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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

20**15**

Department of the Treasury Internal Revenue Services ► 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

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* <u>A</u>	Fc	or the	2015 calendar year, or tax year be	ginning	0.	4/01, 2015	, and	ending				3/31 , 20 16	5
ь			C Name of organization						D Em	ployer	identific	ation number	
Ь	Che	ck if applic	IN-Q-TEL, INC.						5	2-21	14996	2	
Γ		Address change	Doing business as				•		7				
r	\neg	Name ch	Number and street (as D.O. hay days	il is not delivered to s	treet addr	ess)	Room	/suite	E Tele	ephone	number	,	
H	┪	Initial ret	DO DOM 540			·				٠.	248 - 3		
ŀ	\dashv	Final retu		ny and ZID or foreign	noctal co	uda.	<u> </u>		1 70	3 / 	240-1		
-		terminate	d City of town, state of protinces, count	ry, and zir or loreign	postal co	ide			1				
-	4	return	ARLINGTON, VA 22216							ss rece		118,73	
Ł		Application pending	Trume and address of principal cined		PHER	DARBY				s this a subordina	group retu ates?	um for Ye	s X N
		•	PO BOX 749 ARLINGTON	, VA 22216							bordinates	included? Yes	8 💹 N
I	Ta	ax-exem	pt status X 501(c)(3) 501(c)	() ◀ (insert	no)	4947(a)(1)	or	527	7 .	f "No," f	attach a lis	st (see instructions))
J	W	ebsite:	▶ WWW.IQT.ORG			,			H(c) G	iroup ex	xemption r	number 🕨 l	N/A
ĸ	Fo	orm of o	rganization X Corporation Trust	Association	Other	•		Year of form				of legal domicil	·
	ar		Summary		1.01.101			1041 01 1011	1011011			or regar control	
	Ť					TN-0-7	י דים	ACCET ED	ATEC 1	TUE	DEME.	T O DMENTE A	NID
	.		refly describe the organization's mission								DEVE	LOPMENT A	
Š	<u> </u>		ELIVERY OF CUTTING-EDGE		5 10	U.S. GOV.	ERNM	ENT AGE	INCLES				
5	9	T	HAT KEEP OUR NATION SAFE										-
	ָבַּ		ieck this box 🕨 💹 if the organization	1 .	•								
		3 N	imber of voting members of the governi	ng body (Part VI, I	ne 1a)						. 3		12.
Activities &	5	4 No	imber of independent voting members of	of the governing b	ody (Par	t VI, line 1b)					4		11.
			tal number of individuals employed in c										141.
7			tal number of volunteers (estimate if nec								1 - 1		0.
۷	?		tal unrelated business revenue from Par		line 12	• • • • • •				• • •	لتا ،		0.
		h N	t unrelated business toyable income fro	m Form 000 T Jul	. 24	• • • • • • • • • •	• • •			• • •	7b		0.
_	╁	D 140	t unrelated business taxable income fro	in ruin 990-1, iin	E 34	· · · · · · ·				r Year		Current	
				•	-	•	•	-					
9	3	8 C	intributions and grants (Part VIII, line 1h)	'				· · ·	93,8	78,6		91,423	
Rovonio	3		ogram service revenue (Part VIII, line 2g)								0.	 	0
á	1		estment income (Part VIII, column (A), l						-2,0	70,4	132.	20,945	,396.
	1	1 Ot	her revenue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c	, and 11e	∍)					0.	454	1,581.
	1	2 To	tal revenue - add lines 8 through 11 (mi	ust equal Part VIII,	column	(A), line 12).			91,8	08,2	250.	112,823	,929.
	1	3 Gr	ants and similar amounts paid (Part IX, c	column (A), lines 1	-3)						0.	200	0,000.
	1		nefits paid to or for members (Part IX, &								0.		0.
u	10		laries, other compensation, employee be						30,0	29,5	₹93.	36,628	3,440.
Fynenses	1		ofessional fundraising fees (Part IX, colu								0.	<u></u>	0.
Ž			tal fundraising expenses (Part IX, column					• • • • • • • • • • • • • • • • • • • •	\$ 144 \$ L	34°,	28.	f , * *	1 4,73834
ŭ	۱ ۱				\\		<u>-</u> – – -		38,9			37,704	
		0 Ta	her expenses (Part IX, column (A), lines	110, M-246	ノニ!·V	ビビニス	• • •	• • • -	69,0			74,532	<u> </u>
	-	8 To	tal expenses Add lines 13-17 (must equ	iai Hartiix, column	(A), line		• • •	· · ·					
_		9 Re	venue less expenses Subtract line 18 fr	om line 12		<u> </u>	• • •		22,7			38,291	
ts or		_			102	ונטו		Beg	inning of			End of Yo	
Assets	2	_	tal assets (Part X, line 16)			<u></u>			418,6			472,487	
	≤	1 To	tal liabilities (Part X, line 26)	IOG[DEN.	. U.T		🖳	91,8	<u>13,4</u>	165.	111,493	,010.
Ž,	2	2 Ne	t assets or fund balances. Subtract line	21 from line 20					326,8	48,9	02.	360,994	,173.
P	art	[]	Signature Block	-									
Ur	nder	penalti	es of perjury, I declare that I have examined	this return, includin	g accom	panying schedu	les and	statements	and to th	e best	of my I	knowledge and I	oelief, it is
ın	ie, c	orrect,	and complete Declaration of preparer (other the	nan officer) is based	on all info	ormation of which	ch prep	arer has any	knowledg	<u> </u>			
			MAT AM						1	1	1011	7	
Sig	gn		Signature of officer			•		· - ·	L	Date	101'	+	
He	ere	Ι.	Makhani Strathan	ON EVD		0.00							
			Type or print name and title	an Eyp	ana (
		- - '		Preparer	turo -	,	D-1					TIN	
Pai	d		int/Type preparer's name	Frepares signa	uie	-	Dat FE	B 072	N17 I	eck _	"	PTIN	
	par	$_{rer} ert^{\mathrm{TI}}$	RAVIS L PATTON	1/1	\sim	>		1 2		if-empl		P003696	23
	e O	l E	m's name ▶PRICEWATERHOUSEC	OFFERS LLP					Firm's I	EIN 🕨	13-4	008324	
_	_		m's address >600 13TH STREET NW, SUI	TB 1000 WASHINGT	ON, DC	20005-3005			Phone	no	202-	414-1000	
Ma	y th		discuss this return with the preparer sho									. X Yes	No
Fo	Pa	perwo	rk Reduction Act Notice, see the sepai	rate instructions.		·							0 (2015)

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_	m 990 (2015)	Page 2
Ŗ	Statement of Program Service Accomplishments	(F)
_	Check if Schedule O contains a response or note to any line in this Part III	X
1	IQT ACCELERATES THE DEVELOPMENT AND DELIVERY OF CUTTING-EDGE	
	TECHNOLOGIES TO U.S. GOVERNMENT AGENCIES THAT KEEP OUR NATION SAFE.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior 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 services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, a expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocathe total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$)
	ATTACHMENT 1	
4b	(Code) (Expenses \$including grants of \$) (Revenue \$)
		
_		
4 c	(Code) (Expenses \$) (Revenue \$))
	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$ ·) (Revenue \$)	
+e	Total program service expenses ▶ 61,956,183.	

_	90 (2015)		F	age 3
Par	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	١.	.,	
` .	complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	_ ^	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			_v
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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,	_		х
	Part III.	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			1
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	١.		X
-	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	١_		.
_	complete Schedule D, Part III	8		<u> </u>
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			v
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u> _
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		х
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1-52-2000	^
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			\$ 1
_	VII, VIII, IX, or X as applicable	<u> Anna an</u>		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	x	
h	Complete Schedule D, Part VI	11a		
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110	-	
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	x	
А	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f		116		
,	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	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.	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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	<u> </u>	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		X
		Farm	990	(2015)

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Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	X	<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	l . l		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			ļ
	organization's current and former officers, directors, trustees, key employees, and highest compensated		v	
04-	employees? If "Yes," complete Schedule J	23	X	-
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			x
b	through 24d and complete Schedule K. If "No," go to line 25a	24a		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	204		
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			1
	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,	sta i	.,>>	
	,,	186.20	r didi	J
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			ı
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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			v
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			Х
32	Part I	31		
J.	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	+	
	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	x	
35 a	- • • • • • • • • • • • • • • • • • • •	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	-		
		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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	Γ		_
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
		Form 9	90 (2015)

		149962		
Form Par	990 (2015) **TV Statements Regarding Other IRS Filings and Tax Compliance		P	age
Nat	Check if Schedule O contains a response or note to any line in this Part V			_
	' Chiese in a street and a second of the sec		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	76	73.50	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0.		産が
	Did the organization comply with backup withholding rules for reportable payments to vendors as	nd 🚢		
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	5.5		
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a	L41		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s? 2b	X	w
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			***************************************
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		1	Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		 	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author	-		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1		**
	account)?	4a	244622	X
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 Account	ts 🔝		Ŋ,
	(FBAR)	5.0		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		+	$\frac{x}{x}$
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction if "Yes" to line 5a or 5b, did the organization file Form 8886-T?	' —	 	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		+	
va	organization solicit any contributions that were not tax deductible as charitable contributions?		1 1	х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions		† †	
-	gifts were not tax deductible?			
7		2,000	10.54	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	at st		
	and services provided to the payor?			Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs		
	required to file Form 8282?	<u>7c</u>		Х
	If "Yes," indicate the number of Forms 8282 filed during the year		12 Xx	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract		 -	<u> </u>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required		} }	
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0	200 2000	220201450 2	9996
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			709
^	sponsoring organization have excess business holdings at any time during the year?	8	27.5	
9	Sponsoring organizations maintaining donor advised funds.		2000	TAGE.
	Did the sponsoring organization make any taxable distributions under section 4966?	· · 	† †	
10	Section 501(c)(7) organizations. Enter	Ser		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter		3,53	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	3		
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	2 12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
	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			
C	Enter the amount of reserves on hand			ALC: UNK

14a

14b

X

PAGE 5

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

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O Check if Schedule O contains a response or note to any line in this Part VI	See II	nstruc	tions.
Sect	tion A. Governing Body and Management	<u>···</u>	• • •	X
000	TOTI A. Governing body and management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year 1a 1	2	1 (9) (3)	
ıa	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent		37	75
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		1	
-	any other officer, director, trustee, or key employee have a family relationship of a business relationship with	2	ودهما المستعدد	X
3	Did the organization delegate control over management duties customarily performed by or under the direct		 	
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	 	x
6	Did the organization have members or stockholders?	6		x
7a		—		
, a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		x
b		/ a	\vdash	
U	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b]	x
8	stockholders, or persons other than the governing body?	1000	280.86	14053
o	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	2.7		
		8a	X	
a	The governing body?	8b	X	
ь 9	Each committee with authority to act on behalf of the governing body?	85		
3	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	9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		۵)	
	The second Displace with the second periode flot required by the internal revenue	000	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			7
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by	建规		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
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)		1988	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	\$		
	with a taxable entity during the year?	16a		X
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 safequard the	اجتا		
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA, MA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(0	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of into	erest !	policy	, and
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and record MATTHEW STROTTMAN 2107 WILSON BLVD. SUITE 1100 ARLINGTON, VA 22201 703-248-3000	s 🕨		
54	MAILHEM STRUTTMAN 2107 WILSON BLVD. SUITE 1100 ARLINGTON, VA 22201 703-248-3000		000	
SA E 1042	1 000	Form	990	2015)

Form 990 (2015) Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII **Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII.........

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) Position (A) (B) (D) (do not check more than one **Fetimated** Name and Title Reportable Reportable

Name and Title	Average hours per week (list any	box,	unles	s pe	rson	e than c is both tor/trust	an	compensation from	compensation from related	estimated amount of other
	hours for related organizations below dotted line)	1 14 ==	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)M. CROW	5.00	:								
CHAIRMAN	0.	Х					Ĺ	42,500.	0.	0.
(2)J. BARKSDALE	5.00			- 1						
TRUSTEE	0.	Х					<u></u>	35,000.	0.	0.
(3)P. BARRIS	5.00									
TRUSTEE & COMMITTEE CHAIR	0.	Х						37,500.	0.	0.
(4)A. JONES	5.00		1 1		ļ	1				
TRUSTEE & COMMITTEE CHAIR	0.	Х						37,500.	0.	0.
(5)E. PATE-CORNELL	5.00	ļ								
TRUSTEE	0.	Х						35,000.	0.	0.
(6)J. MISCIK	5.00]								
TRUSTEE	0.	Х						35,000.	0.	0.
_(7) ^H . COX	5.00									
TRUSTEE & COMMITTEE CHAIR	_0.	Х						37,500.	0.	0.
(8)AB KRONGARD	5.00					ŀ			_	
TRUSTEE	0.	X					L	0.	0.	0.
(9)T. SCHLEIN	5.00								_	ı
TRUSTEE	0.	Х			<u> </u>			35,000.	0.	<u> </u>
(10)M. MULLEN	5.00					1			_	_
TRUSTEE	0.	Х			<u> </u>			35,000.	0.	0.
(11)G. TENET (AS OF 3/2016)	5.00							_	_	_
TRUSTEE	0.	X	\square				_	0.	0.	
(12)C. DARBY	40.00									088 555
PRESIDENT, CEO & TRUSTEE	0.		-	X				1,640,587.	0.	277,669.
(13)S. BOWSHER	40.00	[055 555
EVP & MANAGING PARTNER	0.			Х	<u> </u>		L	1,319,309.	0.	255,585.
(14)M. STROTTMAN	40.00									165 506

JSA 5E1041 1 000

Form 990 (2015)

0.1

596,435.

EVP & COO (AS OF 4/2015)

0.

165,726.

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	yee	es,	and	Hig	hest Compensat	ed Employ	ees (c	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unless er and	Pos leck s pe a d	rson	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-I	VISC)	from the organization and related organizations
15) B. ADAMS EVP & GENERAL COUNSEL	40.00			x				543,557.		0.	47,431.
16) R. GLEICHAUF	40.00	<u></u>		Â			-	343,337.			47,431.
EVP & CHIEF SCIENTIST	0.			х				522,893.		0.	56,593.
17) T. O'TOOLE EVP & SENIOR FELLOW	40.00			х				514,832.		0.	36,402.
18) E. POULOS EVP & CHIEF OF STAFF	40.00			x				513,335.		0.	51,506.
19) W. RADOSEVICH	40.00		\vdash								
EVP - TECHNOLOGY PROGRAMS	0.			х				439,240.		0.	51,632.
20) L. PORTER (AS OF 10/2015) EVP & DIRECTOR OF COSMIQ WORKS	40.00			х				165,591.		0.	74,023.
21) TERESA SHEA (AS OF 1/2016)	40.00							_			_
EVP & DIRECTOR OF CYBER REBOOT 22) T. RYLANDER	40.00			Х			_	0.		0.	0.
PARTNER	0.00					х		501,992.		0.	114,916.
23) S. DAVIDSON	40.00			-							
PARTNER	0.					Х		468,205.		0.	110,569.
24) P. BORBELY	40.00					37		461 005		0.	22.252
PARTNER 25) G. HOYEM	40.00		-	\dashv		Х		461,985.			27,757.
PARTNER	0.					х		482,091.		0.	55,643.
1b Sub-total							•	3,886,331.		0.	698,980.
c Total from continuation sheets to Part VII, S							>	5,503,104.		0.	672,865.
d Total (add lines 1b and 1c)								9,389,435.	****	0.	1,371,845.
2 Total number of individuals (including but not reportable compensation from the organization		nose l 92		ab	ove	e) who	o re	ceived more than !	\$100,000 of	t	
											Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3 X
4 For any individual listed on line 1a, is the enganization and related organizations grandividual	eater than	\$15	0,00	02	lf	"Yes	5," (complete Schedul	e J for so	uch	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue cor	mpen	satio	n f	rom	any	uni	related organization	n or individ	lual	5 X
Section B. Independent Contractors	, copc.	<u> </u>					F				
1 Complete this table for your five highest com- compensation from the organization. Report of year											
(A) Name and business add	Irace			-		_		(B) Description of se	naces		(C) ompensation
ATTACHMENT 2							+	Description of Sec			porioditori
							L				
							\perp				
							+-				
2 Total number of independent contractors (in	ncluding bu	ıt not	limi	ited	l to	thos	e lı	sted above) who	received		

more than \$100,000 in compensation from the organization ▶ 61

Pag	e	8

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Employees	(continued)
(A) Name and title .	(B) Average hours per week (list any hours for	Average Position Report Nours per (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the	(E) Reportable compensation fror related organizations	(F) Estimated . amount of other compensation				
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
26) E. KAUFMANN	40.00									
PARTNER 27) T. PEARSALL	40.00					Х		451,064.	0	. 11,514.
FORMER EVP-TECHNOLOGY TRANSFER	0.						х	438,319.	0	. 34,879.
		!								
						-				
			i							
1b Sub-total	ection A ,						* * *			
2 Total number of individuals (including but not reportable compensation from the organization		1 0se 1		d at	oove	e) who	re	ceived more than	\$100,000 of	_
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	sum of rep	ortab \$15	le c 0,00	omi	pen <i>If</i>	satior <i>"Yes</i> "	ar ;" (nd other compens	ation from the	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue cor	npens	satio	on f	rom	any	uni	elated organization	n or individual	5 X
Complete this table for your five highest com compensation from the organization. Report c year										
(A) Name and business add	ress							(B) Description of ser	rvices	(C) Compensation
					_					
							$oxed{-}$			
Total number of independent contractors (in more than \$100,000 in compensation from the contractor).				ited	l to	thos	e la	sted above) who	received	

Page 9

Form	990 (2015)	IN-Q-TEL,	INC.			52-21499	62 Page 9
Pa	rt Vii	Statement of Rever	nue					
•		Check if Schedule O co	ontains a respo	nse or note to a	ny line in this Part	VIII	<u></u>	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants (mounts	1a b						1.74	
Contributions, Gifts, Grants and Other Similar Amounts	d e	Related organizations Government grants (contribu	1d 1e	91,423,952				tr in the
Contribut and Othe	g	and similar amounts not included	d above . 1f in lines 1a-1f \$					1
	<u>h</u>	Total. Add lines 1a-1f		<u> ▶</u>	91,423,952	11.5		secologian Pe
Program Service Revenue	2a b		 	Business Code				
1 Service	c							
rogran	e f	All other program service rev						Service of the Service of the
<u>a</u>	9	Total. Add lines 2a-2f			0	in tracker to be		S DIAN TRANS
	3 4 5	Investment income (income and other similar amounts). Income from investment of Royalties	tax-exempt bond	proceeds .	746,327 0 454,581			746,327 454,581
	6a b	Gross rents	 	(ii) r ersonal				
	d 7a	Rental income or (loss) Net rental income or (loss) . Gross amount from sales of	(i) Securities	(II) Other	0			2.5
	b	Less cost or other basis and sales expenses	26,108,158 5,909,089					
	c d 8a	Gain or (loss)			20,199,069			20,199,069
Other Revenue		Gross income from fundra events (not including \$ of contributions reported on See Part IV, line 18	line 1c) a					
ō	b c 9a	Less direct expenses Net income or (loss) from ful Gross income from gaming	ndraising events		0			
	ь	See Part IV, line 19	a b					
	с 10а	Net income or (loss) from ga Gross sales of inventor returns and allowances	ory, less					- 1
	b c	Less cost of goods sold Net income or (loss) from sal	es of inventory		0	,		
		Miscellaneous Revenue	e	Business Code				
	11a b							
	c d e	All other revenue			0			
JSA	12 1 1 000	Total revenue. See instruction			112,823,929		F	21,399,977 Form 990 (2015)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Do not include amounts manded on lines Sh. 74	(A)	(B)	(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	200,000.	200,000.		
<u>-</u>				The Adolest Address of the Control o
2 Grants and other assistance to domestic individuals See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals See Part IV, lines 15 and 16	0.			19. 4. 3. 5g
4 Benefits paid to or for members	0.		<u> </u>	
5 Compensation of current officers, directors, trustees, and key employees	7,693,920.	4,170,175.	3,523,745.	
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	24,672,651.	22,019,834.	2,652,817.	
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	2,785,421.	2,369,732.	415,689.	
10 Payroll taxes	1,476,448.	1,230,041.	246,407.	
11 Fees for services (non-employees)				-
a Management	0.			
b Legal	651,533.	211,599.	439,934.	
c Accounting	267,961.		267,961.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.	S#3	77,77	
f Investment management fees	0.		<u> </u>	
g Other (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O)	1,637,901.	1,562,234.	75,667.	
12 Advertising and promotion	269,664.	103,863.	165,801.	
13 Office expenses	1,151,533.	216,973.	934,560.	
14 Information technology	1,617,395.	1,602,536.	14,859.	
15 Royalties	0.			
16 Occupancy	4,041,498.	2,987,730.	1,053,768.	
17 Travel	2,499,109.	1,980,634.	518,475.	
18 Payments of travel or entertainment expenses	_			
for any federal, state, or local public officials	0.	1 000 565	116 204	
19 Conferences, conventions, and meetings	1,205,871.	1,089,567.	116,304.	
20 Interest	0.			
21 Payments to affiliates	0.	315.	2 306 656	
22 Depreciation, depletion, and amortization	2,386,971.	315.	2,386,656.	
23 Insurance	389,224.	· · · · · · · · · · · · · · · · · · ·	369,224.	
24 Other expenses Itemize expenses not covered	1 1 - 15	Same Same		
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 ()	20,310,345.	20,211,336.	99,009.	<u> </u>
aWORK PROGRAM FOR CIA AND IC	776,809.	770,640.	6,169.	<u> </u>
bEQUIPMENT cDUES AND SUBSCRIPTIONS	214,147.	157,118.	57,029.	
dRESEARCH MATERIALS	164,570.	149,426.	15,144.	
	119,497.	922,430.	-802,933.	
e All other expenses	74,532,468.	61,956,183.	12,576,285.	
25 Total functional expenses, Add lines 1 through 24e 26 Joint costs. Complete this line only if the	14,332,400.	02,750,105.		
organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation Check here				
following SOP 98-2 (ASC 958-720)	0.			

JSA 5E1052 1 000 Form 990 (2015)

Par	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this F	Part X. , , <u>,</u> .	<u>.</u>	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	0.
ļ	2	Savings and temporary cash investments	45,382,541.	2	66,971,427.
- 1	3	Pledges and grants receivable, net	0.	, 	0
- 1	4	Accounts receivable, net	23,014,774.	4	31,933,603.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees		17.18 17.18 17.18, 14	
		Complete Part II of Schedule I	o.	5	ō.
	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	0.	6	0.
ets	7	Notes and loans receivable, net	0.	7	ō.
Assets	8	Inventories for sale or use	0.	8	0.
٧,	9	Prepaid expenses and deferred charges	1,107,401.		1,262,892.
	-	Land, buildings, and equipment cost or	9. 4. 8 SS		
- [other basis Complete Part VI of Schedule D 15,014,431.			
- 1	h	Less accumulated depreciation	6,081,560.	100	
].	11	Investments - publicly traded securities	122,147,708.		119,686,858.
- 1	12	Investments - other securities See Part IV, line 11	7,123,970.		6,338,874.
- 1	13		211,250,639.	13	236,217,380.
- 1		Investments - program-related See Part IV, line 11		14	230,217,380.
i i	14	Intangible assets			
	15	Other assets See Part IV, line 11	2,553,774. 418,662,367.		2,756,269.
-+	16	Total assets. Add lines 1 through 15 (must equal line 34)		_	472,487,183.
- 1	17	Accounts payable and accrued expenses	17,978,341.	17	19,233,436.
- 1	18	Grants payable		18	0.
	19	Deferred revenue	73,835,124.	19	92,259,574.
- 1	20	Tax-exempt bond liabilities	0.		0.
- 1	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	0.
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and	0.		
Ē,		disqualified persons Complete Part II of Schedule L		22	0.
- 1	23	Secured mortgages and notes payable to unrelated third parties	0.		
	24	Unsecured notes and loans payable to unrelated third parties.		24	0.
	25	Other liabilities (including federal income tax, payables to related third			
İ		parties, and other liabilities not included on lines 17-24) Complete Part X	2		1
- 1.		of Schedule D	0.		0.
	26	Total liabilities. Add lines 17 through 25	91,813,465.	26	111,493,010.
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
ğ.	27	Unrestricted net assets	326,848,902.	27	360,994,173.
<u>ağ</u> 3	28	Temporarily restricted net assets	0.	28	0.
E	29	Permanently restricted net assets	0.	29_	0.
ō		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.	المراقعة ال المراقعة المراقعة ال	***	
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
T :	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	326,848,902.	33	360,994,173.
!	34	Total liabilities and net assets/fund balances	418,662,367.	34	472,487,183.
					Form 990 (2015)

Form **990** (2015)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes." did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2015)

3a

3h

Х

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2015

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number IN-O-TEL, INC 52-2149962 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 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. ☐ 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. Type III functionally integrated A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9) listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

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

Page 2

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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	63,944,737	82,711,583	84,293,380	93,878,682	91,423,952	416,252,334.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	63,944,737	82,711,583	84,293,380	93,878,682	91,423,952	416,252,334
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4		-: 146.		10 1 2 3 3 3		416,252,334
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	63,944,737	82,711,583	84,293,380	93,878,682	91,423,952	416,252,334
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,049,073	242,389.	2,277,943	1,998,677	1,200,908	6,768,990
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0_
11	Total support. Add lines 7 through 10	-11 J. M.	1 1 1 1 1 1		#1,4 % ;33		423,021,324
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u></u>	<u> </u>				
	tion C. Computation of Public Sup					T. T	98.40%
14	Public support percentage for 2015 (li	ne 6, column (f) divided by line	11, column (f))	• • • • • • •	14	97.84%
15	Public support percentage from 2014	Schedule A, Pa	art II, line 14			25 %	
16a	331/3% support test - 2015. If the o						
h	this box and stop here. The organization 33 1/3 % support test - 2014. If the organization is supported to the control of the						—
b	check this box and stop here. The org	•					
17a	10%-facts-and-circumstances test - 2	•					
170	10% or more, and if the organization Part VI how the organization meets it	meets the "fa	cts-and-circums	tances" test, ch	eck this box ai	nd stop here. E	xplain in
b	organization	2014. If the organization meets on meets the "	ganization did n s the "facts-and facts-and-circur	ot check a box d-circumstances nstances" test	on line 13, 16 " test, check t The organization		and line op here.
18	Private foundation. If the organization instructions	did not check a	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see	·
						chedule A (Form 9	

*)*4

Schedule A (Form 990 or 990-EZ) 2015

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

Support Schedule for Organizations Described in Section 500(4)(4)	
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part	II.
If the organization fails to qualify under the tests listed below, please complete Part II.)	

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	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		1				
	organization's tax-exempt purpose	}	ł	l	1	,	
3	Gross receipts from activities that are not an	,					
•	unrelated trade or business under section 513	l .			}		
4	Tax revenues levied for the						
•	organization's benefit and either paid	}			}	1	
	to or expended on its behalf	ļ	ļ		1	}	
5	The value of services or facilities						
ŭ	furnished by a governmental unit to the	}				[
	organization without charge]	
6	Total. Add lines 1 through 5						
-		} 					
, a	Amounts included on lines 1, 2, and 3 received from disqualified persons	ł					
b	Amounts included on lines 2 and 3			· - · · · ·		<u> </u>	
	received from other than disqualified	}					
	persons that exceed the greater of \$5,000	•			,	}	
	or 1% of the amount on line 13 for the year		 		<u></u>		
	Add lines 7a and 7b	7 7 2	7 7 7		1 16 + Me		
8	Public support. (Subtract line 7c from] " · · · · · · · · · · · · · · · · ·					
500	tion B. Total Support	1				<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
_		(8) 2011	(8) 2012	(0) 20 10	(4) 2014	(0, 20.10	(1) 10101
9 10 a	Amounts from line 6						
,,,,	payments received on securities loans,					i	
	rents, royalties and income from similar		[
h	sources	 	<u> </u>				
b	•						
	section 511 taxes) from businesses acquired after June 30, 1975	[
_	Add lines 10a and 10b	<u> </u>					
		 					
11	Net income from unrelated business activities not included in line 10b,			1			
	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)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)				£ £4b. 4		504/-1/2)
14	First five years. If the Form 990 is f	•					
	organization, check this box and stop here			·····	•••••	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •
	tion C. Computation of Public Sup		·×	(f)		45	%
15	Public support percentage for 2015 (line 8					15	
16	Public support percentage from 2014 Sche			· · · · · · · · · · · · · · · · · · ·		16	
	tion D. Computation of Investmen			3 column (6)		17	%
17	Investment income percentage for 2015 (II						
18	Investment income percentage from 2014					18	
19 a	331/3% support tests - 2015. If the or						
_	17 is not more than 331/3%, check th						
b	331/3% support tests - 2014. If the orga						
	line 18 is not more than 331/3%, check		•	•	•		
20 JSA	Private foundation. If the organization	aia not check	a pox on line 1	4, 19a, or 19b		chedule A (Form 9	
					•		

Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in 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.)

Sect	ion 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 " 4
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3 <u>/</u>		and the
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.	3 b		
С	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	3c		Ž
4a	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		، غيرا
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	<i>*</i> .	
С	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		
5a	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)	****		
	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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c	# š.	
C		3,	\$	Q
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	, , , , , , , , , , , , , , , , , , ,	
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 or 990-EZ).	8		
9a	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	;	
þ	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	<u></u>	
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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		·

that these activities constituted substantially all of its activities.

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

Parent of Supported Organizations Answer (a) and (b) below.

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? Provide details in Part VI.

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

2b) X 152 3a ٠٤٠.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izati	ons	
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must com-			structions. All
Section A - Adjusted Net Income	ipicio	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(optional)
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	1	1	j
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	 	
Section B - Minimum Asset Amount	<u> </u>	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see		NAMES OF STREET	The Markey !
instructions for short tax year or assets held for part of year)	35		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	7- X	2 30 20 63. 16	X 8 4 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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		
Section 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	The first of the first of the	
4 Enter greater of line 2 or line 3	4	CONTRACTOR OF THE SECOND	
5 Income tax imposed in prior year	5	TO THE PROPERTY OF THE PARTY OF	
6 Distributable Amount Subtract line 5 from line 4, unless subject to	T		
emergency temporary reduction (see instructions)	6	10年 经 10年 10年 10月	
7 Check here if the current year is the organization's first as a non-functionally	-integ	grated Type III supporting	organization (see
instructions)			

Schedu	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	Page 7
	ion D - Distributions	Supporting Organiza	tions (continued)	Current Veer
1		Variation 200		Current Year
_ <u>-</u> -	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppor	tea	
	organizations, in excess of income from activity		- 	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	zations	
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 organization is resp	onsive	
	(provide details in Part VI) See instructions	·		
9_	Distributable amount for 2015 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·		
10	Line 8 amount divided by Line 9 amount			
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6		\$ 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2	Underdistributions, if any, for years prior to 2015	1 3 1 × 1 1		· (4) (4) (4)
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015		R 478, 8 30 6	
a			, 00 1 POV 1	
b	The second secon			
C		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
ď	From 2013			20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	From 2014			
- f	Total of lines 3a through e			30 Sept. 100
	Applied to underdistributions of prior years			
g h	Applied to 2015 distributions of prior years Applied to 2015 distributable amount			
 -				
	Carryover from 2010 not applied (see instructions)			
<u>,,</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section			
	D, line 7 \$	1.0° × × × × × × × × × × × × × × × × × × ×		
	Applied to underdistributions of prior years			
b_	Applied to 2015 distributable amount	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(a) 7/3 (b) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	
_ <u>c</u> _	Remainder Subtract lines 4a and 4b from 4		The Column State	
5	Remaining underdistributions for years prior to 2015, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)	F 38 88 28 3		Com Control
6	Remaining underdistributions for 2015 Subtract lines 3h	SET IN COLUMN		
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2016. Add lines 3j			14 . JA
	and 4c			
8	Breakdown of line 7		** ** **	
a		•	, ,	
b			, , , ,	
С	Excess from 2013	· ,,		
d	Excess from 2014		5 (M) (3-14)	*
_ <u>~</u> _	Excess from 2015	*		
<u> </u>	2,0000 1,011 2010 , , , , , , ,			A (Form 990 or 990-EZ) 2015

IN-Q-TEL, INC.

52-2149962

Schedule A (Form 990 or 990-EZ) 2015

Page 8

Part VI 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)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

IN-	Q-TEL, INC.		52-2149962
Pa	rt I Organizations Maintaining Donor Ad	vised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered	d "Yes" on Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
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 dono	or advisors in writing that the assets held i	n donor advised
•	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors,		
•	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		- , , , , , , ,
Pa	t II Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by th		
	Preservation of land for public use (e.g., rei		of a historically important land area
	Protection of natural habitat	· ()	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	i i	2b
Ç	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tra		ated by the organization during the
	tax year ▶	•	•
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy re		on, handling of
	violations, and enforcement of the conservation ea	asements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing cons	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspec	cting, handling of violations, and enforcing co	nservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line	, ,	
	and section 170(h)(4)(B)(ii)?		Yes L No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text	-	al statements that describes the
- 0	organization's accounting for conservation easeme		Oinile Assats
Pa	till Organizations Maintaining Collections Complete if the organization answered	s of Art, Historical Treasures, or Other	Similar Assets.
1a	If the organization elected, as permitted under S works of art, historical treasures, or other simil public service, provide, in Part XIII, the text of the f	FAS 116 (ASC 958), not to report in its re	evenue statement and balance sheet ation, or research in furtherance of
	public service, provide, in Part XIII, the text of the f	ootnote to its financial statements that desc	ribes these items
b	If the organization elected, as permitted under	SFAS 116 (ASC 958), to report in its re-	venue statement and balance sheet
	works of art, historical treasures, or other simil	ar assets held for public exhibition, educ	ation, or research in furtherance of
	public service, provide the following amounts relative		. .
	(i) Revenue included in Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
_	following amounts required to be reported under \$		
a	Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
_ <u>b_</u>	Maacta illoluded iii i Olili 330, Fall A	<u> </u>	····

Schedule D (Form 990) 2015

Sched	ule D (Form 990) 2015 Page
Par	
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its
	collection items (check all that apply)
а	Public exhibition d Loan or exchange programs
ь	Scholarly research e Other
С	Preservation for future generations
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Parl
•	XIII
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar
•	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No
Par	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form
	990, Part X, line 21.
12	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not
10	included on Form 990, Part X?
h	If "Yes," explain the arrangement in Part XIII and complete the following table
U	Amount
_	
C	Beginning balance
	Additions during the year
e	Distributions during the year
f	Ending balance
	Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
	f "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII
Par	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 10.
	(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back
1a	Beginning of year balance
b	Contributions
С	Net investment earnings, gains,
	and losses
d	Grants or scholarships
е	Other expenditures for facilities
	and programs
f	Administrative expenses
g	End of year balance
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
а	Board designated or quasi-endowment ▶%
b	Permanent endowment ▶%
С	Temporarily restricted endowment ▶%
	The percentages on lines 2a, 2b, and 2c should equal 100%
3 a	Are there endowment funds not in the possession of the organization that are held and administered for the
	organization by Yes No
	(i) unrelated organizations
	(ii) related organizations
b	f "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4	Describe in Part XIII the intended uses of the organization's endowment funds
Par	Land, Buildings, and Equipment.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value
	(investment) (other) depreciation
1 a	Land
þ	Buildings
С	Leasehold improvements
d	Equipment
е	Other 3,344,850. 2,375,482. 969,368.
Total	Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

Schedule D (Form 990) 2015

_			•
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Part VII	Investments - Other Securities. Complete if the organization answere	d "Yes" on Form 990. F	Part IV, line 11b. See Form 990, Part X, line 1	2.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financi		 		
	ral derivatives			
		<u> </u>		
(A)				
(B)				
(C)				
(D)				
(E)				
(F)		ļ	· · · · · · · · · · · · · · · · · · ·	
(G)				
(<u>H</u>)		ļ	, , , , , , , , , , , , , , , , , , , ,	
	n (b) must equal Form 990, Part X, col (B) line 12)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CONTRACTOR OF THE STATE OF THE	
Part VIII	Investments - Program Related. Complete if the organization answere	d "Yes" on Form 990, F	Part IV, line 11c. See Form 990, Part X, line 1	3.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) PREF	ERRED STOCK	133,973,824.	FMV	
	ON STOCK	6,072,274.	FMV	
(3) WARR	ANTS - PREFERRED	89,704,255.	FMV	
	ANTS - COMMON	2,703,214.	FMV	
(5) CONV	ERTIBLE NOTE	3,763,813.	FMV	
(6)	· · · · · · · · · · · · · · · · · · ·			
(7)				
(8)				
(9)		226 217 200 /		
	n (b) must equal Form 990, Part X, col (B) line 13) Other Assets.	236,217,380.		<i>"</i> ' , ,
Part IX		d "Yes" on Form 990 F	Part IV, line 11d See Form 990, Part X, line 1	5.
		escription	(b) Book valu	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col (B)	line 15), ,	<u> </u>	
Part X	Other Liabilities. Complete if the organization answered line 25.	d "Yes" on Form 990, F	Part IV, line 11e or 11f See Form 990, Part X,	ı
1.	(a) Description of liability	(b) Book value		
(1) Feder	ral income taxes			
(2)				
_(3)				
(4)				
(5)				
(6)				
(7)				
/U\				
(8)				
(9)	nn (b) must equal Form 990, Part X, col (B) line 25 j			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2015

Part XIII Supplemental Information (continued)

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

IN-	Q-TEL, INC.				52-2149962	?
Par	General Information Form 990, Part IV, line 1	on Activities 4b	Outside the	United States. Complete	of the organization answe	red "Yes" on
1	For grantmakers. Does the orga	nization mainta	un records to	substantiate the amount of	f its grants and other	
	assistance, the grantees' eligibil	ity for the grant	ts or assistanc	e, and the selection criter	ia used to award the	
	grants or assistance?				[Yes No
2	For grantmakers. Describe in	Part V the org	ganization's p	rocedures for monitoring	the use of its grants a	and other
	assistance outside the United St	ates				
3	Activities per Region (The follow			, 		
	(a) Region	(b) Number of offices in the	(c) Number of employees,	(d) Activities conducted in region (by type) (e.g.,	(e) If activity listed in (d) is a program service,	(f) Total expenditures for
		region	agents, and	fundraising, program services,	describe specific type of	and investments
			independent contractors	investments, grants to recipients	service(s) in region	ın region
			in region	located in the region)		
			•			
(1)	NORTH AMERICA	 		PROGRAM SERVICES	TECHNOLOGY DEVELOPMENT	2,665,000
(2)						
(2)	EUROPE	 		PROGRAM SERVICES	TECHNOLOGY DEVELOPMENT	440,000
(3)	EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	TECHNOLOGY DEVELOPMENT	30.000
_(5/	EAST ASTA AND THE PACTFIC			PROGRAM SERVICES	TECHNOLOGY DEVELOPMENT	30,000
(4)	NORTH AMERICA			INVESTMENTS		13,083,062
				TAYAB THORITO		1370037002
(5)	EUROPE]		INVESTMENTS		2,024,287
(6)	EAST ASIA AND THE PACIFIC			INVESTMENTS		180,801
(7)						······································
		f I				
(8)						
				İ		
(9)		 				
(40)						
<u>(10)</u>	· · · · · · · · · · · · · · · · · · ·					
(11)						
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(13)					_	
(14)						
(15)						
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(16)		 			_	
,,=:						
(17)	Cub total					
3a					•	18,423,150
Ь	Total from continuation sheets to Part I	į į			`	
_	Totals (add lines 3a and 3b)		·			18,423,150
·	- Stais (add inics on and SOI			L		+0, 423, 130

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

18,423,150 Schedule F (Form 990) 2015

IN-Q-TEL, INC.

Schedule F (Form 990) 2015

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV line 15 for any recinient who received more than 15 for any recinient who recinient who received more than 15 for any recinient who received more than 15 for any recinient who recinient who recinient who recipied more than 15 for any recipied more than

Part II	Grants and Other Assistance to Organizations of chines Other and Other Compact in the Organization of Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed	siplent who receive	d more than \$5,000 Part II can be duplicated if additional space is needed	art II can be d	luplicated if additi	onal space is	s needed		
-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, Appraisal, other)
(5)	46.								
(2)									
(3)									
<u></u>			•						
(9)	£								
(9)									
(5)									
(8)	5								
6)									
(10)					ļ				
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

Enter total number of other organizations or entities....

Schedule F (Form 990) 2015

PAGE 32

IN-Q-TEL, INC.

Schedule F (Form 990) 2015

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance (b) Region	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)				,			
(3)							
(4)							
(5)							
(9)							
(7)							
(8)		:					
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)			•				
(18)							
						Sche	Schedule F (Form 990) 2015

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

Schedule F (Form 990) 2015

Page 5

Part V

Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information (see instructions)

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No 1545-0047

Inspection Open to Publ Employer identification number

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

X Yes 52-2149962 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States General Information on Grants and Assistance IN-Q-TEL, INC.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
E	(1) CIA OFFICERS' MEMORIAL FOUNDATION					(initio		201000000000000000000000000000000000000
	2251 CORP PARK DR 3RD FL, HERNDON, VA 20171	52-2360463	501 (C) (3)	200,000				SEE PART IV
(2)								
[
ଡ								
(4)								
(2)								
9								
8								
(8)								
(6)								
9								
<u> </u>								
(12)								
,	Enter total number of section 504/e//2							
1 m	Enter total number of other organizations listed in the line 1 table.	sted in the lin	nt organizations II ine 1 table	Isted in the line 1 ta	able		•	1.
	0						•	

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PAGE 36

Schedule I (Form 990) (2015)

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Schedule I (Form 990) (2015)

IN-Q-TEL, INC.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
7						
က						
4						
S						
9						
7						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	s part to prov	vide the informat	tion required in	Part I, line 2, Part III,	column (b), and any other additional

PART I, LINE 2 & PART II, LINE 1, COLUMN (H)

THE IQT BOARD OF TRUSTEES APPROVED A GRANT OF UP TO \$1M TO THE CIA

OFFICERS' MEMORIAL FOUNDATION. THE GRANTEE IS A 501(C)(3) PUBLIC CHARITY

AND THE GRANT WAS MADE SOLELY FOR CHARITABLE PURPOSES TO PROVIDE SUPPORT

TO THE FAMILIES OF CIA OFFICERS WHO HAVE DIED WHILE ON ACTIVE DUTY. THE

GRANT IS TO BE MADE IN \$200K ANNUAL INSTALLMENTS UPON IQT'S SATISFACTION

THAT THE GRANTEE IS STILL ADEQUATELY PERFORMING ITS CHARITABLE PURPOSE.

Schedule | (Form 990) (2015)

PAGE 37

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.

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

OMB No 1545-0047

Open to Public Inspection

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

Department of the Treasury

Internal Revenue Service

Employer identification number 52-2149962

Par	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			3
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	X 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			Ç.
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		3 4 -	
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	F21		
	explain	1b	x	ĺ
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			276
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2	x	Į
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the	13.0	5.2 (2)	
•	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			
	Form 990 of other organizations X Approval by the board or compensation committee	5		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		33.	
4	organization or a related organization			1125
а	Receive a severance payment or change-of-control payment?	4a	х	-
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	х	
С		4c	Х	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	Ser.	23.0	90.8
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of		737	
а		5a	Ī	Х
ь	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III		1	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			11.
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	3,865.76	20.2	
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7	}	Х
8	Were any amounts reported on 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		ł	
	ın Part III	8		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9]	

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

Schedule J (Form 990) 2015

Page 2

Schedule J (Form 990) 2015

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 on 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)(1)-(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

(A) Name and Title		(B) Breakdown of W-2	f W-2 and/or 1099-MISC	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
C. DARBY	ε	736,969.	803,250.	100,368.	251,800.	25,869.	1,918,256.	0
PRESIDENT, CEO & TRUSTEE	Ξ	0	0	0	0	0.	0	0.
S. BOWSHER	ε	665,061.	652,500.	1,748.	231,800.	23,785.	1,574,894.	0.
ZEVP & MANAGING PARTNER	E	0	0	.0	o	0	0	0.
M. STROTTMAN	Ξ	362,958.	231,998.	1,479.	140,891.	24,835.	762,161.	0.
3EVP & COO (AS OF 4/2015)	Ξ	0	0	0	0	0	0	0
B. ADAMS	ε	329,057.	211,384.	3,116.	31,800.	15,631.	590,988.	0
EVP & GENERAL COUNSEL	€	0.	0	.0	0	0	0	0
R. GLEICHAUF	ε	315,978.	204,593.	2,322.	31,800.	24,793.	579,486.	.0
5evp & CHIEF SCIENTIST	Ξ	0.	0	0.	0	0	0	0
T. O'TOOLE	Ξ	312,532.	198,736.	3,564.	31,800.	4,602.	551,234.	0
GEVP & SENIOR FELLOW	Ξ	0	0	0.	0.	0	0	0.
E. POULOS	Ξ	309,545.	201,609.	2,181.	31,800.	.907,61	564,841.	0.
FVP & CHIEF OF STAFF	<u> </u>	0.	0	0	0	0	0	0
W. RADOSEVICH	ε	268,251.	169,287.	1,702.	31,800.	19,832.	490,872.	0.
8EVP - TECHNOLOGY PROGRAMS	€	0	0	0.	0.	0.	0.	0.
L. PORTER (AS OF 10/201	1	65,422.	100,000.	169.	69,875.	4,148.	239,614.	0
gEVP & DIRECTOR OF COSMIQ WORKS	Ξ	0.	0	0	0.	0	0	0
T. RYLANDER	€	315,566.	185,400.	1,026.	113,618.	1,298.	616,908.	0
10PARTNER	Ξ	0.	0	0.	0	0.	0	0
S. DAVIDSON	€	, 299,567.	167,828.	810.	86,345.	24,224.	578,774.	0
1 PARTNER	<u>E</u>	0.	0	0.	0	0	0	0
P. BORBELY	€	278,388.	175,830.	7,767.	10,600.	17,157.	489,742.	0
12PARTNER	€	0.	0	0.	0.	0	0	0
G. HOYEM	Ξ	, 297,034.	181,799.	3,258.	31,800.	23,843.	537,734.	0
13PARTNER	€	0.	0	0	0	0	0	0
E. KAUFMANN	(e)	313,615.	136,260.	1,189.	10,600.	914.	462,578.	0
14PARTNER	(E)	·) [0	0.	0.	0.	0	0
T. PEARSALL	ε) 273,468.	163,643.	1,208.	10,600.	24,279.	473,198.	0
15FORMER EVP-TECHNOLOGY TRANSPER	€	0.	.0	0.	0	0	0.	0
	Ξ							
16		10						

Schedule J (Form 990) 2015

Part III Supplemental Information

Complete this part to 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.

FORM 990, SCHEDULE J

IN ADDITION, ALL INDIVIDUAL EMPLOYEE COMPENSATION IN THE COMPENSATION OF THE CEO AND MANAGING PARTNER IS NOT PAID FOR WITH EXCESS OF \$487,000 IS ALSO NOT PAID FOR WITH GOVERNMENT FUNDING GOVERNMENT FUNDING.

FORM 990, PART VII & SCHEDULE J, PART II

IN ADDITION TO C. DARBY'S RESPONSIBILITIES AS PRESIDENT AND CEO OF IN-Q-TEL (IQT), MR. DARBY SERVES AS A TRUSTEE ON THE COMPANY'S BOARD OF TRUSTEES. MR. DARBY HAS WAIVED ANY COMPENSATION RELATED TO HIS TRUSTEE DUTIES AND HIS INCOME AS REPORTED IN THIS FORM IS ENTIRELY ATTRIBUTABLE TO HIS DUTIES AS PRESIDENT AND CEO.

FORM 990, SCHEDULE J, PART I, LINE 1A

"WITH THE EXCEPTION OF FOREIGN ON FOREIGN BUSINESS TRIPS, EMPLOYEES TRAVELING ON NONSTOP FLIGHTS LONGER ECONOMY CLASS. EXCEPTIONS MUST BE PRE-APPROVED BY THE CEO OR COO. WHILE TO UPGRADE TO BUSINESS CLASS OR FIRST CLASS PRESIDENTS, ALL OTHER IQT EMPLOYEES ARE REQUIRED TO TRAVEL IN COACH OR BUSINESS TRAVEL, AND NOTWITHSTANDING THE CEO AND EXECUTIVE VICE IN-Q-TEL'S CORPORATE TRAVEL POLICY STATES, THAN SIX HOURS ARE ELIGIBLE

Schedule J (Form 990) 2015

PAGE 40

Page 3

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Schedule J (Form 990) 2015

Part III Supplemental Information

Complete this part to 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.

TRUSTEES ARE PROVIDED THE OPTION TO TRAVEL TO QUARTERLY BOARD MEETINGS IN IF BUSINESS CLASS IS NOT AVAILABLE." WHILE THE CORPORATE TRAVEL POLICY SPECIFICALLY ADDRESSES IN-Q-TEL EMPLOYEE TRAVEL, IN-Q-TEL BOARD OF BUSINESS CLASS AND RECEIVE REIMBURSEMENT

FORM 990, SCHEDULE J, LINE 4A

IN-Q-TEL AGREED TO CONTINUE MR. KAUFMANN'S SALARY OF \$24,124.25 PER MONTH WAIVED ANY RIGHT TO SHORT-TERM DISABILITY BENEFITS, AND IN IN-Q-TEL ENTERED INTO AN AGREEMENT WITH ERIC KAUFWANN IN CONNECTION WITH FOR FIVE MONTHS AFTER HIS EMPLOYMENT ENDED AND TO PROVIDE AN ADDITIONAL WHO EXCHANGE FOR THAT AND OTHER TERMS, INCLUDING TRANSITION SERVICES IN THAT AGREEMENT, MR. KAUFMANN, MONTH AND A HALF OF SALARY AT THE SAME RATE IN A LUMP SUM HIS RESIGNATION FROM IN-Q-TEL. NOW DECEASED,

4B FORM 990, SCHEDULE J, LINE FOR CALENDAR YEAR 2015, MR. DARBY'S EMPLOYMENT ARRANGEMENT IS AS

FOLLOWS:

- BASE SALARY OF \$750,000

- AN ANNUAL PERFORMANCE BASED BONUS DECIDED BY THE BOARD BASED ON PRESET

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Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

Page 3

Part III Supplemental Information

Complete this part to 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

CRITERIA

- SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION AS A RETENTION

MECHANISM, PAYABLE UPON COMPLETION OF THE CONTRACT TERM. THE AMOUNT

ACCRUED DURING CALENDAR YEAR 2015 IS \$220,000.

FOR CALENDAR YEAR 2015, MR. BOWSHER'S EMPLOYMENT ARRANGEMENT IS AS

FOLLOWS:

- BASE SALARY OF \$675,000

- AN ANNUAL PERFORMANCE BASED BONUS DECIDED BY THE BOARD BASED ON PRESET

CRITERIA

- SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION AS A RETENTION

MECHANISM, PAYABLE UPON COMPLETION OF THE CONTRACT TERM. THE AMOUNT

ACCRUED DURING CALENDAR YEAR 2015 IS \$200,000.

THE FOLLOWING INDIVIDUALS RECEIVED SUPPLEMENTAL NON-QUALIFIED DEFERRED

COMPENSATION AS A RETENTION MECHANISM. THE AMOUNT ACCRUED DURING CALENDAR

YEAR 2015 IS:

Schedule J (Form 990) 2015

Page 3

Schedule J (Form 990) 2015

IN-Q-TEL, INC.

Part III Supplemental Information

Complete this part to 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.

M. STROTTMAN \$109,091

\$81,818 T. RYLANDER

\$54,545 S. DAVIDSON

\$50,000 L. PORTER

FORM 990, SCHEDULE J, LINE 4C

PLEASE REFER TO THE SCHEDULE O DISCLOSURE ON IN-Q-TEL EMPLOYEE FUND, LLC.

Schedule J (Form 990) 2015

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.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number 52-2149962

PART VI, LINE 11B

REVIEW OF FORM 990

THE FORM 990 WAS PREPARED BY THE COMPANY'S EXTERNAL TAX ADVISORY FIRM WITH THE ASSISTANCE OF IN-Q-TEL'S FINANCE TEAM. THE FORM 990 WAS ALSO REVIEWED BY CERTAIN MEMBERS OF THE COMPANY'S EXECUTIVE TEAM, INCLUDING .

THE COO AND GENERAL COUNSEL. ADDITIONALLY, THE AUDIT AND ETHICS

COMMITTEE OF THE BOARD OF TRUSTEES REVIEWED THE FORM 990 DURING ONE OF ITS QUARTERLY MEETINGS. AFTER REVIEW BY THE AUDIT AND ETHICS COMMITTEE, THE FORM 990 WAS DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO FILING.

PART VI, LINE 12C

CONFLICT OF INTEREST POLICY

DISCLOSURE AND RECUSAL ARE REQUIRED FOR ALL CONFLICTS OF INTEREST UNDER THE CONFLICTS OF INTEREST POLICIES FOR TRUSTEES, OFFICERS AND EMPLOYEES.

FOR EVERY TRANSACTION SUBJECT TO BOARD/COMMITTEE APPROVAL, THE MEMBERS OF THE BOARD AND COMMITTEE ARE ASKED TO DISCLOSE ANY CONFLICTS UNDER THE POLICIES. FOR EACH TRANSACTION, IQT ALSO IDENTIFIES AND DISCLOSES ANY CONFLICTS INVOLVING IQT TRUSTEES, OFFICERS AND EMPLOYEES.

EACH TRUSTEE, OFFICER AND EMPLOYEE WHO HAS A CONFLICT IS RECUSED FROM

PARTICIPATING IN THE IN-Q-TEL'S DELIBERATIONS OF OR VOTES TO AUTHORIZE,

RATIFY OR CONFIRM THE TRANSACTION THAT IS THE SUBJECT OF THE CONFLICT,

Employer identification number 52-2149962

UNLESS A WAIVER IS GIVEN BY A MAJORITY OF THE DISINTERESTED MEMBERS OF THE BOARD (IN THE EVENT OF A TRUSTEE OR OFFICER) OR THE BOARD OR THE CORPORATION'S ETHICS OFFICER (IN THE EVENT OF AN EMPLOYEE WHO IS NOT A TRUSTEE OR OFFICER).

ADDITIONALLY, EACH YEAR ALL IQT TRUSTEES AND OFFICERS ARE REQUIRED TO COMPLETE A QUESTIONNAIRE AS TO WHETHER THE TRUSTEES ARE INDEPENDENT AND WHETHER THE OFFICERS OR TRUSTEES HAVE A FAMILY RELATIONSHIP OR A BUSINESS RELATIONSHIP WITH ANY OTHER OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE OF IN-Q-TEL. IN ADDITION, EMPLOYEES ARE REQUIRED TO ANNUALLY DISCLOSE OUTSIDE ACTIVITIES.

PART VI, LINE 15A & 15B

COMPENSATON EXPLANATION

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

- THE COMPENSATION SYSTEM IS APPROVED BY THE BOARD OR A COMMITTEE OF THE BOARD COMPOSED ENTIRELY OF INDEPENDENT TRUSTEES WHO ARE NOT EMPLOYEES OF, OR INDEPENDENT CONTRACTORS TO, IQT.
- THE BOARD, OR COMMITTEE THEREOF, OBTAINS AND RELIES UPON APPROPRIATE

Employer Identification number 52-2149962

COMPENSATION DATA FOR COMPARABLE ENTITIES PRIOR TO MAKING COMPENSATION DETERMINATIONS; AND.

- THE BASIS FOR ITS DETERMINATION IS DOCUMENTED CONCURRENTLY WITH THE BOARD OR COMMITTEE MAKING THAT DETERMINATION.

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

- ENSURES THAT IQT'S COMPENSATION PROGRAM AND OTHER EMPLOYEE BENEFITS ARE COMPARABLE TO APPROPRIATE MARKETS.
- CONDUCTS AN ANNUAL REVIEW OF THE CHIEF EXECUTIVE OFFICER'S ("CEO'S") PERFORMANCE, AND MAKES RECOMMENDATIONS TO THE BOARD OF TRUSTEES ON THE CEO'S COMPENSATION AND BENEFITS FOR THE NEXT YEAR.
- ON AN ANNUAL BASIS, REVIEWS THE CEO'S RECOMMENDATIONS REGARDING THE COMPENSATION AND BENEFITS OF THE OTHER DISQUALIFIED PERSONS, AS DEFINED IN SECTION 4958 OF THE INTERNAL REVENUE CODE, AND DETERMINES THEIR COMPENSATION AND BENEFITS FOR THE NEXT YEAR.

Employer identification number 52-2149962

- ON AN ANNUAL BASIS, REVIEWS THE DETERMINATION OF COMPENSATION AND BENEFITS OF THE OTHER EMPLOYEES MADE BY THE CEO OR THE CEO'S DESIGNEE.
- ENGAGES AN INDEPENDENT COMPENSATION CONSULTING FIRM TO PERFORM A

 PERIODIC STUDY OF IQT'S COMPENSATION PROGRAM AND ADMINISTRATION, OR PARTS

 THEREOF. (THIS STUDY INCLUDES, BUT IS NOT LIMITED TO, A REVIEW OF DATA

 THE COMPANY USED TO BENCHMARK POSITIONS, DOCUMENTATION OF BASE SALARY

 ADJUSTMENTS, AND ANNUAL INCENTIVE PLAN AWARDS.) FOLLOWING COMPLETION OF

 SUCH STUDY, THE COMPENSATION CONSULTING FIRM DELIVERS A REPORT TO THE

 HUMAN RESOURCES AND COMPENSATION COMMITTEE DISCUSSING IQT'S ADHERENCE TO

 ITS COMPENSATION POLICIES.
- WORKS WITH IQT'S IN-HOUSE AND OUTSIDE COUNSEL TO ENSURE THAT IQT'S COMPENSATION STRUCTURE AND PLANS COMPLY WITH INTERNAL REVENUE CODE AND OTHER LEGAL REQUIREMENTS.
- KEEPS THE BOARD OF TRUSTEES INFORMED OF KEY COMPENSATION AND HUMAN RESOURCE ISSUES AFFECTING IQT.

PART VI, LINE 19

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

PART IX, LINE 1

THE IQT BOARD OF TRUSTEES HAS APPROVED A \$1,000,000 PAYMENT, PAYABLE ANNUALLY OVER FIVE YEARS, TO THE CIA OFFICERS' MEMORIAL FOUNDATION AND

Employer identification number 52-2149962

HAS PAID \$400,000 OF THAT COMMITMENT AS OF 3/31/16.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

IN-Q-TEL (IQT) WAS ESTABLISHED IN 1999 AS A PRIVATE, INDEPENDENT, NOT-FOR-PROFIT CORPORATION TO HELP THE CIA AND BROADER U.S. INTELLIGENCE COMMUNITY (IC) IDENTIFY, ADAPT, AND DELIVER CUTTING-EDGE TECHNOLOGIES THAT ADDRESS NATIONAL SECURITY NEEDS. IQT'S STRATEGIC INVESTMENT MODEL GIVES IT THE AGILITY - OFTEN LACKING WITHIN TRADITIONAL GOVERNMENT CONTRACTING APPROACHES - TO FIND AND NURTURE ENTREPRENEURS AND COMPANIES THAT CAN PROVIDE A SUPPLY CHAIN OF INNOVATION WHICH ENABLES THE IC TO BENEFIT FROM COMMERCIAL TECHNOLOGY ADVANCES.

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

APPROACH

IQT WORKS AS:

- * A STRATEGIC INVESTOR, INVESTING IN COMPANIES TO HELP NASCENT COMMERCIAL TECHNOLOGIES MATURE INTO MISSION-READY PRODUCTS AT A LOWER COST THAN ALTERNATIVE APPROACHES;
- * A TECHNOLOGY ACCELERATOR, FOSTERING DEVELOPMENT AND INTRODUCTION

Employer Identification number 52-2149962

ATTACHMENT 1 (CONT'D)

OF TECHNOLOGIES NEEDED BY THE IC; AND

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

IDENTIFYING INNOVATIVE TECHNOLOGIES:

~------

AS A STRATEGIC INVESTOR, IQT IDENTIFIES STARTUP COMPANIES THAT HAVE COMMERCIALLY-FOCUSED, "READY-SOON" INNOVATIVE TECHNOLOGIES, WHICH ARE OFF THE SHELF PRODUCTS THAT DO NOT REQUIRE LONG-TERM DEVELOPMENT FROM THE GROUND UP. IQT'S FOCUS ON THIS SPACE MEANS THAT IT FINDS AND DELIVERS CRITICAL, INNOVATIVE TECHNOLOGY MORE QUICKLY AND COST EFFECTIVELY. IQT ALSO MAKES SEED INVESTMENTS, WHICH ARE INVESTMENTS IN COMPANIES THAT HAVE TECHNOLOGY OF POTENTIAL VALUE FOR OUR GOVERNMENT PARTNERS, BUT DO NOT YET HAVE A GOVERNMENT CUSTOMER. IQT CRAFTS WORK PROGRAMS TO ADAPT A COMPANY'S TECHNOLOGY TO SPECIFIC CUSTOMER REQUIREMENTS AND MAKES AN INVESTMENT TOWARDS THAT WORK PROGRAM. IQT DESIGNS ITS STRATEGIC INVESTMENTS TO ACCELERATE PRODUCT DEVELOPMENT AND DELIVERY, AND SPECIFICALLY TO HELP COMPANIES ADD CAPABILITIES THAT ITS INTELLIGENCE COMMUNITY CUSTOMERS NEED. IQT ALSO SERVES AS A TECHNOLOGY CONSULTANT AND ADVISOR THAT PROVIDES MARKET, TECHNOLOGY, AND VENTURE-CAPTIAL INSIGHTS TO OUR GOVERNMENT CUSTOMERS. ADDITIONALLY, IQT EFFECTIVELY LEVERAGES A SIGNIFICANT AMOUNT OF PRIVATE SECTOR FUNDS, OFTEN FROM TOP-TIER VENTURE

Employer identification number 52-2149962

ATTACHMENT 1 (CONT'D)

CAPITAL FIRMS, TO CO-INVEST IN OUR PORTFOLIO COMPANIES. ON AVERAGE, FOR EVERY DOLLAR THAT IQT INVESTS IN A COMPANY, THE VENTURE CAPITAL COMMUNITY HAS INVESTED MORE THAN SIXTEEN DOLLARS, HELPING TO DELIVER CRUCIAL NEW CAPABILITIES AT LOWER COST TO THE GOVERNMENT.

AS OF MARCH 31, 2016, IQT'S AREAS OF TECHNOLOGY FOCUS ARE: FIELD DEPLOYABLE TECHNOLOGIES, ADVANCED ANALYTICS, INFRASTRUCTURE AND SECURITY, AND MOBILITY.

BUILDING STRONG COMPANIES FOR STRONG TECHNOLOGIES:

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

SERVING NEW INTELLIGENCE COMMUNITY CUSTOMERS:

SINCE ITS INCEPTION, IQT HAS EXPANDED ITS IC PARTNERSHIPS TO

Employer Identification number 52-2149962

ATTACHMENT 1 (CONT'D)

INCLUDE THE CIA, THE DEFENSE INTELLIGENCE AGENCY (DIA), THE

DEPARTMENT OF HOMELAND SECURITY SCIENCE & TECHNOLOGY DIRECTORATE

(DHS S&T), THE NATIONAL GEOSPATIAL-INTELLIGENCE AGENCY (NGA), AND

OTHERS. IN ADDITION, IQT ENTERED INTO A PILOT PROGRAM WITH THE

DEPARTMENT OF DEFENSE.

PROGRAM SERVICE ACCOMPLISHMENTS:

IN FURTHERANCE OF ITS EXEMPT PURPOSES, IQT HAS INVESTED IN MORE
THAN 300 PORTFOLIO COMPANIES, INCLUDING 30 IN THE CURRENT TAX
YEAR, MANY OF WHICH HAVE PRODUCED TECHNOLOGIES THAT HAVE
CONTRIBUTED DIRECTLY TO IC MISSIONS. TECHNOLOGY DELIVERED BY IQT,
FOR EXAMPLE, MAKES IT POSSIBLE TO FUSE DATA FROM MAPS, IMAGES,
TEXT AND OTHER SOURCES; VISUALIZE INFORMATION IN WAYS NOT
PREVIOUSLY POSSIBLE; RAPIDLY PROCESS VAST AMOUNTS OF INFORMATION
IN MULTIPLE LANGUAGES; MAKE SENSE OF SEEMINGLY UNCONNECTED
INFORMATION; AND IDENTIFY CRITICAL INTELLIGENCE FASTER AND MORE
EFFECTIVELY. SIMULTANEOUSLY, IQT HAS CULTIVATED A NETWORK OF MORE
THAN 200 VENTURE CAPITAL FIRMS AND 100 LABS AND RESEARCH
ORGANIZATIONS, FURTHER BROADENING THE IC'S ACCESS TO INNOVATIVE
TECHNOLOGIES. THIS NETWORK HAS ALLOWED IQT TO LEVERAGE MORE THAN
\$10.4 BILLION IN PRIVATE-SECTOR FUNDS TO SUPPORT TECHNOLOGY FOR

THE ESTABLISHMENT OF IQT LABS CREATED A STRATEGIC VENTURE TO

Employer identification number 52-2149962

ATTACHMENT 1 (CONT'D)

CONDUCT IN-DEPTH EXPLORATION IN SELECT TECHNOLOGY AREAS THAT AFFECT NATIONAL SECURITY AND HELP OUR GOVERNMENT PARTNERS PREPARE TO TAKE ADVANTAGE OF THESE EMERGING TRENDS. IOT LABS BEGAN TO DEVELOP IN 2013 WITH LAB41 AND HAS EXPANDED THIS YEAR TO INCLUDE COSMIQWORKS, B.NEXT AND CYBER REBOOT. IQT LABS ARE A RESULT OF IOT'S MISSION-CENTRIC FOCUS AND ARE FUNDED BY PROCEEDS FROM INVESTMENT REALIZATIONS ON PORTFOLIO COMPANY EXITS. A BRIEF DESCRIPTION OF EACH LAB IS BELOW:

*LAB41 BRINGS TOGETHER EXPERTS FROM THE INTELLIGENCE COMMUNITY, ACADEMIA, INDUSTRY AND IQT TO GAIN A BETTER UNDERSTANDING OF HOW TO WORK WITH AND ULTIMATELY USE BIG DATA;

*COSMIQ WORKS IS EXPLORING HOW THE NATION'S INTELLIGENCE AGENCIES CAN LEVERAGE NEW AND EMERGING COMMERCIAL SPACE CAPBILITIES;

*B.NEXT IS EXPLORING HOW THE LIFE SCIENCES CAN CONTRIBUTE TO NATIONAL SECURITY; AND

*CYBER REBOOT IS DEVELOPING STRATEGIES TO MODERNIZE TODAY'S CYBERSECURITY APPROACH

GOVERNANCE AND OVERSIGHT:

THE COMPANY IS GOVERNED BY AN INDEPENDENT BOARD OF TRUSTEES COMPRISED OF FORMER OFFICIALS FROM THE DEFENSE AND INTELLIGENCE COMMUNITIES, AS WELL AS CURRENT OR FORMER CEOS OF MAJOR COMPANIES, UNIVERSITY LEADERS, AND LEADERS IN THE INVESTMENT INDUSTRY.

Employer identification number 52-2149962

ATTACHMENT 1 (CONT'D)

IQT IS A PRIVATE, INDEPENDENT, NOT-FOR-PROFIT CORPORATION. IQT IS NEITHER PART OF THE CIA NOR A GOVERNMENT AGENCY. HOWEVER, IQT IS PARTY TO AND BOUND BY A CHARTER AGREEMENT AND ANNUAL CONTRACTS WITH THE CIA. THESE AGREEMENTS PROVIDE FOR APPROPRIATE INSIGHT AND OVERSIGHT OF IQT BY THE GOVERNMENT.

THE CIA KEEPS CONGRESS INFORMED OF THE COMPANY'S ACTIVITIES.

ATTACHMENT 2

990	, PART VII-	COMPENSATION	OF	THE	FIVE	HIGHEST	PAID	IND.	CONTRACTORS	

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MAPBOX, INC. 1714 14TH ST. WASHINGTON, DC 20009	TECH. DEVELOPMENT	2,000,000.
AUTHENTIC8 INC. 201 SAN ANTONIO CIRCLE, SUITE 245 MOUNTAIN VIEW, CA 94040	TECH. DEVELOPMENT	1,796,000.
NARRATIVE SCIENCE INC. 303 E WACKER DR., SUITE 1500 CHICAGO, IL 60601	TECH. DEVELOPMENT	1,650,000.
KYMETA CORP. 12034 134TH COURT NE, SUITE 102 REDMOND, WA 98052	TECH. DEVELOPMENT	1,622,500.
MEMSQL INC. 534 4TH STREET SAN FRANCISCO. CA 94107	TECH. DEVELOPMENT	1,600,000.

IN-Q-TEL, INC.

52-2149962

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

IN-Q-TEL, INC.

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

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

OMB No 1545-0047 2015

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Open to Public

Employer identification number

52-2149962

(f) Direct controlling IN-O-TEL entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year 0 (e) End-of-year assets 。 (d) Total income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (c) Legal domicile (state or foreign country) GCHALLENGE LAB (b) Primary activity 46-1185334 94025 VA (a)Name, address, and EIN (f applicable) of disregarded entity MENLO PARK, 800 EL CAMINO REAL, STE 300 LIC (1) LAB41, Part II Part I (2) **1** ₹ 9 9

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entrty	(g) Section 512(b)(13) controlled entity?	2(b)(13)
						Yes	Š
(t)							
(2)							
						_	
(3)							
(4)							
(5)							
(9)							
(7)							
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.		•			Schedule	Schedule R (Form 990) 2015	0) 2015

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54 PAGE

IN-Q-TEL, INC.

Schedule R (Form 990) 2015

Page 2 Section 512(b)(13) controlled entity? Yes Schedule R (Form 990) 2015 (k) Percentage ownership 21 4213 (h) Percentage ownership (j) General or Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year managing partner? Yes No Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year (g) Share of end-of-year assets (f)
Code V-UBI
amount in box 20
of Schedule K-1
(Form 1065) Share of total (h) Disproportionate atboustore? ŝ Yes (g) Share of end-of-year assets 611,242 (e)
Type of entity
(C corp., S corp. or | trust) 221,551 (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) EXCLUDED (b) Primary activity (d)
Direct controlling 1 N/A (c)
Legal
domicile
(state or
foreign 띰 (a)Name, address, and ElN of related organization (b) Primary activity INVESTMENTS PO BOX 749 ARLINGTON, VA 22216 (1) IQT EMPL FUND, LLC 54-2043626 (a)
Name, address, and EIN of related organization JSA 5E1308 1 000 Part III Part IV 4 9 (2) 3 9 9 3 3 4 (5) 3 E 2

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Page 3

Schedule R (Form 990) 2015 Method of determining amount involved Yes 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 5 Ε **1**a 16 P * 7 9 Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (b) Transaction type (a-s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Other transfer of cash or property from related organization(s). (a)
Name of related organization Gift, grant, or capital contribution to related organization(s) JSA 5E1309 1 000 Part V _ ۵ 5 0 ۵ Ø 7 3 € 9 (9) ϵ 2

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

(k) Percentage ownership 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 (J) General or managing partner? Yes No (i)
Code V - UB!
amount in box 20
of Schedule K-1
(Form 1065) (h)
Disproportionate
allocations? Yes No (g) Share of end-of-year æssets (f) Share of total income (e)
Are all partners section 501(c)(3) organizations? Yes No (d)
Predominant
income (related
unrelated, excluded
from tax under
sections 512-514) (c) Legal domicile (state or foreign country) (b) Primary activity Name, address, and EIN of entity (10) (11) (12) 5 (14) (15) 티 ව € (2) 9 6) 2 9 2

JSA 5E1310 1 000

(16)

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

Page 5

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see

SCHEDULE R, PART V

EIP DISCLOSURE STATEMENT

IN-Q-TEL MAINTAINS AN INVESTMENT IN A SEPARATE RELATED ENTITY CALLED IN-Q-TEL EMPLOYEE FUND, LLC. THIS ENTITY WAS CREATED AS PART OF AN EMPLOYEE INCENTIVE PROGRAM (EIP) WHICH INVOLVED MAKING SIDE-BY-SIDE EQUITY INVESTMENTS WITH IN-Q-TEL. THE EIP WAS SUSPENDED IN JUNE 2007 AND NO FURTHER INVESTMENTS ARE BEING MADE.