFORMANCE SCORE" THAT REFLECTS THE EXTENT AND MANNER IN WHICH IOT HAS

Name of the organization

Employer identification number IN-Q-TEL, INC.

52-2149962

ATTACHMENT 1 (CONT'D)

BEEN SUCCESSFUL IN PURSUING ITS MISSION.

- CONDUCTS AN ANNUAL REVIEW OF THE CHIEF EXECUTIVE OFFICER'S ("CEO'S") PERFORMANCE, AND MAKES RECOMMENDATIONS TO THE BOARD OF TRUSTEES ON THE CEO'S COMPENSATION AND BENEFITS FOR THE NEXT YEAR.
- ON AN ANNUAL BASIS, REVIEW THE CEO'S RECOMMENDATIONS REGARDING THE COMPENSATION AND BENEFITS OF THE OTHER DISQUALIFIED PERSONS, AS DEFINED IN SECTION 4958 OF THE INTERNAL REVENUE CODE, AND DETERMINES THEIR COMPENSATION AND BENEFITS FOR THE NEXT YEAR.
- ON AN ANNUAL BASIS, REVIEWS THE DETERMINATION OF COMPENSATION AND BENEFITS OF THE OTHER EMPLOYEES MADE BY THE CEO OR THE CEO'S DESIGNEE.
- ENGAGES AN INDEPENDENT COMPENSATION CONSULTING FIRM TO PERFORM A PERIODIC STUDY OF IQT'S COMPENSATION PROGRAM AND ADMINISTRATION, OR PARTS THEREOF. (THIS STUDY INCLUDES, BUT IS NOT LIMITED TO, A REVIEW OF DATA THE COMPANY USED TO BENCHMARK POSITIONS, DOCUMENTATION OF BASE SALARY ADJUSTMENTS, AND ANNUAL INCENTIVE PLAN AWARDS.) FOLLOWING COMPLETION OF SUCH STUDY, THE COMPENSATION CONSULTING FIRM DELIVERS A REPORT TO THE COMPENSATION COMMITTEE DISCUSSING IOT'S ADHERENCE TO ITS COMPENSATION POLICIES.
- WORKS WITH IQT'S IN-HOUSE AND OUTSIDE COUNSEL TO ENSURE THAT IQT'S COMPENSATION STRUCTURE AND PLANS COMPLY WITH INTERNAL REVENUE CODE AND OTHER LEGAL REQUIREMENTS.

PART VI, LINE 19

DOCUMENTS AVAILABLE TO THE PUBLIC

IN-Q-TEL DOES NOT MAKE THIS INFORMATION AVAILABLE TO THE PUBLIC.

Schedule O (Form 990) 2009 Page 2

Name of the organization IN-Q-TEL, INC.

Employer identification number
52-2149962
ATTACHMENT 1 (CONT'D)

SCHEDULE L, PART IV

DURING THE REPORTING PERIOD, A MEMBER OF IQT'S BOARD OF TRUSTEES ALSO
SERVED AS A VOTING BOARD MEMBER OF BBN TECHNOLOGIES, A COMPANY IN WHICH

IQT HELD SHARES. IN OCTOBER 2009, BBN TECHNOLOGIES WAS ACQUIRED BY AN UNRELATED THIRD-PARTY, RESULTING IN A PURCHASE OF ALL OUTSTANDING BBN TECHNOLOGIES SHARES. IQT RECEIVED \$3,447,018 FOR ITS SHARES IN BBN

EIP DISCLOSURE STATEMENT

SCHEDULE R, PART V

TECHNOLOGIES.

IN-Q-TEL MAINTAINS AN INVESTMENT IN A SEPARATE RELATED ENTITY CALLED

IN-Q-TEL EMPLOYEE FUND, LLC. THIS ENTITY WAS CREATED AS PART OF AN

EMPLOYEE INCENTIVE PROGRAM (EIP) WHICH INVOLVED MAKING SIDE-BY-SIDE

EQUITY INVESTMENTS WITH IN-Q-TEL. THE EIP WAS SUSPENDED IN JUNE 2007 AND

NO FURTHER INVESTMENTS ARE BEING MADE.

ATTACHMENT 2

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

IN-Q-TEL IDENTIFIES AND PARTNERS WITH COMPANIES DEVELOPING
CUTTING-EDGE TECHNOLOGIES TO HELP DELIVER THESE SOLUTIONS TO THE
CENTRAL INTELLIGENCE AGENCY AND THE BROADER U.S. INTELLIGENCE
COMMUNITY (IC) TO FURTHER THEIR MISSIONS.

ATTACHMENT 3

Schedule O (Form 990) 2009 Page 2

Name of the organization IN-Q-TEL, INC.

Employer Identification number 52-2149962

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 3 (CONT'D)

#### 4A PROGRAM SERVICE

IN-Q-TEL (IQT) WAS ESTABLISHED IN 1999 AS A PRIVATE,

NOT-FOR-PROFIT COMPANY TO HELP THE CIA AND THE GREATER U.S.

INTELLIGENCE COMMUNITY (IC) IDENTIFY, ADAPT, AND DELIVER

CUTTING-EDGE TECHNOLOGIES THAT MEET INTELLIGENCE NEEDS. IQT'S

STRATEGIC INVESTMENT MODEL GIVES IT THE AGILITY - OFTEN LACKING

WITHIN TRADITIONAL GOVERNMENT CONTRACTING APPROACHES - TO FIND AND

NURTURE ENTREPRENEURS AND COMPANIES THAT CAN PROVIDE A SUPPLY

CHAIN OF INNOVATION WHICH ENABLES THE IC TO BENEFIT FROM

TECHNOLOGY ADVANCES.

IQT'S MISSION IS TO TAKE THE CALCULATED INVESTMENT RISKS NECESSARY
TO SUPPORT LEADING-EDGE, BUT OFTEN UNPROVEN TECHNOLOGIES, AND
MATURE THEM TO OPERATIONAL READINESS TO HELP THE CIA AND BROADER
IC ACHIEVE THEIR MISSION.

#### APPROACH

---<del>-</del>---

IN-Q-TEL WORKS AS:

- \* A STRATEGIC INVESTMENT FIRM, INVESTING IN COMPANIES AND HELPING
  NASCENT COMMERCIAL TECHNOLOGIES MATURE INTO
  COMMERCIAL-OFF-THE-SHELF (COTS) PRODUCTS THE GOVERNMENT CAN BUY AT
  LOWER COSTS THAN ALTERNATIVE APPROACHES;
- \* A TECHNOLOGY ACCELERATOR, FOSTERING DEVELOPMENT AND INTRODUCTION
  OF TECHNOLOGIES NEEDED BY THE IC; AND

52-2149962

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 3 (CONT'D)

\* AN IDEA LAB AND FORUM FOR INNOVATION, PROVIDING THE IC WITH INSIGHT AND ACCESS TO BOTH NEW TECHNOLOGIES AND LEADING INNOVATORS AND THINKERS.

IDENTIFYING THE NEWEST TECHNOLOGIES:

AS A STRATEGIC INVESTOR, 1QT MAKES INVESTMENTS IN STARTUP

COMPANIES THAT HAVE DEVELOPED COMMERCIALLY-FOCUSED TECHNOLOGIES

THAT WILL PROVIDE STRONG, NEAR-TERM ADVANTAGES (WITHIN 36 MONTHS)

TO THE IC MISSION. 1QT DESIGNS ITS STRATEGIC INVESTMENTS TO

ACCELERATE PRODUCT DEVELOPMENT AND DELIVERY, AND SPECIFICALLY TO

HELP COMPANIES ADD CAPABILITIES THAT ITS INTELLIGENCE COMMUNITY

CUSTOMERS NEED. ADDITIONALLY, 1QT EFFECTIVELY LEVERAGES ITS

DIRECT INVESTMENTS BY ATTRACTING A SIGNIFICANT AMOUNT OF PRIVATE

SECTOR FUNDS, OFTEN FROM TOP-TIER VENTURE CAPITAL FIRMS, TO

CO-INVEST IN OUR PORTFOLIO COMPANIES. ON AVERAGE, FOR EVERY DOLLAR

THAT 1QT INVESTS IN A COMPANY, THE VENTURE CAPITAL COMMUNITY HAS

INVESTED OVER NINE DOLLARS, HELPING TO DELIVER CRUCIAL NEW

CAPABILITIES AT LOWER COST TO THE GOVERNMENT.

IQT'S AREAS OF FOCUS ARE: PHYSICAL AND BIOLOGICAL TECHNOLOGIES, SECURITY, AND SOFTWARE AND INFRASTRUCTURE.

Schedule O (Form 990) 2009

Name of the organization

IN-Q-TEL, INC.

Employer identification number 52-2149962

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 3 (CONT'D)

BUILDING STRONG COMPANIES FOR STRONG TECHNOLOGIES:

USING PRODUCT DEVELOPMENT FUNDING AND EQUITY INVESTING, IQT
CREATES INCENTIVES FOR COMPANIES TO PUT THEIR BEST TALENT INTO
SOLVING THE TOUGHEST TECHNOLOGY PROBLEMS FACING THE CIA AND
BROADER INTELLIGENCE COMMUNITY. ONCE AN INVESTMENT IS MADE, IQT
WORKS WITH THE COMPANY AND THE CUSTOMER TO ADAPT THE TECHNOLOGY
ACCORDING TO CUSTOMER NEED, AND FACILITATES SOLUTION DELIVERY. THE
ADVANTAGES TO THE IC ARE SIGNIFICANT: LOWER INITIAL AND LONG-TERM
COSTS, FASTER DEVELOPMENT, AND ONGOING PRODUCT ENHANCEMENTS TO
MEET THE DEMANDS OF THE COMMERCIAL MARKET

SERVING NEW INTELLIGENCE COMMUNITY CUSTOMERS:

-----

TODAY, IQT HAS EXPANDED ITS IC PARTNERSHIPS TO INCLUDE THE CIA,

THE DEFENSE INTELLIGENCE AGENCY (DIA), THE DEPARTMENT OF HOMELAND

SECURITY SCIENCE & TECHNOLOGY (DHS S&T), THE NATIONAL

GEOSPATIAL-INTELLIGENCE AGENCY (NGA), AND OTHERS.

PROGRAM SERVICE ACCOMPLISHMENTS:

\_\_\_\_\_

1. DELIVERED MORE THAN 150 TECHNOLOGIES, MANY OF WHICH HAVE

CONTRIBUTED DIRECTLY TO IC MISSIONS. TECHNOLOGY DELIVERED BY 1QT,

FOR EXAMPLE, MAKES IT POSSIBLE TO FUSE DATA FROM MAPS, IMAGES,

TEXT AND OTHER SOURCES; VISUALIZE INFORMATION IN WAYS NOT

Name of the organization

IN-Q-TEL, INC.

Employer identification number

52-2149962

#### FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 3 (CONT'D)

PREVIOUSLY POSSIBLE; RAPIDLY PROCESS VAST AMOUNTS OF INFORMATION
IN MULTIPLE LANGUAGES; MAKE SENSE OF SEEMINGLY UNCONNECTED
INFORMATION; AND IDENTIFY THE CRITICAL INTELLIGENCE FASTER AND
MORE EFFECTIVELY.

- 2. CULTIVATED A NETWORK OF MORE THAN 200 VENTURE CAPITAL FIRMS,

  100 LABS AND RESEARCH ORGANIZATIONS, FURTHER BROADENING THE IC'S

  ACCESS TO INNOVATIVE TECHNOLOGIES.
- 3. LEVERAGED MORE THAN \$1.5 BILLION IN PRIVATE-SECTOR FUNDS TO SUPPORT TECHNOLOGY FOR THE CIA AND THE IC.

#### GOVERNANCE AND OVERSIGHT:

-----

IQT IS BOUND BY A CHARTER AGREEMENT WITH THE CIA, WHICH SETS OUT THE RELATIONSHIP BETWEEN THE TWO ORGANIZATIONS, AND BY AN ANNUAL CONTRACT WITH THE CIA. IQT IS NOT PART OF THE CIA AND IS NOT A GOVERNMENT AGENCY.

THE COMPANY IS GOVERNED BY AN INDEPENDENT BOARD OF TRUSTEES

COMPRISED OF FORMER OFFICIALS FROM THE DEFENSE AND INTELLIGENCE

COMMUNITIES, AS WELL AS CEOS OF MAJOR COMPANIES, UNIVERSITY

LEADERS, AND LEADERS IN THE INVESTMENT INDUSTRY.

Name of the organization IN-Q-TEL, INC. **Employer identification number** 52-2149962

#### FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 3 (CONT'D)

A GOVERNMENT CONTRACTOR OPERATING AS AN INDEPENDENT, NOT-FOR-PROFIT CORPORATION, IOT RECEIVES REGULAR OVERSIGHT FROM THE CIA AND OTHER CLIENT AGENCIES, WHO KEEP CONGRESS INFORMED OF THE COMPANY'S ACTIVITIES.

IQT HAS BEEN THE FOCUS OF A NUMBER OF THOUGHTFUL STUDIES THAT DESCRIBE AND SCRUTINIZE THE ORGANIZATION. TWO ARE CITED BELOW.

\* BUSINESS EXECUTIVES FOR NATIONAL SECURITY (BENS) IN A REPORT TO CONGRESS, AN INDEPENDENT PANEL OF BUSINESS EXECUTIVES RECOMMENDED THAT IN-Q-TEL SERVE AS THE CIA'S "TECHNOLOGY ACCELERATOR." THE PANEL CONCLUDED THAT IN-Q-TEL HAS ACHIEVED SIGNIFICANT EARLY PROGRESS AND THAT "CREATING A MODEL LIKE IN-Q-TEL MAKES GOOD BUSINESS SENSE."

THE ASSESSMENT WAS MADE BY A PANEL FROM BUSINESS EXECUTIVES FOR NATIONAL SECURITY, A NATIONAL, NON-PARTISAN, AND NOT-FOR-PROFIT ORGANIZATION OF BUSINESS LEADERS - 30 OF WHOM FORMED THE INDEPENDENT PANEL AFTER THE CIA SELECTED BENS TO CONDUCT THE CONGRESSIONALLY MANDATED STUDY. THE REPORT, "ACCELERATING THE ACQUISITION AND IMPLEMENTATION OF NEW TECHNOLOGIES FOR INTELLIGENCE: THE REPORT OF THE INDEPENDENT PANEL ON THE CENTRAL INTELLIGENCE AGENCY IN-Q-TEL VENTURE," WAS SUBMITTED TO THE CIA AND CONGRESS.

Name of the organization

IN-Q-TEL, INC.

Employer identification number 52-2149962

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 3 (CONT'D)

JUNE 2001

SOURCE-BUSINESS EXECUTIVES FOR NATIONAL SECURITY

WWW.BENS.ORG

\* HARVARD BUSINESS SCHOOL CASE STUDY

THIS HARVARD BUSINESS SCHOOL CASE STUDY PROVIDES BACKGROUND ABOUT IN-Q-TEL'S HISTORY AND STRATEGY, LAYING THE GROUNDWORK FOR IN-Q-TEL TO CONSIDER THE CASE FOR EXPANSION.

BY JOSH LERNER, FELDA HARDYMON, KEVIN BOOK, ANN LEAMON FEBRUARY 12, 2004

SOURCE-HARVARD BUSINESS SCHOOL

HTTP://HARVARDBUSINESSONLINE.HBSP.HARVARD.EDU/B02/EN/CASES/CASES\_HOME.JHTML

IN ADDITION, IQT PARTICIPATES IN PERIODIC REVIEWS BY THE INSPECTOR GENERAL OFFICE AND THE U.S. SENATE SELECT COMMITTEE ON INTELLIGENCE TO ASSESS THE EFFECTIVENESS OF TECHNOLOGY SOLUTIONS FROM OUR INVESTMENTS IN SOLVING CHALLENGING PROBLEMS IN THE INTELLIGENCE COMMUNITY.

ATTACHMENT 4

e 2

Name of the organization		Employer	dentification number
IN-Q-TEL, INC.		52-2	2149962
		ATTACHME	ENT 4 (CONT'D)
990, PART VII- COMPENSATION OF THE FIVE HIGHES	T PAID IND. CONTRACT	ORS	
NAME AND ADDRESS	DESCRIPTION OF S	ERVICES	COMPENSATION
QD VISION 313 PLEASANT ST. WATERTOWN, MA 02472	TECH. DEVELOP	MENT	2,320,018.
VERACODE INC. 4 VAN DE GRAAF DR. BURLINGTON, MA 01803	TECH. DEVELOP	MENT	1,340,205.
T2 BIOSYSTEMS 286 CARDINAL MEDEIROS AVE CAMBRIDGE, MA 02141	TECH. DEVELOP	MENT	1,087,500.
FIREEYE 1390 MCCARTHY BLVD. MILPITAS, CA 95035	TECH. DEVELOP	MENT	1,036,044.
ELEMENTAL TECHNOLOGIES 620 SW 5TH AVE. PORTLAND, OR 97204	TECH. DEVELOP	MENT	900,000.

TOTAL COMPENSATION

6,683,767.

# SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

Name of the organization Department of the Treasury Internal Revenue Service

Part I

Open to Public Inspection

 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37
 ► Attach to Form 990. IN-Q-TEL, INC.

Identification of Disregarded Entities (Complete If the organization answered "Yes" on Form 990, Part IV, line 33.)

Employer Identification number 52-2149962 (f)
Direct controlling
entity (e) End-of-year assets (d) Total income (c)
Legal domicile (state
or foreign country) (b) Primary activity (a)Name, address, and EIN of disregarded entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Part II

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(c) (d) (e) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
					<u> </u>
	:				

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule R (Form 990) 2009

PAGE 39

Page 2

52-2149962

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Schedule R (Form 990) 2009

Part III

(J)
General or
managing
partner? Yes No (I)
Code V-UBI
amount in box 20 of
Schedule K-1
(Form 1065) Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (h) Disproportionate ŝ Yes (g) Share of end-of-year assets 2,205,410 (f) Share of total income 307, 503 Predominant income (related, unrelated, excluded from tax under sections 512-514) INVESTMENT Direct controlling entity (c)
Legal
domicile
(state or
foreign 띰 (b) Primary activity PO BOX 749 ARLINGTON, VA 22216 INVESTMENTS IQT\_EMPL\_FUND, LLC\_54-2043626 (a)
Name, address, and EIN of related organization Part IV

(а) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Schedule R (Form 990) 2009

PAGE 40

Yes × (c) Amount involved 9 19 Purchase of assets from other organization(s) ..................... If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds Transactions With Related Organizations (Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36 (b)
Transaction
type (a–r) During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Performance of services or membership or fundraising solicitations by other organization(s) Performance of services or membership or fundraising solicitations for other organization(s) Receipt of (I) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Name of other organization Gift, grant, or capital contribution from other organization(s) Other transfer of cash or property from other organization(s) Gift, grant, or capital contribution to other organization(s) Other transfer of cash or property to other organization(s) Loans or loan guarantees to or for other organization(s) Reimbursement paid to other organization for expenses Reimbursement paid by other organization for expenses Loans or loan guarantees by other organization(s) Part V ۵ 0 E c В \_ 0 ٥ Ξ 2 3 **3** 9 9

Schedule R (Form 990) 2009

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.) Part VI

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 assets 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	ē ē	(d) Are all partners section	(f) Disproportionate allocations?	(9) Code V-UBI amount in box 20	(h) General or managing
		country)	organizations?	Yes		Yes No
					Schedule R (Form 990) 2009	990) 2009

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## Form 8868

(Rev April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>						
<ul><li>If you a</li></ul>	re filing for an Automatic 3-Month Extension, complete only Part I and check this box re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (or	page 2 of	this form	1).			
Part I	mplete Part II unless you have already been granted an automatic 3-month extension on a pro- Automatic 3-Month Extension of Time. Only submit original (no copies need)		Form 88	508.			
	ation required to file Form 990-T and requesting an automatic 6-month extension—check t	-	i comple	te . ▶ □			
	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 70 te income tax returns.	04 to requ	est an ex	tension of			
one of the electronic returns, o	c Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month autor e returns noted below (6 months for a corporation required to file Form 990-T). However ally if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and more details on the electronic filing of this form, visit www.irs gov/efile and click on e-file form.	er, you can 990-BL, 60 signed pag	not file F 69, or 88 je 2 (Part	form 8868 370, group II) of Form			
Type or print	1	Employer id		n number			
File by the due date for filing your	y the Number, street, and room or suite no. If a P.O. box, see instructions ate for						
return See instructions	See City town or post office state and ZID code For a foreign address and instructions						
Check by	pe of return to be filed (file a separate application for each return)						
☑ Form			Form 472	20			
☐ Form 990-BL ☐ Form 990-T (sec. 401(a) or 408(a) trust)				Form 5227			
_	990-EZ Form 990-T (trust other than above)		Form 6069				
	990-PF		Form 8870				
	550 TT	ب	01111 007	J			
Telepho If the co If this if	oks are in the care of ►THE ORGANIZATION  one No. ► 703-248-3000  FAX No ►  organization does not have an office or place of business in the United States, check this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)_hole group, check this box ► ☐ If it is for part of the group, check this box	box	 If t	this is			
unti for ▶	equest an automatic 3-month (6 months for a corporation required to file Form NOVEMBER 15,2010, to file the exempt organization return for the organization of the organization's return for:    calendar year 20	named abo	ve The e	extension is			
2 If th	nis tax year is for less than 12 months, check reason: 🗌 Initial return 🗀 Final return 🗀	] Change	n accour	nting period			
	nis application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative taxs any nonrefundable credits. See instructions.	, 3a	\$	N/A			
	nis application is for Form 990-PF or 990-T, enter any refundable credits and estimated ta						
	ments made Include any prior year overpayment allowed as a credit.	3b	\$	N/A			
dep	ance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required posit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymentem). See instructions.	it 🕴		31 / P			
<u>_</u>		3c	\$	N/A			
	If you are going to make an electronic fund withdrawal with this Form 8868, see Form 84 lent instructions.	53-EO and	⊦orm 881	/9-EO			

					_		
	868 (Rev				Page 2		
		filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and c			■ X		
		omplete Part II if you have already been granted an automatic 3-month extension on a previous filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	iy iiled r	·OIII 0000.			
Part		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies	needed)			
ype				loyer identification number			
orint	٥.		2149962				
ile by	the		IRS use				
extended lue date for	ed	P.O. BOX 749		·			
iling th	ne j	City, town or post office, state, and ZIP code. For a foreign address, see instructions					
eturn nstruc		ARLINGTON, VA 22219					
Chec	k type	of return to be filed (File a separate application for each return):					
☑ Fo	Form 990		☐ Form 6069				
	orm 990	==		Form 8870			
	orm 990						
STOP	! Do no	ot complete Part II if you were not already granted an automatic 3-month extension on a p	previous	ly filed Forr	n 8868.		
		are in the care of ▶ THE ORGANIZATION					
Tele	ephone	No. ► 703-248-3000 FAX No. ►					
		nization does not have an office or place of business in the United States, check this box			▶ □		
lf th	ns is fo	r a Group Return, enter the organization's four digit Group Exemption Number (GEN)		If this			
		e group, check this box $\blacktriangleright$ $\square$ If it is for part of the group, check this box	▶ 🗆	and attach	а		
		names and EINs of all members the extension is for.					
4	I reque	st an additional 3-month extension of time until FEBRUARY 15 , 201	13	24.04	40		
	For calendar year , or other tax year beginning APRIL 1 , 2009 , and ending MARCH 31 , 2010 .						
		ax year is for less than 12 months, check reason.   Initial return   Final return   CAMALTING INTORNATION FROM THIRD DARK			3 period		
		n detail why you need the extension AWAITING INFORMATION FROM THIRD PART					
	NECE	SSARY TO PREPARE AND COMPLETE AN ACCURATE RETURN.					
8a	if this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,					
	less any nonrefundable credits. See instructions		8a	\$	N/A		
b If this estima	If this a	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					
	estimated tax payments made. Include any prior year overpayment allowed as a credit and any		-17				
	amoun	t paid previously with Form 8868.	8b	\$	N/A		
С	Balance	Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit					
with	with FTI	O coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	N/A		
		Signature and Verification					
		of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the	best of n	ny knowledge a	na belief,		

Title ► TAX MANAGER

Form **8868** (Rev 4-2009)