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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

<u>A</u>	For the 2	010 calen	r year, or tax year beginning	7/01	, 2010, aı	nd endin	g 6/3	30	, 2011
В	Check if app	licable						D Employer	Identification Number
	Addres	s change	merging Technology (Centers, In	iC.			52-17	732432
	Name	change	400 Boston Street #3	300				E Telephone	
	Initial r	•	altimore, MD 21224					410-3	327-9150
	Termin							410 3	327 3130
	\vdash	ed return						C •	1 022 200
			Name and address of principal officer	Ann Lansi	n ~ ~ ~		Wa) le this	G Gross rece a group return for	
	Д Арриса	ition pending	• •	AIII Laiisi.	nger			affiliates include	., H H
_	<u></u>		ame As C Above		T			attach a list (se	
<u>.</u>	Tax-exem	•		✓ (insert no.)	4947(a)(1) or	527			
<u>J</u>	Websit		etcbaltimore.com					exemption numb	
K		rganization	Corporation Trust Associa	tion Other	L Yea	er of Format	ion 199	M Stat	te of legal domicile MD
Pa		Summa							
	1 Brie	efly descri	the organization's mission or n	nost significant a	ctivities <u>Eco</u>	nomic	Devel	opment_	
9									
Governance									
E.						-			
Š		eck this bo		ntinued its opera	tions or disposi	ed of mo	re than 2	5% of its ne	et assets
ن عق			ng members of the governing bo					<u></u>	3 14
69	4 Nur	mber of in	pendent voting members of the	governing body	(Part VI, line 1)	b)			4 14
**			fundividuals employed in calend		art V, line 2a)				5 0
Activities &			f volunteers (estimate if necess		. 10			<u> </u>	6 9
•			business revenue from Part VII usiness taxable income from Fo						7a 0.
	D Nei	unrelated	usiness taxable income from Fo	orm 990-1, line 3	4				7b 0.
	0 0		ad aroute (Dod VIII line 16)				Р	rior Year	Current Year
Ð			nd grants (Part VIII, line 1h)		•			506,09	
重			e revenue (Part VIII, line 2g)	. 2 4 7-1			<u> </u>	,283,02	
Revenue			me (Part VIII, column (A), lines				-	2,95	
			Part VIII, column (A), lines 5, 6			10\		10,04	
			- add lines 8 through 11 (must o			12)	+ +	,802,12	8. 1,923,389.
			lar amounts paid (Part IX, colu))				-
			or for members (Part IX, colur						
ø			compensation, employee benef		mn (A), lines 5.	-10)		407,62	4. 416,844.
nse	16 a Pro	fessional	ndraising fees (Part IX, column	(A), line 11e)		•		·····	
Expenses	b Tot	al fundrais	g expenses (Part IX, column (D), line 25) 🟲			NO.		
ú	17 Oth	ner expens	(Part IX, column (A), lines 11a	n-11d, 11f-24f)			2	,174,50	9. 2,192,836.
			Add lines 13-17 (must equal P	art_IX_column_(/	\). line-25): .			,582,13	
			xpenses Subtract line 18 from		CENVED	1	=	-780,00	
88						اور	Regionin	g of Current Y	
	20 Tot	al assets	art X, line 16)	m LLH	A # 2012	18		,597,91	
Assets Baland			(Part X, line 26)	E FFR	06 2012	RS-OS		,100,56	
5	1		and balances Subtract line 21 f	1 1		기로			
ا م		Signatu			JEN, UT			,502,65	25,188,943.
			· · · · · · · · · · · · · · · · · · ·						_
con	ier penalties iplete Decla	or perjury, 1 d ration of prep	are that I have examined this return, incluing the control of the	uing accompanying sch lation of which prepare	nedules and stateme er has any knowledge	ents, and to e	the best of n	ny knowledge ar	nd belief, it is true, correct, and
			11 1 200 100	~#/			T	1/22/	1012
Sig	nn	Signatu	of officer			-	Da	10 3	au/a
He	re	Ann	ansinger $ u$				Evac	. Direct	or
	. •		nt name and title	1			EXEC	Direct	-01
		Print/Type o	parer's name Prepare	s signature)	1 0 - Ir	Date/ /		Charle	, PTIN
_	٠	I '' '	M ///	noo K.K.) (PD 1	7./_			"
Pa				-	self-employed	P00471423			
	eparer e Only	Firm's name	► T.R. Klein & Comp	any					FO 15000==
US	Cilly	Firm's addr	► 2809 BOSTON ST						52-1602955
_		L	Baltimore, MD 212					Phone no ((410) 675-2727
Ma			return with the preparer shown	above? (see ins	tructions)				X Yes No
D 4	A F D-	manuade C	luction Act Notice, can the con-		_				

Forn	m 990 (2010) Emerging Technology Centers, Inc.	52-17	32432	Page 2
Pai	r於 ii: Statement of Program Service Accomplishments			
	Check if Schedule O contains a response to any question in this Part III .			· _ 🗍
1	Briefly describe the organization's mission			
	Economic Development			
	Did the account of undertaken and against account and against the contract of			
2	Did the organization undertake any significant program services during the year which were not lis	tea on the prior		<u>चि</u>
	Form 990 or 990-EZ?		Yes	X No
	If 'Yes,' describe these new services on Schedule O		_	=
3	5, 5	m services?	Yes	X No
	If 'Yes,' describe these changes on Schedule O			
4	Describe the exempt purpose achievements for each of the organization's three largest program so	ervices by exper	nses Section	on 501(c)(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gran expenses, and revenue, if any, for each program service reported	its and allocatio	ns to other	s, the total
	expenses, and revenue, if any, for each program service reported			
4:	a (Code 2, 267, 672. including grants of \$	_) (Revenue	3 <u>1,2</u>	76,449.)
	The Organization operates several business incubator sites an			.
	development of businesses within such sites, while encouraging	<u>new busin</u>	ess_to_	locate_
	in the central Maryland region.			.
		- 		
				
				
			· -	
			. -	-
		- 		
4	b (Code including grants of \$	_) (Revenue	\$)
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4	c (Code) (Expenses \$ including grants of \$) (Revenue	\$)
7			'	
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		- 	- -	
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				- -
			- -	- -
		 =	- -	- -
				
_	14 Other program conveces (December in Sabadula O.)			
4	1d Other program services (Describe in Schedule O)	•		,
	(Expenses \$ including grants of \$) (Revenue	ie >		
4	4e Total program service expenses ► 2, 267, 672.			

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10	ALCORAN	X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
i	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
1	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
•	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VIII	11 c		х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
	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, Parts II and IV.	15		Х
	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, Parts III and IV	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		x
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	-	X
	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 6		

			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? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
t	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		
c	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ı	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		x
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	1 34-60	X
28	instructions for applicable filing thresholds, conditions, and exceptions)			
•	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u> X</u>
ł	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		X
30		30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		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, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36_		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	
BA/	4	Forn	า 990	(2010)

Check if Schedule O contains a response to any question in this Part V				
			Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .	1 a	0	心态的	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	이 분		
c Did the organization comply with backup withholding rules for reportable payments to vendor	s and reportable naming	3 A S		
(gambling) winnings to prize winners?		1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-		X SET		
ments, filed for the calendar year ending with or within the year covered by this return		이끌고		
b If at least one is reported on line 2a, did the organization file all required federal employmen		2b	F . P 32 4 47	nif dilik
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in	· ·			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year	r?	3a		<u> </u>
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q		3ь		
4a At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other fi	or other authority over, a nancial account)?	4a		Х
b If 'Yes,' enter the name of the foreign country ▶				
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and F	inancial Accounts	4		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	x year?	5a		Χ
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	er transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5c		
En Done the expension have empired gross receipts that are normally exector than \$100,000 as				
6a Does the organization have annual gross receipts that are normally greater than \$100,000, as solicit any contributions that were not tax deductible?	nd did the organization	6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such co not tax deductible?	ontributions or gifts were	6b		
7 Organizations that may receive deductible contributions under section 170(c).		(ALAKI	aria.	SON
			S UT PART	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	artly for goods and	تتانشات 7a	LikizisiAli	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for wi	hich it was required to file			
Form 8282 ⁷	1	7c	(-100 m)	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 <u>d</u>			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	efit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization as required?	on file Form 8899	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the	organization file a			
Form 1098-C?		7h	all mark	530.00
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, h	ng organizations. Did the ave excess business			
holdings at any time during the year?		8 ********	and the second	f salet into
9 Sponsoring organizations maintaining donor advised funds.		1		
a Did the organization make any taxable distributions under section 4966?		9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	The Time	F1387.7
10 Section 501(c)(7) organizations. Enter	10-1			100 m
a Initiation fees and capital contributions included on Part VIII, line 12	10a	-136		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	— (4.65.2) (3.75.1)	15 A	1.1
11 Section 501(c)(12) organizations. Enter	• • · ·	100	1	
a Gross income from members or shareholders	11 a		ر شرکت ارسالات	1,100
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11 b	18.7		7: 15
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	f Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b		1,74	7.5
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		ر مراجع در مراجع	1	
a is the organization licensed to issue qualified health plans in more than one state?		13a		1.4-
Note. See the instructions for additional information the organization must report on Schedu	le O	1,723.		1.30
b Enter the amount of reserves the organization is required to maintain by the states in	126	118		1 3 4
which the organization is licensed to issue qualified health plans	13b			1 4 9
c Enter the amount of reserves on hand	13c	14-	17.57	X
14a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schadula O	14a 14b		 ^
v ii res, rias it ilieu a rotti 720 to report tilese payments? Il 190, provide all explanation in	Juliedule U	140	<u>'L</u>	

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. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1 a 1 a Enter the number of voting members of the governing body at the end of the tax year b Enter the number of voting members included in line 1a, above, who are independent 14 1 b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee or key employee? 2 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 Х 4 Did the organization make any significant changes to its governing documents Х 4 since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 5 6 Does the organization have members or stockholders? 6 Х 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the X governing body? 7 a X **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 71 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 86 Is there any officer, director or 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 q Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Х 10a Does the organization have local chapters, branches, or affiliates? b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done X See Schedule O 12 c X 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 Х Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO. Executive Director, or top management official See Schedule Q 15 a Х 15 b b Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed MD 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 Another's 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 See Schedule O 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► Management 2400 Boston Street # 300 21224 410-237-9150

Form 990 (2	2010)	Emerging	Technology	Centers	Tnc
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Rart VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

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

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

Check this box if neither the organization	n nor any	relate	d or	gan	ızat	ion co	mpe	ensated any current of	fficer, director, or trust	ee
(A)	(B)	(D)	(E)	(F)						
Name and title	Average Position (check a						Reportable compensation from	Reportable compensation from	Estimated	
	per week (describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Insultational trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Wesley Blakeslee			,							
Director	1	X						0.	0.	0.
(2) Ginette Serrero, Ph.D. Director	1	Х						0.	0.	0.
(3) Barry Bogage										
Director	1	X						0.	0.	0.
_(4)_Jennifer_Gunner Director	1	х		:				0.	0.	0.
(5) Darius Davis										
Vice Chair	1	X		Χ				0.	0.	0.
(6) Richard A. Kohr, Jr. Director	1	Х						0.	0.	0.
(7) George Nemphos Secretary	1	Х		Х				0.	0.	0.
(8) Brian LeGette										
Director	_ 1	X						0.	0.	0.
(9) Catherine Vorwald Director	1	x						0.	0.	0.
(10) Steve Carchedi										
Chair	1	X	1	X				0.	0.	0.
(11) John Wasilisin Director	1	х						0.	0.	0.
(12) Steven E. Schaefer						_				
Director	11	<u>X</u>			<u> </u>		ļ	0.	0.	<u> </u>
(13) Jeff Pillas	↓ _			١	1	1				_
Treasurer	5	X	<u> </u>	X	-	 	<u> </u>	0.	0.	0.
(14) Bob Brennan	┨ .	.,					ł			•
Director	1 1	X	_	<u> </u>	-	 	├	0.	0.	<u> </u>
(15) Ann Lansinger President	40			х				0.	86,980.	7,892.
(16) Neil Davis		 		 						1,002.
Vice President	40			х		ļ		0.	80,395.	24,978.
(17)	{									
BAA		•	TEEA	0107	L 12	2/21/10	_	I 		Form 990 (2010)

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (c											
(A)	(B)				(c)			(D)	(E)	(F)	
Name and title	Average hours per week (describe hours for related organi- zations in Sch O)			Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organization (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
(19)											
_(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
(26)											
(27)	-				-			,			
(28)											
(29)											
1 b Sub-total							•	0.	167,375	32,870.	
c Total from continuation sheets to Part VII, Section	A						•	0.	(0.	
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited	d to tho	se li	stec	l abo	ove)	who	o re	0. ceived more than	167,375 \$100,000 in repo		
from the organization 0										Yes No	
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such if the organization and related organizations greater the such individual 										3 X	
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or	ompens	atioi e Sc	n fro	om a lule .	any J foi	unre r <i>su</i> c	late	ed organization or erson	ındıvıdual	5 X	
Section B. Independent Contractors											
 Complete this table for your five highest compensation from the organization 	ed ınde	pend	dent	cor	itrac	tors	tha	it received more t	han \$100,000 of	-	
(A) Name and business addres	s							(B Description) of services	(C) Compensation	
						_					
						_					
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		lımı	ted	to th	nose	list	ed a	above) who receiv	15		

Pa	T V	III Statement of Re	venue						
			The same			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
TS, GRANTS AMOUNTS	b	Federated campaigns Membership dues Fundraising events		1a 1b 1c	502 500				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	е	Related organizations Government grants (contribute All other contributions, gifts, or similar amounts not included		1d 1e	593,500. 34,820.				
SONTRI AND O	g	Noncash contributions include Total. Add lines 1a-1f			31,020.	628,320.			
_					Business Code	January of the state of the	Marie 111 may 11	and the second of the second o	A HAME A STATE OF THE ASSESSMENT
PROGRAM SERVICE REVENUE		Rent Shared Service	 S			1,136,652.			
GRAMS	e f	All other program service	e revenu	- e					
P.R.	g	Total. Add lines 2a-2f				1,276,449.	AND THE PARTY OF T		20.12
	3	Investment income (incother similar amounts)	-		•	1,368.			1,368.
	5	Income from investment Royalties				4 1 3 6-100 B. Tolon, at 3 2 2 1 37	C. York on to Man the Shaff	1 1	#//-1 90/13 V. 1341
	-	Gross Rents	(ı) Re	eal	(II) Personal				
	c	Less: rental expenses Rental income or (loss)							
	d	Net rental income or (Id			>				
	7 a	Gross amount from sales of assets other than inventory	(i) Secu	rities	(ii) Other				
		Less cost or other basis and sales expenses							
		Gain or (loss)			<u> </u>		The hold the state		
		l Net gain or (loss) i Gross income from fund	draising e	vents			المارية الماري المارية المارية الماري		
EVENUE		(not including \$of contributions reporte							
OTHER REVEN	ь	See Part IV, line 18 Less direct expenses		a b			The state of the s		
6		: Net income or (loss) fro	m fundra	sına e	vents >	- ind additionance and insufficience			in a second
		Gross income from gan See Part IV, line 19		-				The state of the state of the	
	b	Less direct expenses		Ь)	- The state of the		1	Control of the state of the
	C	: Net income or (loss) fro	m gamını	g activi	ties -				
	10 a	Gross sales of inventor and allowances	y, less ret	urns a			Top Coop		
		Less. cost of goods sole		b			The state of the s	1 1 1 1 1 1 1 1 1 1	
	C	: Net income or (loss) fro		of inver				,	
1	11.	Miscellaneous Reven	ue		Business Code	17 050	A Comment of the Comm		
	11 a	Miscellaneous_				17,252.			17,252.
		'					-	 	
		All other revenue							
		Total. Add lines 11a-11	d	_		17,252.	P 10 10 10 10 10 10 10 10 10 10 10 10 10	and a subject of	
		Total revenue. See inst				1,923,389.		0.	18,620.

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)

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)												
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses								
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21												
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				PARTY TO THE THE PARTY TO THE P								
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16												
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	167,977.	37,286.	130,691.	0.								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.								
7	Other salaries and wages.	144,327.	85,668.	58,659.									
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).												
9	Other employee benefits.	80,649.	31,751.	48,898.									
10	Payroll taxes	23,891.	9,406.	14,485.									
11	Fees for services (non-employees)												
a	Management												
Ł	Legal												
	Accounting	16,500.		16,500.									
	Lobbying												
	Professional fundraising services. See Part IV, line 17												
	Investment management fees		White Marine-Merich (Minch) 111-25 States	TO DELL'S PRESENTATIONS OF THE PER									
	Other	22,610.	22,045.	565.									
	Advertising and promotion	8,320.	3,276.	5,044.									
13	Office expenses .	10,574.	6,027.	4,547.									
14	Information technology		<u> </u>										
15	Royalties												
16	Occupancy	1,602,697.	1,562,711.	39,986.									
17	Travel	6,132.	= 1,00= 1,1==.	6,132.									
	Payments of travel or entertainment expenses for any federal, state, or local public officials	3,232.		0,105									
19	Conferences, conventions, and meetings												
20	Interest	141,604.	138,064.	3,540.									
21	Payments to affiliates												
2 2	Depreciation, depletion, and amortization	145,395.	141,760.	3,635.									
23	Insurance	12,026.	11,725.	301.	102 Fee of Sections of the Section of Section								
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)												
	a Equipment rental and maintenan	138,719.	135,251.	3,468.	1 . THE REPORT OF THE PARTY OF								
	b Telephone	43,054.	41,978.	1,076.									
	c Bad Debt Expense	29,066.	29,066.	1,070.	 								
	d Postage and Shipping	8,562.	8,348.	214.									
	e Miscellaneous	7,577.	3,310.	4,267.	 								
	f All other expenses	1,311.	3,310.	4,201.	 								
	•	2,609,680.	2 267 672	242 000	0.								
26	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	2,009,080.	2,267,672.	342,008.	Form 990 (2010)								

Part X Balance Sheet

(A) Beginning of year (B) End of year 50,719 83,607. 1 1 Cash - non-interest-bearing 84,287 Savings and temporary cash investments 2 84,287. 2 Pledges and grants receivable, net 3 3 22,572 Accounts receivable, net 4 Δ 當麼中中達的極大觀點 Receivables from current and former officers, directors, trustees, key employees, 5 5 and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Notes and loans receivable, net 7 Inventories for sale or use 8 1,225 1,225. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10 a 2,180,928 10b 1,090,463 1,235,860 b Less accumulated depreciation 10 c 1,090,465 Investments - publicly traded securities. 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 203,247. 177,266. Other assets. See Part IV, line 11 15 15 1,436,850. 1,597,910. Total assets Add lines 1 through 15 (must equal line 34). 16 16 4,022,385 4,650,910 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 激 Payables to current and former officers, directors, trustees, key employees 22 highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 1,451,432. 23 1,408,601. 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 566,282. 626,745 Other liabilities Complete Part X of Schedule D 25 6,100,562 6,625,793 26 Total liabilities. Add lines 17 through 25. 26 Organizations that follow SFAS 117, check here ▶ |X| and complete lines 27 through 29 and lines 33 and 34. Unrestricted net assets -4,502,65227 -5,188,943. 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Q R Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 -4,502,652. 33 -5,188,943. 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 1,597,910. 34 1,436,850.

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Form 990 (2010)

		52-1732432		Pa	age 12
Pa	Reconciliation of Net Assets			•	
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,9	23,3	<u> 389.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,6	09,6	<u> 580.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	-6	86,2	<u> 291.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	-4,5	02,6	<u> 552.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-5,1	88,9	343 .
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		11.024	Yes	No de State
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2:	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
1	Were the organization's financial statements audited by an independent accountant?	•	2b	Х	
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	it of the audit,	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
•	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both.	sissued on a			
	X Separate basis Consolidated basis Both consolidated and separate basis		200		
3	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a		х_
	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	e required audit	3 b		
BAA		·	Form	990	(2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

		organization							Employer	ıdentificati	on number				
		ing Technology								32432					
?art	100	Reason for Publ	ic Charity Status	(All organizations	must c	comple	te this	part.)	See ir	structi	ons.				
he c	rga	nization is not a priva	te foundation becaus	e it is. (For lines 1 thro	ugh 11,	check o	nly one	box)							
1	Ш	A church, convention	of churches or asso	ciation of churches desc	cribed in	section	170(b)((i)(A)(f)							
2		A school described in	section 170(b)(1)(A)(ii). (Attach Schedule E	Ξ)										
3	П	A hospital or a coope	rative hospital service	ce organization describe	d in sec	tion 170	(b)(1)(A) (iii).							
4	П	A medical research o	rganization operated	I in conjunction with a h	ospital d	describe	d in sec	tion 17	0(b)(1)(A)(iii) En	ter the hos	pital's	,		
	name, city, and state:														
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)														
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).														
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)														
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)														
9	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)														
10		An organization orga	nized and operated o	exclusively to test for pu	iblic safe	ety. See	section	509(a)	(4).						
11		An organization orga	nized and operated	exclusively for the benef	fit of, to	perform	the fun	ctions o	of, or car	ry out th	ne purposes	s of or	ne or		
		more publicly suppor describes the type of	ted organizations de: Supporting organiza	scribed in section 509(a tion and complete lines)(1) or s 11e thr	section 5	09(a)(2)). See s	section 5	09(a)(3).	. Check the	e box	that		
		a Type I	b Type II	c Type III		_		ed		4 🗆	Type III -	. Othe	r		
е		, 🗀 ′'		ا عرب نے ا janization is not controll					or more	discurati			•		
•	ш	other than foundation section 509(a)(2).	managers and othe	r than one or more pub	licly sup	ported o	organiza	tions de	escribed	in section	on 509(a)(1) or			
f		If the organization re check this box	ceived a written dete	rmination from the IRS	that is a	Type I	Type II	or Typ	e III sup	porting (organization	n,			
g		Since August 17, 200	06, has the organizat	ion accepted any gift of	r contrib	ution fro	m any	of the fo	ollowing	persons	,7				
												Yes	No		
		(i) A person who c	lirectly or indirectly o	ontrols, either alone or	togethe	r with pe	rsons d	escribe	d ın (ıı) a	and (III)					
				pported organization?						•	11 g (i)				
		• •	er of a person descri	• • • • • • • • • • • • • • • • • • • •		•					11 g (ii)				
		• •	•	described in (i) or (ii) a							11 g (iii)]			
_ <u>h</u>		Provide the following	information about th	ne supported organization	n(s)										
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (your go	is the sation in	(v) Did yethe organ columi your su	zation in	(vi) I: organizi colun organize U S	ation in in (i) id in the	(vii) Amoun	nt of sup	port		
					Yes	No	Yes	No	Yes	No					
<u>4)</u> _															
										!					
<u>B)</u> _															
										1					
<u>C)</u> _															
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E)_															
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ot <u>a</u>			The state of the s			THE REAL PROPERTY.				が記れ					

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 Emerging Technology Centers, Inc. 52-1732432 [Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u> </u>	tion A. Dublic Connect			- complete r art ii	· ,		
	tion A. Public Support			 			
begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related active	rities, etc (see ins	tructions)			12	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 501(c)	(3)
	tion C. Computation of Pul					· · ₁	
14			•	ie 11, column (f)).	•	14	%
	Public support percentage from	,	,		•	15	%
	33-1/3% support test – 2010. If and stop here. The organization	qualifies as a put	olicly supported or	rganization			▶ [
	33-1/3% support test — 2009. If and stop here. The organization	qualifies as a pub	olicly supported or	ganization			▶ [_]
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	re. Explain in Pai	t IV how
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the facts-a d-circumstances	and-circumstances test The organiz	s' test, check this ation qualifies as	box and stop her a publicly suppor	r e. Explain in Pai ted organization	rt IV how the ►
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	or 17b, check th	is box and see in	structions -

Schedule A (Form 990 or 990-EZ) 2010 Emerging Technology Centers, Inc. Partill Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions and membership fees						
	received (Do not include any 'unusual grants')	1,021,242.	865,505.	511,692.	506,093.	628,320.	3,532,852.
2	Gross receipts from admis-	1,021,242.	803,303.	311,692.	300,033.	020,320.	3,552,652.
-	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is				ł		
	related to the organization's						
,	tax-exempt purpose Gross receipts from activities	1,136,350.	1,446,906.	1,470,331.	1,283,027.	1,276,449.	6,613,063.
3	that are not an unrelated trade						
	or business under section 513						0.
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on						
5	its behalf The value of services or		· · · · · ·				0.
•	facilities furnished by a						
	governmental unit to the organization without charge		i		ļ		0.
6	Total. Add lines 1 through 5	2,157,592.	2,312,411.	1.982.023.	1,789,120.	1,904,769.	10,145,915.
_	Amounts included on lines 1,		,,,				
	2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
h	Amounts included on lines 2			<u> </u>	0.	0.	<u> </u>
	and 3 received from other than						
	disqualified persons that exceed the greater of \$5,000 or						
	1% of the amount on line 13						_
	for the year	0.	0.	0.	0.	0.	0.
-	Add lines 7a and 7b		0.	U.	U.		<u> </u>
8	Public support (Subtract line 7c from line 6)						10,145,915.
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
_	Amounts from line 6	2,157,592.	2,312,411.	1,982,023.	1,789,120.	1,904,769.	10,145,915.
10 a	Gross income from interest, dividends, payments received	:					
	on securities loans, rents,						
	royalties and income from similar sources	15,218.	15,078.	5,877.	2,959.	1,368.	40,500.
b	Unrelated business taxable	10/210.	13,0,0.	3,0,,.	2,333.	1,300.	40,300.
	income (less section 511 taxes) from businesses	İ					
	acquired after June 30, 1975						0.
	Add lines 10a and 10b	15,218.	15,078.	5,877.	2,959.	1,368.	40,500.
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is					ļ	_
	regularly carried on						0.
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part IV) See Part IV	3,758.	3,418.	8,466.	10,049.	17,252.	42,943.
13	Total support. (Add Ins 9, 10c, 11, and 12)				1,802,128.		10,229,358.
	First five years. If the Form 990	is for the organiz					(3)
	organization, check this box and	stop here					<u> </u>
	tion C. Computation of Pu			12 / 40	_		00 0 8
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	ne 13, column (t)	1	15	99.2 %
	Public support percentage from tion D. Computation of Inv					. 16	99.2 %
17	Investment income percentage f					17	0.4 %
18	Investment income percentage f			-	aini (17) .	18	0.4 %
	33-1/3% support tests – 2010.				and line 15 is mo-		
130	is not more than 33-1/3%, check	this box and sto	p here. The organ	nization qualifies	as a publicly supp	ported organization	n ► X
Ł	33-1/3% support tests - 2009.	f the organization	did not check a t	oox on line 14 or	line 19a, and line	16 is more than 3	33-1/3%, and
20	line 18 is not more than 33-1/39 Private foundation. If the organ						
_20	Filvate roundation. If the organ	zation did Hot CH		14, 19a, or 19b, 0			990 or 990-F7) 2010

Schedule A	(Form 990	or 990-EZ) 2	2010 En	erging	Technology	Centers,	Inc.	52-1732432	Page 4
RartilV	Supplem Part II, III (See Inst	ental Info ne 17a or ructions).	rmation. 17b; and	Completed Part III,	e this part to line 12. Also	provide the complete the	explanations ns part for an	52-1732432 required by Part y additional inforn	II, line 10; nation.
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Emergi	ng Technology Centers, Inc	•	52-1732432
Part I	Organizations Maintaining Dono	Advised Funds or Other Similar	Funds or Accounts. Complete if
	the organization answered 'Yes' to	o Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1 Tota	I number at end of year		
2 Aggr	regate contributions to (during year).		
3 Aggı	regate grants from (during year)		
4 Aggı	regate value at end of year		
	the organization inform all donors and dors are the organization's property, subject		
used	the organization inform all grantees, dono d only for charitable purposes and not for lose conferring impermissible private bene	the benefit of the donor or donor advisor,	nt funds can be or for any other
Part II	Conservation Easements. Compl	ete if the organization answered '	Yes' to Form 990, Part IV, line 7.
	pose(s) of conservation easements held by		
	Preservation of land for public use (e.g., r		ation of an historically important land area
	Protection of natural habitat	· H	ation of a certified historic structure
	Preservation of open space		
2 Com	plete lines 2a through 2d if the organization day of the tax year	on held a qualified conservation contribut	ion in the form of a conservation easement on the
<u>-</u>			Held at the End of the Tax Year
a Tota	I number of conservation easements		2a
b Tota	I acreage restricted by conservation easer	ments .	2b
c Num	ber of conservation easements on a certif	fied historic structure included in (a)	2c
	ber of conservation easements included in cture listed in the National Register	n (c) acquired after 8/17/06, and not on a	historic 2d
	aber of conservation easements modified, year ►	transferred, released, extinguished, or te	rminated by the organization during the
4 Num	ber of states where property subject to co	inservation easement is located >	
5 Does	s the organization have a written policy re enforcement of the conservation easemer	garding the periodic monitoring, inspection	on, handling of violations, Yes No
6 Staf	f and volunteer hours devoted to monitoring	ng, inspecting, and enforcing conservation	n easements during the year
7 Amo	ount of expenses incurred in monitoring, in	especting, and enforcing conservation eas	sements during the year
8 Doe:	s each conservation easement reported or (h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements	of section Yes No
ınclı	art XIV, describe how the organization reports ude, if applicable, the text of the footnote servation easements	s conservation easements in its revenue and to the organization's financial statements	expense statement, and balance sheet, and that describes the organization's accounting for
Part III	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasure wered 'Yes' to Form 990, Part IV,	es, or Other Similar Assets. June 8.
art,	e organization elected, as permitted under historical treasures, or other similar assets art XIV, the text of the footnote to its final	s held for public exhibition, education, or	s revenue statement and balance sheet works of research in furtherance of public service, provide, ins
histo	e organization elected, as permitted under orical treasures, or other similar assets he owing amounts relating to these items.	r SFAS 116 (ASC 958), to report in its red ld for public exhibition, education, or rese	venue statement and balance sheet works of art, earch in furtherance of public service, provide the
(i)	Revenues included in Form 990, Part VIII,	line 1 .	* \$
(ii)	Assets included in Form 990, Part X		> \$
2 If th amo	e organization received or held works of a ounts required to be reported under SFAS	rt, historical treasures, or other similar at 116 (ASC 958) relating to these items	ssets for financial gain, provide the following
a Rev	enues included in Form 990, Part VIII, line	: 1	. > \$
b Ass	ets included in Form 990, Part X		▶\$

Schedule D (Form 990) 2010 Emero					52-173 r Other Similar Ass			Page 2 ed)
.3 Using the organization's acquisiting tems (check all that apply)								
a Public exhibition			d Loan o	r exchange programs				
b Scholarly research			e Other	- change programs				
c Preservation for future gener	ations							
4 Provide a description of the orga Part XIV		lections	and explain how	they further the organ	nization's exempt purpos	se in		
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or ather than to	receive be maii	donations of art	, historical treasures, of the organization's co	or other similar ollection?	Yes	Г	No
Part M Escrow and Custodia 9, or reported an amo	I Arrangen unt on For	nents. m 990,	Complete if o Part X, line 2	rganization answe 21.	ered 'Yes' to Form 9	90, Par	ŧΙV,	line
1 a Is the organization an agent, trus included on Form 990, Part X?	stee, custodia	n, or oth	ner intermediary	for contributions or ot	her assets not	Yes		No
b If 'Yes,' explain the arrangement	in Part XIV a	and com	plete the following	ng table				
						Amount		
c Beginning balance					_1c			
d Additions during the year					1 d			
e Distributions during the year					1 e			
f Ending balance					1f			
2a Did the organization include an a		rm 990,	Part X, line 21?			Yes	L	No
b If 'Yes,' explain the arrangement								
Part V Endowment Funds. Co								
	(a) Current	year	(b) Prior year	(c) Two years bac	k (d) Three years back	(e) Fo	ur years	back
1 a Beginning of year balance	 -					E PERSONAL PROPERTY.	Carrier St	建物型
b Contributions								A PROPERTY OF
c Net investment earnings, gains, and losses								
d Grants or scholarships					种型性系统		作	即計
 Other expenditures for facilities and programs 								
f Administrative expenses						神樂鄉鄉	為研究	制作智能
g End of year balance					建筑建筑			業產品
Provide the estimated percentage	e of the year	end bal	ance held as					
a Board designated or quasi-endov	vment ►		%					
b Permanent endowment ▶	%							
c Term endowment ►	<u> </u> %							
3a Are there endowment funds not a organization by	n the posses	sion of t	he organization f	that are held and adm	inistered for the		Yes	No
(i) unrelated organizations .						3a(i)		
(ii) related organizations						3a(ii)		
b If 'Yes' to 3a(II), are the related of	organizations	listed a	s required on Scl	hedule R?		3b	$\neg \neg$	
4 Describe in Part XIV the intended	d uses of the	organiz	ation's endowme	nt funds				
Part VI Land, Buildings, and	Equipment	. See	Form 990, Pa	rt X, line 10.				_
Description of investment			t or other basis evestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Bo	ook va	lue
1 a Land.					一种大学的工作			
b Buildings		L						
c Leasehold improvements.				2,180,928.	1,090,463.	1,	090,	465.
d Equipment								
e Other		L		· 				
Total. Add lines 1a through 1e (Colum	n (d) must ed	qual For	m 990, Part X, co	olumn (B), line 10(c))	>	1,	090,	465.
RΔΔ					Sched	lule D (Ec	rm 99	0) 2010

Schedule **D** (Form 990) 2010

Sche	dule D (Form 990) 2010 Emerging Technology Centers, Inc.	52-1732432	Page 4
Par	t採XI侧 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)	1,	923,389.
٠ 2	Total expenses (Form 990, Part IX, column (A), line 25).		609,680.
3	Excess or (deficit) for the year Subtract line 2 from line 1		-686,291.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities .		
6	Investment expenses		
7	Prior period adjustments .		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-686,291.
Par	tixilia Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial statements	1 1	,923,389.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments 2a		
t	Donated services and use of facilities . 2b		
c	Recoveries of prior year grants . 2c		
c	Other (Describe in Part XIV) . 2d		
e	Add lines 2a through 2d.	. 2e	
3	Subtract line 2e from line 1	3 1,	,923,389.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
а	Investments expenses not included on Form 990, Part VIII, line 7b.		
Ł	Other (Describe in Part XIV)		
c	: Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).	5 1,	,923,389.
Par	t*XIII Reconciliation of Expenses per Audited Financial Statements With Expense	ses per Return	
1	Total expenses and losses per audited financial statements .	1 2	,609,680.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a	Donated services and use of facilities 2a		
ŧ	Prior year adjustments 2b		
(Other losses . 2c		
c	Other (Describe in Part XIV) . 2d		
E	Add lines 2a through 2d.	2 e	
3	Subtract line 2e from line 1	3 2	,609,680.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		•
ā	Investments expenses not included on Form 990, Part VIII, line 7b.		
	Other (Describe in Part XIV)		
-	Add lines 4a and 4b	4c	500 500
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5 2	<u>,609,680.</u>
***	*XIM Supplemental Information		
Com Part any	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4 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 additional information	4, Part IV, lines 1b and 2 complete this part to pr	2b, rovide
			- -
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Schedule **D** (Form 990) 2010

Schedule D (Form 990) 2010	Emerging Technology Information (continued)	Centers,	Inc.	52-1732432	Page 5
Francial Supplemental	information (continued)			- · · <u>-</u> · · · · · · · · · · · · · · · · · · ·	
					
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Schedule **D** (Form 990) 2010

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

Employer identification number

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990 or 990-EZ.

Emerging Technology Centers, Inc.	52-1732432
Form 990, Part VI, Line 11b - Form 990 Review Process	
The preparer of the 990 makes a formal presentation	to the Board of Directors at the
December Board meeting.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enfor	cement of Conflicts
Board members are required to disclose conflict of	interest.
Form 990, Part VI, Line 15a - Compensation Review & Approval Proc	ess for CEO, Exec. Dir., or Top Mgtment
The Executive Director and other top officials' sala	aries are set by the Baltimore
Development Corporation.	
Form 990, Part VI, Line 19 - Other Organization Documents Public	ly Available
Available on site upon request.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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Name of the organization

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Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 Attach to Form 990.

201

OMB No 1545-0047

(g) Sec 512(b)(13) controlled entity? (f) Direct controlling entity Parill Identification of Related Tax-Exempt Organizations (Complete organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Yes Opento Ro Employer identification number (f)
Direct controlling
entity 52-1732432 N/A (e) End-of-year assets (e)
Public charity status (if section 501(c)(3)) Parios Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) -(d) Total income (d) Exempt Code section 501(c)(3)(c)
Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) Ð (b) Primary activity Economic and real estate development (b) Primary activity City of Baltimore Development Corp 36 S. Charles Street, 16th Floor (a) (a) Name, address, and EIN of disregarded entity (a) (a) Name, address, and EIN of related organization Inc. Emerging Technology Centers, Baltimore, MD 21201 52-1744007

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Schedule R (Form 990) 2010

TEEA5001L 12/22/10

Page 2 52-1732432

parill Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to 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) 2010 Emerging Technology Centers, Inc.

חברממזב וו נומח	because it flad one of finds tolated organizations treated as a particularly daming the tax year.	מנכת סוא	וודמנוסווא נוכמו	במ מש משונווכו	מוזו לווווא לוווכ	ומע אכמויי)		-			
(a)	(9)	(3)	9	(e)	€	(b)	Ξ	_	⊕	9	ક
Name, address, and EIN of	Primary activity	Legal	Legal Direct	Predominant	Share of total	Share of	Dispropor-	or- Code	Code V-UBI	General or	Percentage
refated organization		(state or	controlling entity	unrelated, excluded	ם ב	end-on-year assets	allocatio	ns? 20 of S	Schedule	managing partner?	ownersmo
		foreign		from tax under				<u>x</u>	<u>-</u>		
		country)		sections 512-514)			Yes	No (Form	n 1065)	Yes No	
(1)											
									-		
			•				-	<u>. </u>			
(2)											
									-		
(3)											
			•								

Partive Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	Faxable as a Cor ed organizations	a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV ations treated as a corporation or trust during the tax year.)	te if the organizer trust during the	zation answered 'Ye tax year.)	es' to Form 990, Pa	rt IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(b) (c) (d) (d) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (g) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Type of entity (C corp., S corp., or trust)	(f) Share of total income	Share of end-of-year assets	(h) Percentage ownership
Ω						
(2)						
	1 1					
(3)						
						
ВАА		TEEA5002L 12/07/10			Schedule R (Form 990) 2010	1 990) 2010

52-1732432

Part V. Iransactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)	Form 990, Part IV,	line 34, 35, 35a, oi	r 36.)	•	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	S
1 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? 2 Recent of (i) interest (ii) annuities (iii) couglies (iii) roughes (iii) and from a controlled entity.	zations listed in Parts II-	١٧؟			· []
			a L	-	< ×
c Gift, grant, or capital contribution from other organization(s)			-	×	
d Loans or loan guarantees to or for other organization(s)			7	:	×
e Loans or toan guarantees by other organization(s)			_ -	×	
			. 21	A. C. 14	100
f Sale of assets to other organization(s).			1		×
g Purchase of assets from other organization(s)			1g		×
h Exchange of assets			1h		×
i Lease of facilities, equipment, or other assets to other organization(s)			1;		×
			70.4		P.A.
Juliase of racilities, equipment, or other assets from other organization(s)			-	Ì	\times
			*	1	×
I Performance of services of membership or fundralsing solicitations by other organization(s)			=		\times
m Sharing of facilities, equipment, mailing lists, or other assets			_ E	1	×
n Sharing of paid employees			Jn		×
			1		
 Reimbursement paid to other organization for expenses 			10		×
p Reimbursement paid by other organization for expenses			Jp		
			64		
q Other transfer of cash or property to other organization(s)		-	19	\dashv	×
_			1.		×
2 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	ling covered relationship	s and transaction thres	sholds		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	etermir nvolve	and A
(1) City of Baltimore Development Corp.	O	575,000.	FMV		
(2) City of Baltimore Development Corp.	- 0	47,084.	FMV		
Baltimore Development	۶	061	FMT		İ
or partimore peveropment	n	. 100	F 1:1 V		1
(4)			·		1
(5)			:		
(9)				ı	
TEFASOON 1202300		School	Schedule B (Form 990) 2010	990)	16

52-1732432 · Page 4

Schedule R (Form 990) 2010 Emerging Technology Centers, Inc.

Partivia Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

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

(2)		Yes		יייין איייי	
		_	Yes No	(2001) (101)	Yes
			-		
1					
(4)					
(9)					
7.7					
		-	•		
(9)					
		_	-		
ω					
					_
(8)					
BAA	TEEA5004L 12/23/10			Schedule R (Form 990) 2010	rm 990)

Schedule R	(Form 990) 2010P	age 5
Part VII;	Supplemental Information	
•	Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
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Schedule R (Form 990) 2010

010	Schedule	A, Part IV	- Suppleme	ental Inforn	nation	Page
lient ETC		Emerging To	echnology Cent	ters, Inc.		52-173243
/11/12					·	03:17P
Part III, Line 12 - Ot	her Income					
Nature and Sour	ce	2010	2009	2008	2007	2006
Miscellaneous	Total <u>§</u>	17,252. 17,252. \$	10,049. 10,049. \$	8,466. 8,466. \$	3,418. 3,418. \$	3,758. 3,758.

Form **8868** (Rev January 2011)

Dispartment 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

• If you are	e filing for an Automatic 3-Month Extension, con	nplete only	Part I and check this box		► X
If you are	e filing for an Additional (Not Automatic) 3-Mont	h Extensio	n, complete only Part II (on page 2 of th	ıs form)	
Do not comp	plete Part II unless you have already been grante	ed an autom	natic 3-month extension on a previously	filed Form 8868	
request an e Associated V	ling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which ming of this form, visit www.irs gov/efile and click of	t automatic) Part I or Paust be sent) 3-month extension of time. You can ele art II with the exception of Form 8870, Ir to the IRS in paper format (see instruct	ectronically file Form	8868 to Transfers
Part I	utomatic 3-Month Extension of Time.	Only subm	nit original (no copies needed).		
	n required to file Form 990-T and requesting an a			complete Part I only	▶ □
All other cor income tax i	porations (including 1120-C filers), partnerships, returns	REMICS, a	nd trusts must use Form 7004 to reques	t an extension of tim	e to file
	Name of exempt organization			Employer identification r	ıumber
Type or print					
•	Emerging Technology Centers, 1			52-1732432	
File by the due date for	Number, street, and room or suite number if a PO box, see in	nstructions			
filing your return See	2400 Boston Street #300				
instructions	City, town or post office, state, and ZIP code. For a foreign add	ress, see instru	ctions		
	Baltimore, MD 21224				
Enter the Re	eturn code for the return that this application is fo	or (file a sep	parate application for each return)		01
Application Is For		Return Code	Application Is For		Return Code
Form 990		01	Form 990-T (corporation)		07
Form 990-BL		02	Form 1041-A		08
Form 990-E2	<u></u>	03	Form 4720		09
Form 990-Pf	=	04	Form 5227		10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
Telephon If the org If this is check the externormal the externormal telephone the content of th	s are in the care of Management e No 410-237-9150 ganization does not have an office or place of but for a Group Return, enter the organization's four is box If it is for part of the group, chechision is for.	digit Group k this box	e United States, check this box Exemption Number (GEN) and attach a list with the names		
until _	est an automatic 3-month (6 months for a corpora $2/15$, 20 12 _ , to file the exempt orgetension is for the organization's return for calendar year 20 or tax year beginning $7/01$, 20 10	ganization r	eturn for the organization named above		
	ax year entered in line 1 is for less than 12 montaing ange in accounting period	ths, check r	eason	nal return	
3a If this nonref	application is for Form 990-BL, 990-PF, 990-T, 4 undable credits. See instructions	720, or 606	9, enter the tentative tax, less any	3a \$	0.
b If this payme	application is for Form 990-PF, 990-T, 4720, or 6 ents made Include any prior year overpayment al	069, enter llowed as a	any refundable credits and estimated tag credit	3b \$	0.
c Balanc EFTPS	ce due. Subtract line 3b from line 3a. Include you 5 (Electronic Federal Tax Payment System) See	r payment instructions	with this form, if required, by using s	第 3c \$	0.
Caution. If y payment ins	you are going to make an electronic fund withdra structions	wal with thi	s Form 8868, see Form 8453-EO and Fo	orm 8879-EO for	