

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

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

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

➤ Do not enter social security numbers on this form as it may be made public Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

AI	For the	2014 calend	dar year, or tax year	beginning	Jul	1	, 2014, a	nd ending	Jun	30	,	2015
В	Check if a	pplicable	C Name of organization	Center	for	Innovative	e Techr	nology	1	D Employ	er identif	ication number
	Addr	ess change	Doing business as							54-1	2828	320
	Nam	e change	Number and street (or I	O box if mai	l is not de	livered to street address)	Room/suit	te	E Telepho		
	Initia	al return	2214 Rock Hil	ll Road	l			600	l	(703	3) 68	39-3000
	\vdash	return/terminated	City or town, state or pr			or foreign postal code		1000		1,00	,, 00	
	Н	ended return	Herndon				VA	20170		G Gross ro	counte C	5 12,743,002.
		lication pending	F Name and address of p	uncinal officer			VA		(a) Is this a	group return		
		ication pending	,	•		(00 11 1	5.77	l l		•		
	Tour		Susan C. Aitcheson 221					20170 "	If 'No,' a	ubordinates i ittach a list (s	ee instru	ctions)
<u> </u>		kempt status		(c) () ' ((insert no) 49	47(a)(1) or	527				
<u>J</u>			w.cit.org	[]		г .				xemption nur		
K		of organization	X Corporation True	st Ass	ociation	Other -	L Ye	ar of formation	1984	M s	tate of leg	gat domicile VA
Pa		Summar										
		-	e the organization's n		_							ote economic
္ကခ	_		<u>ent in Virgir</u>	na by	<u>attra</u>	acting and	retain	<u>ing hig</u>	n_tec	<u>hnolog</u>	у_јо	bs
	<u> </u>	<u>and busi</u>	<u>nesses</u>									
er.												
જું દું	_	Check this bo				ed its operations o						
~~			ting members of the g lependent voting men								3 4	14
≊≅			of individuals employ		-						5	<u>14</u> 47
			of volunteers (estima								6	0
<u></u>			d business revenue fi								7a	0.
2 1 8			business taxable inco			• •					7b	0.
Revenue NNE Activities & Governance						RECE)	P	rior Year		Current Year
Z	8 (Contributions	and grants (Part VIII,	line 1h).						,523,9	07	5,747,960.
G	9 1	Program serv	ice revenue (Part VIII	line 2g)		\$		lol		,672,5		6,811,885.
௵	10	nvestment in	come (Part VIII, colun	nn (A). line	s 3. 4. a	MAY. I	8 5016	0	<u> </u>	168,0		96,129.
(g)	11 (Other revenue	e (Part VIII, column (A	(), lines 5, (3d. 8c. 9	90110c, and 11e)				644,5		87,028.
			- add lines 8 throug						17	,009,1		12,743,002.
	13 (Grants and si	milar amounts paid (F	art IX, colu	ımn (A)	Ines (1-3)		 		, , , , , ,		
										-	-	
	l									,780,7	01	7,110,305.
Expenses					X, column (A), line 11e)					,,,,,,	7,110,303.	
ens									-			
꼾			ing expenses (Part IX	-				3 <u>,089.</u>				
_		· ·	es (Part IX, column (A							,464,6		8,446,231.
		•	es Add lines 13-17 (n	-					16	,245,3	46.	15,556,536.
	19	Revenue less	expenses Subtract I	ine 18 from	line 12	2				763,8	00.	-2,813,534.
5 g									Beginnır	ng of Currer	t Year	End of Year
a a ta	20	Total assets ((Part X, line 16)						8	,466,3	87.	5,721,624.
A A	21	Total liabılıtıe	s (Part X, line 26)						1	,158,8	44.	1,227,615.
žį	22	Net assets or	fund balances Subtr	act line 21	from lin	ne 20			7	,307,5	43.	4,494,009.
Pa	irt II	Signatu	re Block			•						· · · · · · · · · · · · · · · · · · ·
			clare that I have examined the collection of the	- ns return, inclu	ding acco	mpanying schedules an	d statements,	and to the best	of my knowl	ledge and bel	ief, it is tr	ue, correct and
com	plete Dec	claration of prepa	rer (other than officer) is base	ed on all inform	nation of w	vhich preparer has any l	nowledge					
		.	Swan C	:. <u>(</u>	TU	<u> </u>						
Sig	an	Signati	ure of officer			_			Da	te 5	113	12016
He		Sus	an C. Aitches	son		CFO					1	7
		Type o	r print name and title					-				
		Print/Type	preparer's name	Pro	eparer's si	gnature		Date		Check	ıf	PTIN
Pa	id	self-	prepared							self-employe	ed	
	epare			pared		 						
	e On		<u> </u>		Road					Firm's EIN	•	
			Herndon	,		VA	2017	0		Phone no		
Ma	v the IS	S discuss th	is return with the prer	arer show	above			<u> </u>				Yes Y No

Form	990 (2014) Center for Innovative Technology	54-1282820	Page 2
Par	tillia Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	X
1	Briefly describe the organization's mission		
	CIT's mission:		
	a) Promote the economic development of the Commonwealth by attr	acting and retai	ning
	See Form 990, Page 2, Part III, Line 1 (continued)		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	Form 990 or 990-EZ?	Yes	X No
_	If 'Yes,' describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	ces? Yes	X No
	If 'Yes,' describe these changes on Schedule O.	a or more word by every	
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to and revenue, if any, for each program service reported	o others, the total expenses	,
4 8	a (Code.) (Expenses \$ 6,685,680. including grants of \$ 0.) (Revenue \$ 2,60	5,224.)
	Entrepreneur program - CIT recognizes that the availability of e		ıl ıs a
	critical need of many emerging technology companies by making connect	tion with "hard to	access"
	private and federal funding sources. CIT's Growth Acceleration Program	(GAP) Funds make se	ed-stage
	equity investments in Virginia-based technology and life science compa	nies with a high p	<u>otentıal</u>
	for achieving rapid growth and generating significant economic ret		
	Energy Fund (CEF) makes seed-stage equity investments in Virgini		
	that have achieved a "commercially available", revenue-ready stag		
	of sustaining a high-growth business model while generating jobs in		
	funding assistance program (FFAP) identifies and accelerates opportuni		<u>s small</u>
	technology businesses to obtain SBIR, STTR and ATP awards and o	other government	
	See Form 990, Page 2, Part III, Line 4a (continued)	-	
4) (Revenue \$	0.)
	Commonwealth Support Programs - CIT supports a wide range of programs desig		
	implement initiatives that accelerate the growth of Virginia's technol		
	initiatives include programs that are directly managed by CIT such as MACH37,		
	focused on creating new cyber security companies. Initiatives also include programs in such as: the advancement and development of the unmanned systems industry in		
	the use of Modeling & Simulation (M&S) tools and development of the M&S industry in		
	for businesses engaged in cyber data analytics; coordinating with Virginia's Toba R&D grants; and, coordination with the Virginia Economic Development Partner		
	universities to commercialize research and develop new job opportunities. Through		
	CIT works closely with Virginia's ten regional technology councils to encourage and		
	regionally-based_innovation_and_entrepreneurial_initiatives		
	regionally-based immovation and entrepreneutial initiatives.		
4	c (Code) (Expenses \$ 3,026,279. including grants of \$ 0.) (Revenue \$ 3.14	1.548)
-	Connect program - CIT Connect is a consulting service dedicated to	o helping federal	state
	and local consumers of technology identify innovation and achie		
	excellence. Connect's State and Federal Practice has helped a var		
	agencies indentify innovative practices and technologies to help imp		
	and federal programs. Areas impacted include education and he		
	d Other program services. (Describe in Schedule O.)		
4	d Other program services. (Describe in Schedule O.) (Expenses \$ 1,829,728. including grants of \$ 0.) (Revenue	\$ 1,065,113.	1
	e Total program service expenses ► 14,243,438.	. 1,000,110.	
BA		Form	9 90 (2014)

Form 990 (2014) Center for Innovative Technology Partity Checklist of Required Schedules

	(Ca-1.1777)		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	X				
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		Х			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х			
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х			
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	-					
	a 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			
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	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	Х				
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	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, and XII	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 and XII is optional	12 b	Х				
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X			
14	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	_	X			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х			
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 (see instructions)	17		Х			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х			
19	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		Х			
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H							
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		<u> </u>			

Form 990 (2014) Center for Innovative Technology Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
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	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
Ł	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		
•	i 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
I	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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
J	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
	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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	i i	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	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		х
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, Part II, III, or IV, and Part V, line 1	34	Х	
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O	38	Х	
RΛ	Λ	Form	990 (20141

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response or note to any line in this Part V	<u></u>	• •	$\cdot $
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	-	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a 4.7			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	_
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 a 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)?	4 a		Х
b If 'Yes,' enter the name of the foreign country' ▶			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does 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 as charitable contributions?	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).	<u> </u>	 	
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?	7 a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	ļ	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year		İ	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
organization have excess business holdings at any time during the year?	8	-	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a	+	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		ļ
10 Section 501(c)(7) organizations. Enter		ŀ	
a Initiation fees and capital contributions included on Part VIII, line 12	4	•	ŀ
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-	-	l
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	4	Ì	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	_		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	-	
b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	4	1	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
a is the organization licensed to issue qualified health plans in more than one state?	13 a	<u> </u>	<u> </u>
Note. See the instructions for additional information the organization must report on Schedule O			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	1		
c Enter the amount of reserves on hand	1		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b	+	

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 Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members 1 a 14 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 14 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ 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 Did the organization make any significant changes to its governing documents Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Χ b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 h X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a Х a The governing body?............ Χ 8 b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Χ h if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Χ 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12 b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Х 12 c Х 13 X 14 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? Χ a The organization's CEO, Executive Director, or top management official 15 a **b** Other officers or key employees of the organization 15b Х 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 16 a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Upon request Other (explain in Schedule O) Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records.

Susan C.

20170

Rant VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1 a Complete this table for all persons required to be listed. 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 nor any related organization compensated any current officer, director, or trustee											
	(C)										
(A) Name and Title	(B) Average hours per	than	one l both dire	box, u an of ector/	inless fficer a truste		י	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) David C. Lucien	2.00			١,,						•	
Chairman	ļ	Х		Х				0.	0.	0.	
(2) Hooks Johnston Vice Chairman	_2.00	Х		Х				0.	0.	0.	
(3) Karen Booth Adams	2.00				 				<u> </u>		
Director		Х						0.	0.	0.	
(4) Eric J. Hansen	1.00										
Director		X						0.	0.	0.	
(5) Anne Holton	1.00										
Director	<u> </u>	Х						0.	0.	0.	
(6) Terry Hslao	1.00	j								_	
Director	<u> </u>	Х						0.	0.	0.	
<u>(7) Karen Jackson </u>	1.00	١,,			1						
Director		Х			_			0.	0.	0.	
(8) Ray O. Johnson	1.00	X							_	_	
Director		1^		_	\vdash	+		0.	0.	0.	
(9) Maurice Jones	1.00	X		1					0		
Director	1 00	<u> </u>	-	_	-		<u> </u>	0.	0.	0.	
(10) Don Rainey	1.00	X						0.			
Director	1 00		-		╁	\vdash	\vdash	0.	0.	0.	
(11) Michael Rao	1.00	X	ļ					0.			
Director	1.00	↓	-	┢	┼	+			0.	0.	
(12) Timothy D. Sands Director	- - ± :-00	X						0.	0.	0.	
(13) Michael Steed	1.00										
Director		Х				<u> </u>		0.	0.	0.	
(14) Teresa A. Sullivan	1.00										
Director	1	Х			<u> </u>	<u> </u>		0.	0.	0.	

Rantivil Section A. Officers, Directors, Tru		Key	Em			es,	anc	Highest Con	pensated Empl	oyees	(cont	inued)
	(B)	1		(C	•							
(A)	Average	(do	not c	Posi heck i	more	than o	ne	(D)	(E)		(F)	
Name and title	hours per				irecto	s both or/trust	ee) l	Reportable compensation from	Reportable compensation from		timated nt of oth	ner
	week (list any hours	9 5	DZ.	Officer	<u>6</u>	哥哥	힣	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)		ensatio om the	n
	for related	Individual trustee or director	nstitutional trustee	ıçer	Key employee	jě šť	mer			and	nization related	
	organiza - tions	5 5	nal		Ş	le S		!		orga	nızatıon	ıs
	below dotted	uste	เม		8	Pg						
	line)	°	æ			Highest compensated employee						
(15) Peter J. Jobse	40.00	-										
President and CEO	40.00			х				369,850.	0.		59 6	589.
(16) Linda E. Gentry	40.00	 	-			ļ		303,030.	0.		<i>55,</i> (509.
Chief Financial Officer	1-0-00			х			1	265,419.	0.		44.2	212.
(17) Paul McGowan	40.00	1			_	-		20071131			11/2	
VP, Consulting Services					Х			321,371.	0.		55.4	161.
(18) Tom Weithman	40.00							•				
Managing Director and VP					Х	ļ		291,118.	0.		52,0	071.
(19) David Ihrie	40.00	Ì										
Chief Technology Officer		1	1			X		232,216.	0.		48,6	540.
(20) Rick Gordon	40.00									-	<u> </u>	
MACH37 Managing Partner	1					Х		228,770.	0.		53,9	917.
(21) Robert Stolle	40.00											
Sr. VP, Operations]					Х		220,867.	0.		40,4	118.
(22) Dan Woolley	40.00											
MACH37 General Partner						X		209,168.	0.		44,6	541.
(23) Robert Stratton	40.00											
MACH37 General Partner						X		208,570.	0.		38,4	401.
(24)												
			<u> </u>		_	ļ	_					_
(25)		ļ										
		<u> </u>	J	<u> </u>	<u>. </u>		Ļ.					
1 b Sub-total							·	2,347,349.	0.	4	37,4	150.
c Total from continuation sheets to Part VII, Secti							•	2 247 240			27	450
d Total (add lines 1b and 1c)								2,347,349.	0.1			150.
from the organization 23	u to those	IISCEC	a abi	ove	WHI	J IEC	eive	u more man \$100,	ooo or reportable con	ipensat	ion	
											Yes	No
2. Did the experimental hat any foreman officer director	or tructo	o ko	~	رمام،		or hu	abo	at componented on	nnlovos			
3 Did the organization list any former officer, director on line 1a? If 'Yes.' complete Schedule J for such ii										. 3		X
												
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater?	than \$150	,0007	olf "	Yes'	con	plete	Sci	hedule J for				1
such individual		• • •				• •				. 4	X	<u> </u>
5 Did any person listed on line 1a receive or accrue of										_		
for services rendered to the organization? If 'Yes,' or Section B. Independent Contractors	complete	Sche	auie	J to	r su	cn pe	rsor	1		. 5		X
1 Complete this table for your five highest compensa	ted indepe	ender	nt co	ntra	ctor	s that	rec	eived more than \$	100,000 of			
compensation from the organization. Report compe	ensation fo	or the	cale	enda	ır ye	ar en	ding	with or within the	organization's tax ye	ar		
(A) (B) (C) Name and business address Description of services Compensation												
VITA 11751 Meadowville Lane				V				subcontractor			43,9	
Virginia Tech 1880 Pratt Drive, Suite 2006			cg	V				subcontracto			60,9	
CapTech Ventures, Inc. 7100 Forest Ave, 2nd Floor				V	_			subcontracto			24,7	
Broad Axe Technology Partners 455 Second Street SE								subcontracto			05,5	
DeepMile Networks 800 W. Broad Street, Suite 408 Falls Church VA 22046 subcontractor services 186,022. 2 Total number of independent contractors (including but not limited to those listed above) who received more than												
\$100,000 of compensation from the organization	but not iii ► 7	mea	ו נט נ	HUSE	ะ แรเ	eu al	Jove	, who received file	ne trair			
wroo,ooo or compensation north the organization	1											

exempt business exclud function revenue unde		Check if Schedule O conta	aıns a respor	nse or note to any lin	e in this Part VIII			
1 a Federated campaigns	April -	* * * * * * * * * * * * * * * * * * *				Related or exempt	Unrelated business	(D) Revenue excluded from tax under sections
Timestment income (including dividends, interest and other similar amounts) 96,129	and Other Similar Amounts and Other Similar Amounts b Mo c Ft	Membership dues	1b 1c 1d 1e s, and e 1f lines 1a-1f \$	1,500.	5,747,960.		revenue	under sections 512-514
Timestment income (including dividends, interest and other similar amounts) 96,129	2a G							0.
Timestment income (including dividends, interest and other similar amounts) 96,129	ž b <u>F</u>							0.
Timestment income (including dividends, interest and other similar amounts) 96,129		Workshop_revenue 		900099	3,890.	3,890.	0.	0.
Timestment income (including dividends, interest and other similar amounts) 96,129		All other program service re	venue					
Timestment income (including dividends, interest and other similar amounts) 96,129	Ž at		1		6 811 885			
1	3 In	nvestment income (includinother similar amounts)	ıg dıvıdends,	ınterest and		0.	0.	96,129.
6 a Gross rents	- 1		•	•				
6 a Gross rents	5 R	Royalties			2,920.	2,920.	0.	0.
The street of th	b Lo c Ro d N	Less rental expenses Rental income or (loss) Net rental income or (loss) .						
(not including\$ of contributions reported on line 1c) See Part IV, line 18	b Le ar c G	Less cost or other basis and sales expenses						
	Other Revenue (10 of the Control of	(not including \$ of contributions reported on See Part IV, line 18 Less direct expenses Net income or (loss) from further from gaming See Part IV, line 19 Less direct expenses Net income or (loss) from grows sales of inventory, leand allowances Less cost of goods sold . Net income or (loss) from simple from simple from a language of the sales of the sales cost of goods sold . Net income or (loss) from simple from a language of loss of the sales of	activities aming activit ass returns ales of inven	b ents	84,108.	84,108.	0.	0.
12 Total revenue. See instructions	1				0.1/2001	6 909 012		96 129

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				<u> </u>
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,479,070.	195,784.	1,283,286.	0.
Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salanes and wages	4,182,287.	2,214,394.	1,950,217.	17,676.
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	555,649.	0.	555,649.	0.
9 Other employee benefits	566,060.	0.	566,060.	0.
10 Payroll taxes	327,239.	0.	327,239.	0.
11 Fees for services (non-employees)	<u> </u>		3217233.	
a Management				
b Legal	48,873.	0.	48,873.	0.
c Accounting	69,408.	0.	69,408.	0.
d Lobbying	99,068.	0.	99,068.	0.
e Professional fundraising services See Part IV, line 17	3373331		237,000.	
f Investment management fees				
g Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	103,217.	0.	103,217.	0.
12 Advertising and promotion				
13 Office expenses	44,927.	0.	44,927.	0.
14 Information technology	385,636.	0.	385,636.	0.
15 Royalties			-	
16 Occupancy	10.515			
 17 Travel	19,646.	0.	19,646.	0.
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				<u></u>
22 Depreciation, depletion, and amortization				· <u>-</u>
 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 	36,024.	0.	36,024.	0.
a Entrepreneur program	4,104,677.	4,104,677.	0.	0.
b Connect program	1,308,376.	1,308,376.	0.	0.
c Broadband program	929,435.	929,435.	0.	0.
d Allocation of Fringe, OH & GA		4,543,321.	-4,568,860.	25,539.
e All other expenses	1,296,944.	947,451.	339,619.	9,874.
25 Total functional expenses Add lines 1 through 24e	15,556,536.	14,243,438.	1,260,009.	53,089.
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
SOP 98-2 (ASC 958-720)	TEFA0110 05/		<u> </u>	Form 990 (2014)

Page 11

		Check if Schedule O contains a response or note to any line in this Part X	<u></u>	<u> </u>	<u>.</u> X
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	500.	1	500.
I	2	Savings and temporary cash investments	7,469,630.	2	4,828,501.
Ì	3	Pledges and grants receivable, net	<u> </u>	3	
	4	Accounts receivable, net	413,196.	4	375,442.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
ts	7	Notes and loans receivable, net	. <u>. </u>	7	
Assets	8	Inventories for sale or use		8	
A S	9	Prepaid expenses and deferred charges	113,129.	9	99,779.
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
İ	b	Less accumulated depreciation	•	10 c	
	11	Investments – publicly traded securities		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	
	15	Other assets. See Part IV, line 11	469,932.	15	417,402.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	8,466,387.	16	5,721,624.
_	17	Accounts payable and accrued expenses	481,600.	17	662,240.
	18	Grants payable		18	
į	19	Deferred revenue	436,058.	19	326,711.
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	241,186.	25	238,664.
	26	Total liabilities. Add lines 17 through 25	1,158,844.	26	1,227,615.
	l	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			
×		lines 27 through 29, and lines 33 and 34.	-		
ă	27	Unrestricted net assets	6,223,232.	27	4,494,009.
3al	28	Temporarily restricted net assets	1,084,311.	28	
ΦE	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			-
O th	30	Capital stock or trust principal, or current funds	-	30	
Š	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ass	32	Retained earnings, endowment, accumulated income, or other funds		32	<u>-</u>
et.	33	Total net assets or fund balances	7,307,543.	33	4,494,009.
Ž	34	Total liabilities and net assets/fund balances	8,466,387.	34	5,721,624.
			07.007.007.	<u> </u>	<u> </u>

BAA

Form 990 (2014)

Form	990 (2014) Center for Innovative Technology	54-1	L282	820		Pa	ge 12
Pãï	t¦XI▓ Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					. <u>.</u> .	. \square
1	Total revenue (must equal Part VIII, column (A), line 12)	L	1	. 1	2,74	13,0	02.
2	Total expenses (must equal Part IX, column (A), line 25)	[2	1	5,55	6,5	36.
3	Revenue less expenses. Subtract line 2 from line 1	٠. [3	_	2,8	13,5	34.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	[4		7,30		
5	Net unrealized gains (losses) on investments	[5				
6	Donated services and use of facilities	[6				
7	Investment expenses	[7				
8	Prior period adjustments	٠. [8				
9	Other changes in net assets or fund balances (explain in Schedule O)		9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	[10		4,49	24 0	.00
Pai	t.XII ³ Financial Statements and Reporting				7,7.	74,0	09.
	·						57
	Check if Schedule O contains a response or note to any line in this Part XII	• • •	• • •	• • •	· ·	V	. X
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			[Yes	NO
	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?			٠٠ ١	2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a					
	Separate basis Consolidated basis Both consolidated and separate basis				• -		- 4
	were the organization's financial statements audited by an independent accountant?				2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	:					
	basis, consolidated basis, or both:			l			
	Separate basis X Consolidated basis Both consolidated and separate basis						~
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit	t, 		2 c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle 			3 a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	ed au	ıdıt	ŀ			_
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				3 b		
BAA					Form	990 (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Employer Identification number

		for Innovative Te					54-1282820						
Part	148	Reason for Public Chai	rity Status (All org	ganizations must co	mplete	this p	art.) See instruction	s.					
The o	gar	nization is not a private foundation	on because it is: (For li	nes 1 through 11, check	conly on	e box.)							
1		A church, convention of church	es, or association of cl	hurches described in se	ction 17	0(b)(1)(<i>A</i>	۸)(i).						
2	П	A school described in section '	170(b)(1)(A)(ii). (Attac	h Schedule E)									
3		A hospital or a cooperative hos	pital service organizati	on described in section	170(b)(1)(A)(iii)	•						
4	П	A medical research organizatio	n operated in conjunct	ion with a hospital desc	ribed in s	ection 1	170(b)(1)(A)(iii) Enter th	ie hospital's					
		name, city, and state:											
5		An organization operated for the 170(b)(1)(A)(iv). (Complete Pa	e benefit of a college of	or university owned or o	perated t	y a gove	ernmental unit described	in section					
6		A federal, state, or local govern	ment or governmental	unit described in sectio	on 170(b)(1)(A)(v).						
7	X	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	Ш	An organization organized and	operated exclusively t	o test for public safety.	See sect	ion 509(a)(4).						
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g												
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.												
b	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C.												
C		Type III functionally integrate organization(s) (see instruction	ed. A supporting organis) You must comple	nization operated in conr te Part IV, Sections A,	nection w D, and E	ith, and	functionally integrated w	ith, its supported					
d		Type III non-functionally inte functionally integrated. The organistructions). You must complete the functions of the functions of the functions of the functions of the functions of the functions of the function of the fun	anization generally mi	ust satisfy a distribution	connect requirem	on with i ent and	ts supported organizatio an attentiveness require	n(s) that is not ment (see					
е		Check this box if the organization integrated, or Type III non-fund			RS that is	з а Туре	I, Type II, Type III functi	onally					
f	Er	nter the number of supported org	ganizations										
g	Pr	ovide the following information a	about the supported or	ganızatıon(s)									
		(I) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is organizati in your gi docur	on listed overning	(v) Amount of monetary support (see instructions)	(vI) Amount of other support (see instructions)					
					Yes	No							
					1								
<u>(A)</u>													
(B)_													
(C)													
<u>(D)</u>	-												
<u>(E)</u>													
Total	_	- D	-Ain and Ain I 1	Alama 6 - 5 - 000	200 57		Cohodula A /F-	000 000 == 000					
RAA	ro	r Paperwork Reduction Act No	ouce, see the instruc	LIONS FOR FORM 990 OF	ップリ・仁人.		Schedule A (Forr	n 990 or 990-EZ) 2014					

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)

Sect	Section A. Public Support								
begin	ndar year (or fiscal year ining in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	4,597,956.	9,419,323.	9,266,199.	11,523,907.	5,747,960.	40,555,345.		
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				l.				
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3	4,597,956.	9,419,323.	9,266,199.	11,523,907.	5,747,960.	40,555,345.		
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				ļ		40,555,345.		
Sec	tion B. Total Support			т	1		_		
Caleı begii	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
7	Amounts from line 4	4,597,956.	9,419,323.	9,266,199.	11,523,907.	5,747,960.	40,555,345.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	69,368.	54,823.	290,358.	181,011.	96,129.	691,689.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)			79,105.	631,634.	84,108.	794,847.		
11	Total support. Add lines 7 through 10						42,041,881.		
12	Gross receipts from related activit	ies, etc (see instru	ctions)			12	23,655,732.		
13	organization, check this box and	stop here				tion 501(c)(3)			
Sec	tion C. Computation of Pu					Т			
14	Public support percentage for 201 Public support percentage from 2						96.46%		
15							96.21 %		
	16 a 33-1/3% support test — 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
ŧ	b 33-1/3% support test — 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17 a	17 a 10%-facts-and-circumstances test — 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
	o 10%-facts-and-circumstances to or more, and if the organization morganization meets the facts-and	neets the 'facts-and -circumstances' tes	f-circumstances' te st The organizatio	est, check this box n qualifies as a pu	and stop here. Exp blicly supported org	olain in Part VI hov ganization	the ▶		
18	Private foundation. If the organi	zation did not chec	к а box on line 13,	16a, 16b, 17a, or					
					S-0	hadula A (Form 99	0 0= 000 E7\ 0044		

Part III : Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I 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.)

Sect	ion A. Public Support						
Calenc	far year (or fiscal yr beginning ın) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include any unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
	Gross receipts from activities that are not an unrelated trade or business under section 513				j		
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·			 ,
Calen	dar year (or fiscal yr beginning in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11 and 12.)						
	First five years. If the Form 990 is organization, check this box and s	top here	· · · · · · ·	third, fourth, or fifth	n tax year as a sec	tion 501(c)(3)	
	tion C. Computation of Pu					- 1.	
	Public support percentage for 201						5 %
	Public support percentage from 20					· · · · · 1	6 8
Sec	tion D. Computation of Inv						
17							7 %
18	Investment income percentage from						8 %
	a 33-1/3% support tests — 2014. It is not more than 33-1/3%, check t	his box and stop h	nere. The organiza	ition qualifies as a	publicly supported	organization	▶ │ │
	b 33-1/3% support tests – 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						

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

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

Par	t IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		ļ ———
	A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sec	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
•	or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations		,	
		ı 	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Sec	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):	:		
	The organization satisfied the Activities Test Complete line 2 below			
	b The organization is the parent of each of its supported organizations. Complete line 3 below			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ions)		
	C The digameters appeared a governmental stately becomes my an invest outperfer a government stately (see monest			
2	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Section 1.	lovemb	er 20, 1970 See instru	uctions. All
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5	-	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
í	A Average monthly value of securities	1 a		
1	Average monthly cash balances	1 b		
_	Fair market value of other non-exempt-use assets	1 c		
(d Total (add lines 1a, 1b, and 1c)	1 d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5	• -	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integrate (see instructions).	ed Type	III supporting organiza	tion
BA	4		Schedule A (F	orm 990 or 990-EZ) 20

Schedule A (Form 990 or 990-EZ) 2014

Sche	edule A (Form 990 or 990-EZ) 2014			Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued)	
Sec	tion D — Distributions	<u>-</u>		Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	es		
2	Amounts paid to perform activity that directly furthers exempt purposes on excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppor	ted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
_7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizat in Part VI). See instructions.			
9_	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2014			
a				
t				
	<u> 1,</u>			
	From 2013			
	f Total of lines 3a through e			
9	Applied to underdistributions of prior years			
t	Applied to 2014 distributable amount			
	i Carryover from 2009 not applied (see instructions)			~~~~~~
	Remainder, Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			<u></u>
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7			
	a ,			
	b			
	C 1 Chiggs			
	d Excess from 2013			
	e Excess from 2014			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Pt II Ln 10

Other Income Part II, Line 10 Description: Gain on GAP fund investment 2012: 79105. 2013: 631634. 2014: 84108.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and it instructions is at www.irs.gov/form990.

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

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

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

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

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

•	Section 501(c)(4), (5), or (6) orga						
	of organization	· · · · · · · · · · · · · · · · · · ·		Employer (dentific	ation number		
Cen	Center for Innovative Technology 54-1282820 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization						
Par	t I-A Complete if the or	rganization is exempt under sect	ion 501(c) or is a	section 527 organi	zation.		
1		ganization's direct and indirect political cam					
2							
3	Volunteer hours						
Par	t I-B Complete if the or	rganization is exempt under sect etax incurred by the organization under sec	ion 501(c)(3).				
1	Enter the amount of any excise	e tax incurred by the organization under sec	tion 4955	▶ \$	·		
2		e tax incurred by organization managers un					
3	If the organization incurred a s	section 4955 tax, did it file Form 4720 for this	s year?		· · LYes LNo		
4 a	a Was a correction made?		. .		Yes No		
	o If 'Yes,' describe in Part IV	-					
Pai	rt I-C Complete if the o	rganization is exempt under sect	ion 501(c) , exce	pt section 501(c)(3)			
1	Enter the amount directly expe	ended by the filing organization for section 5	27 exempt function ac	tivities ▶ Ş	5		
2	Enter the amount of the filing of function activities	organization's funds contributed to other org	anizations for section	527 exempt	5		
3	Total exempt function expend line 17b	itures Add lines 1 and 2. Enter here and on	Form 1120-POL,		8		
4	Did the filing organization file	Form 1120-POL for this year?			Yes No		
5	Enter the names, addresses a organization made payments amount of political contribution	and employer identification number (EIN) of For each organization listed, enter the amo ns received that were promptly and directly action committee (PAC) If additional space	all section 527 politica unt paid from the filing delivered to a separate	l organizations to which the organization's funds. Also political organization, such	e filing		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-		
(1)							
(2)			_				
(3)							
(4)			_				
(5)			-				
(6)			_				

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

Schedule C (Form 990 or 990-EZ) 2014

Part II-A Complete if the	•	nnovative Techno is exempt under sec		54-1282 I filed Form 5768 (el	
section 501(h))	<u>). </u>			·	
لـــا		s to an affiliated group (and		ated group member's nam	e,
·		hare of excess lobbying exp	•		
B Check ► if the filing or	rganization checke	d box A and 'limited control'	provisions apply		
	Limits on Lobbyin (penditures' mear	g Expenditures is amounts paid or incurre	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures	to influence public	opinion (grass roots lobbying	ng)		
b Total lobbying expenditures					
c Total lobbying expenditures					
d Other exempt purpose expe					
e Total exempt purpose exper	nditures (add lines	1c and 1d)			·-··-
f Lobbying nontaxable amoun both columns					
If the amount on line 1e, column	n (a) or (b) is	The lobbying nontaxable a	mount is		
Not over \$500,000		20% of the amount on line 1e	-		
Over \$500,000 but not over \$1,000	0,000	\$100,000 plus 15% of the excess	over \$500,000		
Over \$1,000,000 but not over \$1,5	500,000	\$175,000 plus 10% of the excess	over \$1,000,000		
Over \$1,500,000 but not over \$17,	,000,000	\$225,000 plus 5% of the excess o	ver \$1,500,000		
Over \$17,000,000		\$1,000,000			
g Grassroots nontaxable amo					
h Subtract line 1g from line 1a					
i Subtract line 1f from line 1c	If zero or less, en	ter -0			
j If there is an amount other t section 4911 tax for this yea	than zero on either ar?	line 1h or line 1i, did the org	ganızatıon file Form 472	0 reporting	Yes No
(Some c	organizations that	-Year Averaging Period U made a section 501(h) ele s below. See the instruction	ection do not have to	complete all of the five	
	Lobb	ying Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					· · · · · · · · · · · · · · · · · · ·
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (Form	990 or 990-EZ) 2014

Part II-B				on is exemp	t under	section	501(c)(3)	and has	NOT fi	led Forr	n 5768
	(elect	tion under	section 50	1(h)).							

		1)	(b)	
or each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description fithe lobbying activity	Yes No		Amount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
a Volunteers?		Х		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
c Media advertisements?		Χ		
d Mailings to members, legislators, or the public?		Х		
e Publications, or published or broadcast statements?		Х		
f Grants to other organizations for lobbying purposes?		Х		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		194,157.	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i Other activities?		Χ		
j Total. Add lines 1c through 1i			194,157.	
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b If 'Yes,' enter the amount of any tax incurred under section 4912				
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			-	
Det III A Te 14 1511 : 11 15 15 15 15 15 15 15 15 15 15 15 15	/-\/P\			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	_		Yes	No
	Were substantially all (90% or more) dues received nondeductible by members?			
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

	Dues, assessments and similar amounts from members		L
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
	a Current year	2 a	
	b Carryover from last year	2 b	
	c Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information

Pt II-B Line 1

The Center for Innovative Technology engaged Franklin Partnership and the State Science and Technology Institute (SSTI) to assist with the strategic and tactical education to present CIT's performance metrics and upcoming initiatives to officials in Congress. In addition, to fulfill its statutory obligations to the Commonwealth to search for and secure federal funding opportunities, CIT staff engaged Franklin Partnership and SSTI for assistance. CIT staff also engages directly with legislators and their staff to preserve funding.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete If the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047

Openito Public Employer identification number

	Center for Innovative Technology		54-1282820	
Pari	Organizations Maintaining Donor Advised Funds or Other Similar Funds Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.	s or A	ccounts.	
	(a) Donor advised funds	(b)	Funds and other acc	ounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)		•	
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advisore the organization's property, subject to the organization's exclusive legal control?	ed fund	s Yes	No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose impermissible private benefit?	conterrii	na	□ No
Pär	Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization (check all that apply).			
•		historica	ally important land are	а
	Protection of natural habitat Preservation of a	certified	historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	of a cor	nservation easement of	on the
_	last day of the tax year.			
		,	Held at the End of	the Tax Yea
	Total number of conservation easements	2 a		
	Total acreage restricted by conservation easements	2 b		
C	: Number of conservation easements on a certified historic structure included in (a)	2 c		
•	I Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax year ►	e organ	ization during the	
4	Number of states where property subject to conservation easement is located ▶			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of and enforcement of the conservation easements it holds?		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements of	uring the	e year	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during \$\rightarrow\$\$	the yea	ar	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 17 and section 170(h)(4)(B)(ii)?		· · · · · · LYes	No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expensional include, if applicable, the text of the footnote to the organization's financial statements that describes conservation easements.	se stater the orga	ment, and balance she anization's accounting	eet, and for
Pã	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.	other S	Similar Assets.	
1	alf the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue state art, historical treasures, or other similar assets held for public exhibition, education, or research in fur in Part XIII, the text of the footnote to its financial statements that describes these items	ement ar	nd balance sheet worl e of public service, pro	ks of ovide,
	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue stateme historical treasures, or other similar assets held for public exhibition, education, or research in further following amounts relating to these items.	ance of	public service, provid-	f art, e the
	(i) Revenue included in Form 990, Part VIII, line 1		▶ \$	
	(ii) Assets included in Form 990, Part X			
2	amounts required to be reported under SFAS 116 (ASC 958) relating to these items			
	a Revenue included in Form 990, Part VIII, line 1			
	b Assets included in Form 990, Part X			

Schedule D (Form 990) 2014 Cente	er for Innovat	ive Technolog	īV	54-128:	2820 P age
Part III Organizations Maintai					
Using the organization's acquisition items (check all that apply)	i, accession, and other	r records, check any o	of the following that are	a significant use of its	collection
a Public exhibition		d Loan or ex	change programs		
b Scholarly research		e Other _			
c Preservation for future generat					
4 Provide a description of the organiz Part XIII.	ation's collections and	d explain how they fur	ther the organization's	exempt purpose in	
5 During the year, did the organization to be sold to raise funds rather than	n to be maintained as i	part of the organizatio	n's collection?		Yes No
Part IVal Escrow and Custodia line 9, or reported an ar	Arrangements. mount on Form 99	Complete if the o 30, Part X, line 21	rganization answe	red 'Yes' to Form	990, Part IV,
1 a Is the organization an agent, truste	e. custodian, or other	intermediary for contr	butions or other assets	s not included .	
on Form 990, Part X?					Yes No
b If 'Yes,' explain the arrangement in	Part XIII and complete	e the following table		r 1·	
					Amount
c Beginning balance				1 c	
d Additions during the year				1 d	
e Distributions during the yearf Ending balance				1 e	
2 a Did the organization include an am					Yes No
b if 'Yes,' explain the arrangement in					
bit res, explain the arrangement in	Tare XIII. Officer field	ii tile explanation had	boon provided in a dire	, , , , , , , , , , , , , , , , , , ,	
Part V Endowment Funds. C	omplete if the org	anization answer	ed 'Yes' to Form 9	90, Part IV, line 10	0.
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance		<u> </u>		<u> </u>	<u></u>
2 Provide the estimated percentage			lumn (a)) held as:		
a Board designated or quasi-endowi	ment ►				
b Permanent endowment	_ %	•			
c Temporarily restricted endowment		%			
The percentages in lines 2a, 2b, a	nd 2c should equal 10	0%			
3 a Are there endowment funds not in organization by:	•	_			Yes No
(i) unrelated organizations					. 3a(i)
(ii) related organizations					. 3a(ii)
b if 'Yes' to 3a(II), are the related org					. 3b
4 Describe in Part XIII the intended		on's endowment funds	s	. 	
Part VI∄ Land, Buildings, and			=		
Complete if the organiz					irt X, line 10
Description of property	ka) Ca-a	t or other books	h) Cost or other	(a) Assumulated	(d) Book value

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land			<i>(, , , , , , , , , , , , , , , , , , , </i>	
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

BAA

Schedule **D** (Form 990) 2014

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat	on Cost or end-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
A)			
B)			
c)			
D)			
E)	-		
F)			
<u>3)</u>			
H)			
⁽¹⁾			
otal. (Column (b) must equal Form 990, Part X, column (B) line 12) >			
Part VIII Investments – Program Related. Complete if the organization answered	Ves' to Form 990	Part IV line 11c See	Form 990 Part Y line 13
(a) Description of investment type	(b) Book value		n Cost or end-of-year market value
	(b) Book value	(c) Mounda of Valuation	The cost of one of your market value
(1)		-	
(3)		-	
(4)			
(5)			
(6)			
(7)		-	
(8)			
(9)			
(10)			
Total (Column (b) must equal Form 990, Part X, column (B) line 13) •			
Part IX Other Assets.	», =	D 1011 4410	5 000 D 1 V 1 45
Complete if the organization answered		Part IV, line 11d. See	
Complete if the organization answered (a) De	'Yes' to Form 990, escription	Part IV, line 11d. See	(b) Book value
Complete if the organization answered (a) Do (1) Intercompany receivable		Part IV, line 11d. See	(b) Book value
Complete if the organization answered (a) December (1) Intercompany receivable (2)		Part IV, line 11d. See	(b) Book value
Complete if the organization answered (a) December (1) Intercompany receivable (2) (3)		Part IV, line 11d. See	(b) Book value
Complete if the organization answered (a) December (1) Intercompany receivable (2)		Part IV, line 11d. See	(b) Book value
Complete if the organization answered (a) December (1) Intercompany receivable (2) (3) (4)		Part IV, line 11d. See	(b) Book value
Complete if the organization answered (a) Do (1) Intercompany receivable (2) (3) (4) (5) (6) (7)		Part IV, line 11d. See	(b) Book value
Complete if the organization answered (a) Do (1) Intercompany receivable (2) (3) (4) (5) (6) (7) (8)		Part IV, line 11d. See	(b) Book value
Complete if the organization answered (a) Do (1) Intercompany receivable (2) (3) (4) (5) (6) (7) (8) (9)		Part IV, line 11d. See	(b) Book value
Complete if the organization answered (a) Do (1) Intercompany receivable (2) (3) (4) (5) (6) (7) (8) (9) (10)	escription		(b) Book value 417,402
Complete if the organization answered (a) Do (1) Intercompany receivable (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B),	escription		(b) Book value 417,402
Complete if the organization answered (a) Do (1) Intercompany receivable (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities.	line 15.)		(b) Book value 417,402
Complete if the organization answered (a) Do (1) Intercompany receivable (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to lead to the complete of the organization answered to the complete of the complete of the organization answered to the complete of the complete	line 15.)	11e or 11f See Form 990,	(b) Book value 417,402
Complete if the organization answered (a) Do (1) Intercompany receivable (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities.	line 15.)	11e or 11f See Form 990,	(b) Book value 417,402
Complete if the organization answered (a) Do (1) Intercompany receivable (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Complete if the organization answered 'Yes' to a Description of liability (1) Federal income taxes	line 15.)	11e or 11f See Form 990,	(b) Book value 417,402
Complete if the organization answered (a) Do (1) Intercompany receivable (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Complete if the organization answered 'Yes' to a Description of liability (1) Federal income taxes	line 15.)	11e or 11f See Form 990,	(b) Book value 417,402
Complete if the organization answered (a) December (a) December (a) December (a) December (a) December (a) December (a) December (a) December (a) Description of liability (1) Federal income taxes (2) Compensated Absences (3) (4)	line 15.)	11e or 11f See Form 990,	(b) Book value 417,402 ▶ 417,402
Complete if the organization answered (a) December (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to a Description of liability (1) Federal income taxes (2) Compensated Absences (3) (4) (5)	line 15.)	11e or 11f See Form 990,	(b) Book value 417,402▶ 417,402
Complete if the organization answered (a) December (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Complete if the organization answered 'Yes' to a Description of liability (1) Federal income taxes (2) Compensated Absences (3) (4) (5) (6)	line 15.)	11e or 11f See Form 990,	(b) Book value 417,402▶ 417,402
Complete if the organization answered (a) December (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to a pescription of liability (1) Federal income taxes (2) Compensated Absences (3) (4) (5) (6) (7)	line 15.)	11e or 11f See Form 990,	(b) Book value 417,402▶ 417,402
Complete if the organization answered (a) December (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to a Description of liability (1) Federal income taxes (2) Compensated Absences (3) (4) (5) (6) (7) (8)	line 15.)	11e or 11f See Form 990,	(b) Book value 417, 402
Complete if the organization answered (a) December (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to a) Description of liability (1) Federal income taxes (2) Compensated Absences (3) (4) (5) (6) (7) (8) (9)	line 15.)	11e or 11f See Form 990,	(b) Book value 417,402▶ 417,402
Complete if the organization answered (a) Do (1) Intercompany receivable (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to a Description of liability (1) Federal income taxes (2) Compensated Absences (3) (4) (5) (6) (7) (8) (9) (10)	line 15.)	11e or 11f See Form 990,	(b) Book value 417,402 ▶ 417,402
Complete if the organization answered (a) December (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to a) Description of liability (1) Federal income taxes (2) Compensated Absences (3) (4) (5) (6) (7) (8) (9)	Inne 15.)	11e or 11f See Form 990, e	(b) Book value 417,402

				3 and 4c. Informa		nust equa	Form 990,	Part I, line 1	8) .	_
I Par	PT X III \	iiinnia	mental	intorma	tian					

Amounts included on Form 990, Part IX, line 25, but not on line 1

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Schedule D (Form 990) 2014

3

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.
Attach to Form 990.

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Center for Innovative Technology

Employer identification number 54-1282820

Parl	I Questions Regarding Compensation			
	г		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			ĺ
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		. 1	
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1 b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			-
t	or a related organization Receive a severance payment or change-of-control payment?	4 a 4 b 4 c	<u>-</u>	X X X
	Only section 501(c)(3) 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
	The organization?	5 a	<u> </u>	X
ı	Any related organization?	5 b		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 compensation contingent on the net earnings of:			
	The organization?	6 a	<u> </u>	X
ı	Any related organization?	6 b	<u> </u>	X
	If 'Yes' to line 6a or 6b, describe in Part III		ĺ	
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	Х	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If 'Yes,' describe in Part III	8		X
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		
	Schedule I		000	

Page 2

54-1282820

Center for Innovative Technology

Schedule J (Form 990) 2014

Part II. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement	(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title	L	(I) Base compensation	(ii) Bonus and incertive compensation	(iii) Other reportable compensation	and other deferred compensation	benefits	columns(b)(l)(d)	reported as deferred in prior Form 990
Peter I Johan	Ξ	265.728.	93,004.	11,118.	39,859.	19,830.	429,539.	-0
dent and CEO	<u> </u>	1]	; 		0		0.
Linda E. Gentry	€	204,187.	58,123.	$-\frac{3}{2}$, $\frac{110}{2}$.	30,628.	13,584	309,632.	
Financial Officer	€) 		0.	0.	0.		0.
Paul McGowan	ε	237,537	82,315.	1,520	35,631	19,830.	376,833.	-0
ng Services	(ii)			0.	0.	0.	0	0.
	Θ	214, 943.	74,485.	1, 691.	32,241.	19,839.	343,199.	
ector and VP	(ii)			0.	0.	0.	0	0.
	ε	192,065.	38,033.	2,118.	28,809.	19,830.	280,855.	-0
ology Officer	Œ			0.	0.	0.	0	0.
Rick Gordon	Θ	227,250.	0 1 1 1 1 1 1 1 1 1	1,520	34,088.	19,830.	282,688.	·0
ging Partner	(ii)			0.	0.	0.	0	0.
	Ξ	178,896.	39,853.	2, 118.	26,834.	13, 584.	261,285_	0
Operations	(ii)		0	0	0.	0.		0.
llev	(i)	207,050.	0	2,118.	31,057.	13,584.	253,809.	0
ral Partner	(ii)		0	0.	0.	0.	0.	0.
Robert Stratton	Θ	207,050	-0	1,520_	31,057.	744-	246,971.	-0
General Partner	(ii)	0.	0	0.	0.	0.	0	0.
	(i)	1 1	 	 	 	 	1 1 1	
10	ੰ⊞							
	ε			: : : : :	 	 	1 1 1	
11	▣							
	Ξ	 	 	 	1 1 1	 	1 1 1	1 1 1 1 1
12	(E)							
	Ξ	1 1 1	 	1 1 1 1	 	 		1 1 1 1 1 1 1 1 1 1
13	▣							
	Ξ	 	1 1 1	1 1 1		 		1 1 1 1 1 1
14	<u>(ii)</u>							
	Ξ		1 1 1	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!		 		
15	⊞							
	Ξ	1	1 1 1 1	1 1 1 1	1 1 1 1 1	1 1 1 1 1	1 1 1	1 1 1 1 1 1
16	▣							
ВАА			TEEA4102 06/19/14	4			Schedule J	Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

Part ॥ Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Pt I Line 7

payment awarded by the President and CEO, based upon scorecard performance: Linda E. Gentry, Paul A portion of the incentive compensation paid to the following individuals was a discretionary McGowan, Tom Weithman, David Ihrie and Robert Stolle.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Center for Innovative Technology

Employer Identification number 54-1282820

Pt VI, Line 11b

Form 990, which was prepared by the CFO, was reviewed by CIT's President and CEO, and provided to CIT's Board of Directors, requesting comments and questions, prior to submission.

All CIT employees provide a Financial Disclosure Statement annually. The statement includes the name of any organization that CIT works with in which the employee holds a security or equity interest, is a director or officer, or has received any gifts, payments or any type of compensation of more than a nominal value. In addition, the President and CEO is required to notify the Chairman of the Board of Directors, in writing, of all affiliations with any individual or organization that solicits CIT services. The Directors provide a Financial Disclosure Statement to the Secretary of the Commonwealth of Virginia annually. The statement includes information regarding personal and business financial interests.

Pt VI, Line 12c

The compensation of the President and CEO is set by the compensation committee of the Board of Directors, after a review and deliberation process which includes a comparability study by an independent consultant. The compensation is documented in the employment contract. The process was last undertaken in 2012.

Pt VI, Line 15a

CIT's governing documents and conflict of interest policy are not available to the public. The audited financial statements of the Innovation and Entrepreneurship Investment Authority (IEIA) and its blended component unit, Center for Innovative Technology (CIT), are available on the Auditor of Public Accounts website,

Pt VI, Line 19

CIT has a Finance and Audit Committee that meets annually with the Auditor of Public Accounts to receive the results of the annual audit. The committee does not oversee the selection of the independent auditor. As the non-stock, not-for-profit corporation which acts as the operating arm of IEIA, CIT's financial statements are audited annually during the audit of IEIA's financial statements. Section 2.2-2229 of the Code of Virginia states that the accounts and books of IEIA will be examined by the Auditor of Public Accounts.

Pt XII, Line 2c

Line 13 - Program related investments are comprised of: 1)\$6,436,732 Growth Acceleration Program notes receivable 2)\$(6,436,732) Allowance for Doubtful Accounts on notes receivable, and 3) Growth Acceleration Program equity in 70 companies, valued at \$0. CIT has not reorded the value of the equity securities on Form 990 or on its accounting records because these investments do not have a ready market to indicate their market value. None of these investments are traded on an open market nor do they have a clear secondary market. CIT has received Form K-1 from Cavion LLC and Xdynia, LLC for calendar year 2014. Since CIT has not reported a value of the original investments in the companies, it is not recording the following as reported on the K-ls: Cavlon LLC ordinary business loss of \$79,401 and investment income of \$238; Xdynia, LLC ordinary business loss of \$3,800 and investment interest expense of \$2,145.

Pt X

www.apa.virginia.gov.

Sec 512(b)(13) controlled entity? Schedule R (Form 990) 2014 (f)
Direct controlling •
entity ŝ × Open to Public Inspection OMB No 1545-0047 2014 Yes 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. Employer identification number (f)
Direct controlling
entity 54-1282820 (e) End-of-year assets N/A(if section 501(c)(3)) Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 Attach to Form 990. Part I Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. (d) Total income Related Organizations and Unrelated Partnerships State Agency (d) Exempt Code section (c)
Legal domicile (state or foreign country) (c)
Legal domicile (state or foreign country) (b) Primary activity accelerating technology (b) Primary activity BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (1) Innovation and Entrepreneurship Investment Authority (a)
Name, address, and EIN of related organization __2214_Rock_Hill_Rd, Suite_600_ __Herndon, VA_20170_____54-1491096 Center for Innovative Technology Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990) Part II 3 ପ୍ଲ <u>ල</u> ₹ Ξ ල¦

Schedule R (Form 990) 2014 Center for Innovative Technology

(i) Sec 512(b)(13) controlled entity? (k) Percentage ownership 8 N Yes Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, Ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 34 (j) General or managing partner? ŝ Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line because it had one or more related organizations treated as a partnership during the tax year. (h) Percentage ownership Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets (h)
Disproportionate
tionate
allocations? ŝ Yes (f) Share of total income (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp,
or trust) (f) Share of total income (d)
Direct
controlling
entity (e)
Predominant income
(related, unrelated,
excluded from tax
under sections
512-514) (c)
Legal domicile
(state or foreign country) (d)
Direct
controlling
entity (b) Primary activity (c) Legal domicile (state or foreign country) (a) (a) Name, address, and EIN of related organization (b)
Primary activity (a)
Name, address, and EIN of related organization Part IV Part III 3 Ξ¦ 2 <u>ල</u>¦ (2) **€**

Schedule R (Form 990) 2014

TEEA5002 08/22/14

BAA

Schedule R (Form 990) 2014 Center for Innovative Technology

Part V Transactions With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Make Constitute 4 is a section of the following the section of the			_	Yac	9
			-	- -	آ إ
1 During the tax year, did the organization engage in any or the following transactions with one of more related organizations listed in a December of this propert (ii) against of this propert of the p	ALII SIID III D		-	1	 ×
	•			+	: >
b Giff, grant, or capital contribution to related organization(s)				+	×
c Gift, grant, or capital contribution from related organization(s)				_	×
d Loans or loan quarantees to or for related organization(s)			1d		×
e I oans or loan quarantees by related organization(s)			- 1e	-	×
				╀	:
f Dividends from related organization(s)			-	-	`, ×
			19	-	×
			- -		×
i Exchange of assets with related organization(s)			=		×
j Lease of facilities, equipment, or other assets to related organization(s)			1.		×
			Ī		
k Lease of facilities, equipment, or other assets from related organization(s)				×	
I Performance of services or membership or fundraising solicitations for related organization(s)			=	+	×l
m Performance of services or membership or fundraising solicitations by related organization(s)			E	-	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			= ,	<u> </u>	
o Sharing of paid employees with related organization(s)			-	+	×
			1		:
p Keimbursement paid to related organization(s) for expenses			2 5	+	< >
d reinbursentent para by refaced organization (s) for expenses	· · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	-	+	ا
r Other transfer of cash or property to related organization(s)	•		1.1	1	×
s Other transfer of cash or property from related organization(s)			18	×	:
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.	relationships and tra	insaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	_	(d) Method of determining	erminin	g g
	type (a-s)			000	1
(1) Innovation and Enterpreneurship Investment Authority k		115,000.	FMV		1
(2)			į		
(4)					
(5)					
(9)					
BAA TEEA5003 08/22/14		Schedu	Schedule R (Form 990) 2014	90) 201	4

Part গাঙ্গী Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on 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 revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Teveriue) final was not a refaced organization (configuration (con	(b)	(2)	(p)	(e)	(a)	(a)	(f)		9	(K)	5
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners section 501(c)(3)	rs Share of total income	Share of end-of-year assets	Dispropor- tionate allocations?	amount in box	managing partner?	o ownership	Ship
			from tax under	organization	<u>,</u>		F	Form (1065)	-	Π.	
			section 512-514)	Yes No			Yes		Yes	e e	
(1)											
(2)									_		
				-							
(3)											
(4)											
<u>(5)</u>											
				•							
	- ,-										-
(9)										 -	
									-		
	 										
										_	
										_	
ВАА			胆	TEEA5004 08/22/14	1/14			Schedu	le R (Fo	Schedule R (Form 990) 2014	14

Page 5

Schedule R (Form 990) 2014 Center for Innovative Technology 54-128

Partivill

Supplemental Information

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