Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047

Department of the Treesum Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990 Inspection A For the 2014 calendar year, or tax year beginning AUG 1, 2014 and ending JUL 31, D Employer identification number C Name of organization Check if Address change INNOVATION FUND AMERICA INC. Name Ichange 46-1761848 Doing business as Initial Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final CC220 440-366-4039 1005 NORTH ABBE ROAD 305,200. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended ELYRIA, OH 44035 H(a) Is this a group return Applica-F Name and address of principal officer DR. ROY A. CHURCH Yes X No for subordinates? 1005 N ABBE RD, ELYRIA, OH
of status X 501(c)(3) 501(c) () ◀ (II ∐Yes 🔲 No 44135 H(b) Are all subordinates included? Tax-exempt status X 501(c)(3) 4947(a)(1) or [If "No," attach a list. (see instructions)) ◀ (insert no.) J Website: ► INNOVATIONFUNDAMERICA.ORG H(c) Group exemption number K Form of organization. X Corporation Trust Association Other > L Year of formation: 2012 M State of legal domicile: OH Part I Summary SEE SCHEDULE O Briefly describe the organization's mission or most significant activities Governance Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line-1b)- () 4 ō Total number of individuals employed in calendar year 2014 (Part V. line 2a) 5 SSC 0 6 Total number of volunteers (estimate if necessary) MAY 182017 0. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 Ō. b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year ₩ | 475.000.** 205,200. Contributions and grants (Part VIII, line 1h) 100,000. 0. 9 Program service revenue (Part VIII, line 2g) 0. Ō. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Ō. Ō. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 475,000. 305,200. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 302,175. 246,423. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 11,582. 10. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 302,185 258,005. 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 172,815. 47,195. 19 Revenue less expenses, Subtract line 18 from line 12 Beginning of Current Year End of Year 231,231. 239,815 20 Total assets (Part X, line 16) 11,221.67,000 21 Total liabilities (Part X, line 26) 220,010. 172,815. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign DR. ROY CHURCH, PRESIDENT & CHAIR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature CHRISTOPHER B. ANDERSON P00226559 Paid Firm's name MALONEY + NOVOTNY LLC Firm's EIN 34-0677006 Preparer Firm's address 1111 SUPERIOR AVE, SUITE Use Only

CLEVELAND, OH 44114-2540

LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Phone no. (216) 363-0100

X Yes No

Form 990 (2014)

	990 (2014) INNOVATION FUND AMERICA INC.	46-1761848 Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission	
	INNOVATION FUND AMERICA IS A NONPROFIT PARTNERING WITH O	COMMUNITY
	COLLEGES TO ACCELERATE THE GROWTH OF TECHNOLOGY STARTUPS	THROUGH
	EARLY-STAGE FUNDING AND EDUCATION.	
_		
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, as	s measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	revenue, if any, for each program service reported.	,
4a	046 400	100,000.)
	INNOVATION FUND AMERICA INC. ("IFA INC.") ASPIRES TO DEV	
	ADMINISTER ACTIVITIES AND PROGRAMS DESIGNED TO EDUCATE S	
	ENTREPRENEURS, COMBAT COMMUNITY DETERIORATION, RELIEVE	
	LESSEN THE BURDENS OF THE GOVERNMENT THROUGH STIMULATING	
	DEVELOPMENT IN SELECT COMMUNITIES ACROSS THE UNITED STATE	
	COMMUNITIES"). IT ACCOMPLISHES THIS THROUGH CREATING AN	
	CLIMATE THAT FOSTERS, CREATES AND EXPANDS EMPLOYMENT OF	
	THOSE COMMUNITIES THROUGH THE RECRUITMENT AND EDUCATION	
	ORGANIZATIONS AND ENTREPRENEURS WORKING WITH RELATED EN	
	THOSE COMMUNITIES. IFA INC. PROVIDES ASSISTANCE IN THE I	
	UNDERTAKING ACTIVITIES WHICH WILL LESSEN THE BURDENS OF	
	RELATION TO THE DEVELOPMENT OF ENTREPRENEURIAL ENTERPRIS	
46		
4b	(Code) (Expenses \$) (Revo	enue \$)
	·	
4-		
4c	(Code) (Expenses \$) (Rev	enue \$)
		
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
<u>4e</u>	Total program service expenses ► 246,423.	- 800
40000		Form 990 (2014)

Form 990 (2014) INNOVATION FUND AMERICA INC.

Part IV Checklist of Required Schedules

	In the exposuration described in each or ED4/a)(2) or 40.47(a)(1) (ather then a private foundation)(2)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	x	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			-
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? <i>If</i> "Yes." complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	'		
	If "Yes," complete Schedule D, Part IV	9	'	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			- 0,2320
	as applicable.	La coli na		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		١ .	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses)		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	İ		l
	Schedule D, Parts XI and XII .	12a	<u> </u>	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		}	 v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	 	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	├—	┢┻
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ł	}	ł
	Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000]]	X
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Bart IV, column (A) line 3, more than \$5,000 of greats or other assistance to or for any	14b		├^-
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	15	[x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	}	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10	-	
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	[х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	Γ"	 	 -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	- "	t	 -
,,,	complete Schedule G, Part III	19	1	x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	T	T
			990	(2014)

INNOVATION FUND AMERICA INC. 46-1761848 Form 990 (2014) Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 23 X Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K If "No", go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete 25<u>b</u> X Schedule L. Part I 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? // "Yes," X 26 complete Schedule L. Part II 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 X 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a 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 Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes, " complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? X 31 If "Yes." complete Schedule N. Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

> X Form **990** (2014)

37

X

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

432005

a Is the organization licensed to issue qualified health plans in more than one state?

14a Did the organization receive any payments for indoor tanning services during the tax year?

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

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

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

13c

13a

14a

X

Form 990 (2014)

	990 (2014) INNOVATION FUND AMERICA INC.			761848	Р	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 the	rough	7b below, and f	or a "No" n	espons	e
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	See ın	structions			
_	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management			_		
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		5		
	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.			- 1		
ь	Enter the number of voting members included in line 1a, above, who are independent	1b		5		•
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	nv other		1	
	officer, director, trustee, or key employee?		•	2	i	х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	: filed?	4	i —	Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6	t	X
	Did the organization have members, stockholders, or other persons who had the power to elect or ap	noint (nne or	<u> </u>		
, a	more members of the governing body?	ponic	A IC OI	7a	i	х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	dere or	'a	 	-
	persons other than the governing body?	OCKITO	ders, or	7b	ŀ	x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r hv the	following	70		
	The governing body?	ı by uit	ioliowing.	8a	х	•
			-	8b	X	
ь	Each committee with authority to act on behalf of the governing body?	shad a	the	OU.	 ^ -	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	neu a	uie	9	l	x
Sec	organization's mailing address? If "Yes." provide the names and addresses in Schedule O					
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		Tv	Na.
40-	Did the average the level sheeters breaches or efflicted?			400	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	antara	offiliatos	10a	\vdash	 ^
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such ch and branches to ensure their operations are consistent with the organization's exempt purposes?	apicis	, aiilliates,	10b	ļ	ļ
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body	, hefor	a filma tha form			X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Deloi	e ming the form	' 114	\vdash	
	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 cont	liete2	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $f = y$			120	 	_
С		es, a	escribe	12c	x	1
13	In Schedule O how this was done Did the organization have a written whistleblower policy?		•	13	 	X
	Did the organization have a written document retention and destruction policy?			14	\vdash	$\frac{1}{x}$
14 15		l by up	dependent	14	 	
ΙĐ	Did the process for determining compensation of the following persons include a review and approva	ווו עט ו	zependent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			450	l	x
	The organization's CEO, Executive Director, or top management official			15a	+-	X
D	Other officers or key employees of the organization	•	•	<u>15b</u>		
16.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		uth a		ļ	1
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements of the contribute assets to, or participate in a joint venture or similar arrangements.	nent w	iui a	465	1	x
_	taxable entity during the year?			16a		 ^
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in items and a procedure requiring the organization to evaluate in items and a procedure requiring the organization to evaluate in items and a procedure requiring the organization to evaluate in items and a procedure requiring the organization to evaluate in items and a procedure requiring the organization to evaluate in items and a procedure requiring the organization to evaluate in items and a procedure requiring the organization to evaluate in items and a procedure requiring the organization to evaluate in items and a procedure requiring the organization to evaluate in items and a procedure requiring the organization to evaluate in items and a procedure requiring the organization to evaluate in items and a procedure requiring the organization to evaluate in items and a procedure requiring the organization of the organization		•	ł	1	1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	S	40.		
Sac	exempt status with respect to such arrangements?tion C. Disclosure			<u> 16b</u>	Ь	Щ.
	List the states with which a copy of this Form 990 is required to be filed OH			 -		
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Spot-	on 501/c)/3\c c-	nh/) availah		
18	for public inspection, Indicate how you made these available. Check all that apply.	locca	J. 1 JU 1 (U)(J)3 U	.,,, avallab		
			hadula (C)			
40			•	and fine-	اورد	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	iiiiC(O	micrest policy	, and iman	ıal.	
~	statements available to the public during the tax year.	ske	d rocondo			
20	State the name, address, and telephone number of the person who possesses the organization's both CHARLES WIERSMA $-440-366-4039$	ഹാ ബി	TIEMNIA2 🛌			
	1005 NORTH ABBE ROAD, ELYRIA, OH 44035					
42200	3 11-07-14			For	n 99 0	(2014)
-0600				1 011	.,	_U T

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (Ď), (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.

(A)	(B)	any related organization compensate (B) (C)						(D)	(E)	(F)	
Name and Title	Average	[Position (do not check more than one					Reportable	Reportable	Estimated	
	hours per	Бох	, unle:	ss per	rson :	s both	an	compensation	compensation	amount of	
	week	${f -}$	cer an	dad	drector/trustee)			from	from related	other	
	(list any	act di			l			the	organizations	compensation	
	hours for	투				ted		organization	(W-2/1099-MISC)	from the	
	related	şe	TuSte		١	ensa		(W-2/1099-MISC)		organization	
	organizations	텵	nat		lo ye	E CO				and related	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) DR. ROY A. CHURCH	0.30	볼	<u> </u>	₽	\$	£₽	Ē				
PRESIDENT & CHAIR	0.30	x		x				0.	0.	0.	
(2) MARCIA J. BALLINGER	0.30	^		^	┝	-	H				
VICE PRESIDENT	0.30	x		х				0.	0.	0.	
(3) PAUL J. CORSON	0.30	<u> </u>	H	Λ	\vdash	\vdash	H				
SECRETARY	0.50	x]	x	1	1		0.	0.	0.	
(4) LARRY GOODMAN	0.30	╘	<u> </u>		<u> </u>	t^-					
TREASURER		x		х				0.	0.	0.	
(5) THOM RUHE	0.30										
DIRECTOR		x						0.	0.	0.	
		L				<u> </u>					
]									
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Form 990 (2014)

orm 9	90 (2014) INNOVATIO									46-17	6184	<u>8 Paç</u>	ge 8
Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	1 Hig	ghes	t C	ompensated Employees	s (continued)			
	(A) Name and title	(B) Average hours per	(do box	not c	Pos heck ss pe	C) ition more rson i		ne an	(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of	
		week (list any hours for related organizations below	Individual trustee or director	institutional trustee		Key employee	nsated	Ė	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	c) c	other ompensation from the organization and related organization	n d
		line)	Indiv	usu	Officer	Xey	High emp	Former			_		
			-								-		
						_							
_											_		
1h 5	Sub-total				L	<u> </u>			0.		0.		0.
c 7	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	l, Section A						>	0.		0.		0.
2	otal number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d at	ove) wh	o re	eceived more than \$100,0	000 of reportable			0
3 [Old the organization list any former officer,	director, or tru	ustee	e, ke	y en	nplo	yee,	or I	highest compensated em	nployee on	_	Yes	No
4 F	ne 1a ⁹ If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	ım of reportabl								ne organization			X
5 I	and related organizations greater than \$150 Did any person listed on line 1a receive or a	ccrue comper	isati	on fr	om	any	unre			ual for services			X
	endered to the organization? If "Yes," com on B. Independent Contractors	plete Schedule	e <i>J f</i> c	or st	ıch ı	oers	on		·			<u> </u>	X
	Complete this table for your five highest co he organization. Report compensation for										ensatior	from	
	(A) Name and business	address	N	ONI	3			_	(B) Description of se	ervices	Com	(C) pensation	
								_					
								_					
								_					
								_					
2	Total number of independent contractors (i	ncluding but n	ot Iır	nıted	d to	thos	se lis	ted	above) who received mo	ore than			
122000	100,000 of compensation from the organi	zation >	_			(<u>) </u>				Fo	rm 990 (2	014)

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			Check if Schedule O contains a re	esponse	or note to any line	n this Part VIII			🗆
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
র র	1	а	Federated campaigns	1a					
ž j		b	Membership dues	1b					
S. B		С	Fundraising events	1c					
엹펵			Related organizations	1d			}		
S, i		е	Government grants (contributions)	1e	205,000.				!
ទំដ		f	All other contributions, gifts, grants, and	1 1			1		
草莓			similar amounts not included above	1f	200.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in lines 1a-1f \$		200.	205 200			14 29/ -
Q		h	Total, Add lines 1a-1f		<u> </u>	205,200.			
Program Service Revenue	2		LICENSING FEE REVEN		900099	100,000.	100,000.		-
<u>§</u> a		b							
Eas		c d							
뛺		u e			-				
윤			All other program service revenue						1
			Total. Add lines 2a-2f			100,000.	Sept. 4		
	3		Investment income (including dividend other similar amounts)	ds, intere	st, and				
	4		Income from investment of tax-exemp	t bond n	roceeds				1
	5		Royalties	,	•				
			· ·	Real	(ii) Personal				<u> </u>
	6	а	Gross rents						
ľ		b	Less rental expenses				•		1
		C	Rental income or (loss)		<u> </u>				
		d	Net rental income or (loss)		<u> </u>				<u></u>
	7	а	Gross amount from sales of (1) Se	curities	(ii) Other	•			1
			assets other than inventory						
		b	Less cost or other basis					and the second of the second o	
			and sales expenses		 				
			Gain or (loss)		<u></u>	•			
ļ			Net gain or (loss) Gross income from fundraising events	· (not					
evenue		_		of					
Œ			Part IV, line 18	а					
Other Re		b	Less direct expenses	b					
0		С	Net income or (loss) from fundraising	events	>				
	9	а	Gross income from gaming activities	See					
			Part IV, line 19	а					
			Less direct expenses	. b	L		ł l		
			Net income or (loss) from gaming acti	vities			<u> </u>		
	10	а	Gross sales of inventory, less returns						
			and allowances	. a					
			Less cost of goods sold	b					
	<u> </u>	C	Net income or (loss) from sales of inve	ntory	Rusinasa Cada		 		1
	11	_	Miscellaneous Revenue		Business Code				
	''	a b					 		
		5					 		
		d	All other revenue				 		
		e	Total. Add lines 11a-11d		—		1		<u> </u>
	12		Total revenue. See instructions.		•	305,200.	100,000.	0	. 0.
43200		_			<u> </u>		·		Form 990 (2014)

Form 990 (2014) INNOVATION FUND AMERICA INC.

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respons	se or note to any line in t	(B)	(C)	(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	246,423.	246,423.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			•	
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				` v * `.
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified	ļ			1
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include		l		
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)		l		
_	Management	0 022		9,033.	
Ь	Legal	9,033.		9,033.	<u> </u>
	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				, _
9	Other. (If line 11g amount exceeds 10% of line 25,				•
40	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	- - +		-	
15	Royalties	344.		344.	
16 17	Travel	1,652.		1,652.	<u> </u>
18	Payments of travel or entertainment expenses	1,052.		1,052.	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	151.		151.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered			_	
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				1
а	BANK FEES	402.		402.	
ь					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	258,005.	246,423.	11,582.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		ı		
	educational campaign and fundraising solicitation.				i
	Check here ff following SOP 98-2 (ASC 958-720)				<u> </u>
					Enum QQQ (001.4)

Pai	τX	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		239,815.	1	231,231.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		-	3	
	4	Accounts receivable, net	•		4	
	5	Loans and other receivables from current and fo	rmer officers, directors.			
		trustees, key employees, and highest compensa				
		Part II of Schedule L		•	5	
	6	Loans and other receivables from other disqualif	ied persons (as defined under			
		section 4958(f)(1)), persons described in section	•	of shall him and		The state of the s
		employers and sponsoring organizations of sect		And the second		The state of the s
s		employees' beneficiary organizations (see instr).			6	
Assets	7	Notes and loans receivable, net	·		7	
A S	8	Inventories for sale or use	•		8	
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment cost or other	1 1	5 7 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		basis. Complete Part VI of Schedule D	10a	The second secon	. < 100	
	ь	Less accumulated depreciation	10b	a	10c	1,000
	11	Investments - publicly traded securities		11		
	12	Investments - other securities See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equi	al line 34)	239,815.	16	231,231.
	17	Accounts payable and accrued expenses	0.	17	11,221.	
	18	Grants payable		67,000.	18	0.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I	Part IV of Schedule D		21	
Ś	22	Loans and other payables to current and former	officers, directors, trustees,			
Liabilities		key employees, highest compensated employee	s, and disqualified persons.			
api		Complete Part II of Schedule L			22	
=	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
	\	parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		67,000.	26	11,221.
	ŀ	Organizations that follow SFAS 117 (ASC 958), check here 🕨 🐰 and			
Š		complete lines 27 through 29, and lines 33 an	d 34.			
Š	27	Unrestricted net assets		<10.>	27	88,608.
Sala	28	Temporarily restricted net assets		172,825.	28	131,402.
<u> </u>	29	Permanently restricted net assets			29	
Ē		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🔛			
Net Assets or Fund Balances	1	and complete lines 30 through 34.			\	
ets	30	Capital stock or trust principal, or current funds			30	
ASS	31	Paid-in or capital surplus, or land, building, or ed	quipment fund		31	
et /	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Z	33	Total net assets or fund balances		172,815.	33	220,010.
	34	Total liabilities and net assets/fund balances	··	239,815.	34	231,231.

Form 990 (2014)

Form	990 (2014) INNOVATION FUND AMERICA INC.	46-	-1761848	Pag	ge 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u>,</u>	_				
					_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			00.			
2	Total expenses (must equal Part IX, column (A), line 25)	2			05.			
3	Revenue less expenses. Subtract line 2 from line 1	3			95. 15.			
4								
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses .	7						
8	Prior period adjustments .	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	22	0,0	<u> 10.</u>			
Pa	TIXII Financial Statements and Reporting				_			
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ			
				Yes	No			
1	Accounting method used to prepare the Form 990			200000000000000000000000000000000000000	* ***			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	-					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1 - 32	1 species	- 1			
	separate basis, consolidated basis, or both		-		'			
	Separate basis Consolidated basis Both consolidated and separate basis			***				
Ь	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis		-					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,	-					
	review, or compilation of its financial statements and selection of an independent accountant?		_2c		<u> </u>			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O	l l		ļ			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dıt					
	Act and OMB Circular A-133?		3a		X			
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	lit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L			
			Form	990	(2014)			

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SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number Name of the organization 46-1761848 INNOVATION FUND AMERICA INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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). 7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 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. a 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. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of (ii) EIN listed in your (described on lines 1-9 support (see other support (see organization governing document? above or IRC section Instructions) Instructions) Yes Nο (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 INNOVATION FUND AMERICA INC. 46-1761 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
	Gifts, grants, contributions, and	, ,							
	membership fees received (Do not								
	include any "unusual grants ")				475,000.	205,200.	680,200.		
2	Tax revenues levied for the organ-		-						
	zation's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
-	furnished by a governmental unit to								
	the organization without charge								
4	Total, Add lines 1 through 3				475,000.	205,200.	680,200.		
	The portion of total contributions			بيد خيراني د يوسياكان					
Ŭ	by each person (other than a								
	governmental unit or publicly	-	a a salan alam	· ·					
	supported organization) included				431 464466 4.83464.				
	on line 1 that exceeds 2% of the	Miles additional Law a way				KILLS			
	amount shown on line 11,		4.40						
	column (f)		*****				22,792.		
6	Public support. Subtract line 5 from line 4			-	- Annual or		657,408.		
	ction B. Total Support		<u> </u>		<u> </u>				
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
	Amounts from line 4		12/2011	10, ==	475,000.	205,200.	680,200.		
8	Gross income from interest,				<u> </u>				
Ŭ	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources				1				
9	Net income from unrelated business								
3	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
10	or loss from the sale of capital								
	assets (Explain in Part VI.)								
44	Total support, Add lines 7 through 10						680,200.		
	Gross receipts from related activities,	ete (see instructi				12	100,000.		
	First five years. If the Form 990 is for	•	•	I fourth or fifth t	tav voar as a sectioi		200/0001		
13	organization, check this box and stor		a mai, accord, ame	2, 10aitii, 01 iiitii i	tax year as a section	1 30 1(0)(0)	> X		
Se	ction C. Computation of Publi		centage		·		,		
14	Public support percentage for 2014 (I	ine 6, column (f) di	vided by line 11. co	olumn (f))		14			
	Public support percentage from 2013		<u>-</u>			15	%		
	33 1/3% support test - 2014. If the			line 13, and line	e 14 ıs 33 1/3% or m				
	stop here. The organization qualifies	-					▶□		
t	33 1/3% support test - 2013. If the		_		d line 15 is 33 1/3%	or more, check th	is box		
_	and stop here. The organization qual					,	▶□		
17:	·	•		<u>-</u>	ne 13, 16a, or 16b :	and line 14 is 10%	or more.		
	7a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
	b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
		-							
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.								
18	•			•					
	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2014								

Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")	'	1		ľ	1	
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	ļ	Į		ļ		
3	Gross receipts from activities that			 	<u> </u>		
•	are not an unrelated trade or bus-	!					
	iness under section 513		l				
				 		· · · · · · · · · · · · · · · · · · ·	<u> </u>
4	Tax revenues levied for the organ-		ļ	ļ	1		
	ization's benefit and either paid to						
	or expended on its behalf	<u> </u>		 	 	 	
5	The value of services or facilities	j]	i		
	furnished by a governmental unit to						
	the organization without charge			<u> </u>	<u> </u>		
6	Total, Add lines 1 through 5						L
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received	i					
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Se	ction B. Total Support					<u> </u>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties		•				
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b				 	T	<u> </u>
	Net income from unrelated business						
	activities not included in line 10b,			İ			
	whether or not the business is regularly carned on						
12	Other income. Do not include gain	<u> </u>	· · · · · ·			 	
	or loss from the sale of capital		į		1		l .
40	assets (Explain in Part VI.)	-				 	-
	Total support. (Add lines 9, 10c, 11, and 12)					501(a)(3) amazan	
14	First five years. If the Form 990 is for	Tule organization s	s iirst, second, thi	a, lourth, or mul t	ax year as a secuc	on 50 r(c)(3) organiz	ation,
Sa	check this box and stop here ction C. Computation of Publi	ic Support Per	centage	<u> </u>		<u> </u>	
	Public support percentage for 2014 (nolumn (6)		15	
	,		•	solumin (1))	• •	15	%
16	Public support percentage from 2013 ction D. Computation of Inves			•	·· · · ·	16	%
				no 12 not (A)		17	
	Investment income percentage for 20	•		ne 13, column (f))		17	
18	·				. 45 45	18	<u>%</u>
198	a 33 1/3% support tests - 2014. If the	_					/ IS NOT
	more than 33 1/3%, check this box as	-		• •	• • •	=	. ▶□
	o 33 1/3% support tests - 2013. If the	_					
	line 18 is not more than 33 1/3%, che		-	•		_	P
<u>20</u>	Private foundation. If the organization	on did not check a	DOX on line 14, 19	a, or 19b, check th	nis dox and see in	structions .	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **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
- 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
- 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
- **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
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 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 authority such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 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)
- 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
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations), and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
- **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.)

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	dule A (Form 990 or 990-EZ) 2014 INNOVATION FUND AMERICA			6-1761848 Page 6	
Pai	.,)F				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970. See instructions. All					
	other Type III non-functionally integrated supporting organizations must com-	plete S	ections A through E.	(T) ()	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of pnor-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	ĺ			
	collection of gross income or for management, conservation, or	Ì			
	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			
Cook	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year	
Seci	ION B - WINIMUM ASSET AMOUNT			(optional)	
1	Aggregate fair market value of all non-exempt-use assets (see		The second second	The state of the s	
	instructions for short tax year or assets held for part of year)			AND THE PROPERTY OF THE PROPER	
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
e	Discount claimed for blockage or other	-		The second secon	
	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		L	
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 pnor-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount		And the second s	Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7		integra	ited Type III supporting orga	nization (see	
7	Check here if the current year is the organization's first as a non-functionally-	ıntegra	ited Type III supporting orga	nization (see	

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 INNOVATION FUND AMERICA INC. 46-1761848 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 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 responsive (provide details in Part VI). See instructions Distributable amount for 2014 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (iii) (ii) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Amount for 2014 Pre-2014 Distributable amount for 2014 from Section C, line 6 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014 b C e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount Carryover from 2009 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2014 from Section D. fine 7 a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder. Subtract lines 4a and 4b from 4. ----5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) 7 Excess distributions carryover to 2015. Add lines 31 and 4c 8 Breakdown of line 7 b C d Excess from 2013

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

Schedule A	(Form 990 or 990-EZ)	2014 INNOVATION	FUND	AMERICA	INC.	46-1761848	Page
Part VI	Supplemental I	2014 INNOVATION nformation. Provide the	e explanation	ns required by	Part II, line 10, Pa	urt II, line 17a or 17b, and Part III, line 12	2.
	Also complete this p	art for any additional inform	nation (See	instructions).			
	 						
							
							
							
							
							
		 					
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432028 09-17-14

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

Part

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

Open to Public OMB No 1545-0047 Inspection

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

► Attach to Form 990.

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

<u>2</u> **Employer identification number** 46-1761848 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States INNOVATION FUND AMERICA INC. General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	to Domestic Organiz	ations and Domestic	Governments. C	omplete if the orga	inization answered "Y	es" to Form 990, Part I	V, line 21, for any	l
recipient that received more than \$5,000. Part II can be	an \$5,000. Part II can	be duplicated if additional space is needed	onal space is neede	þ				
1 (a) Name and address of organization or government	n (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
PICK MY SOLAR / GREEN CONCEPT GROUP, LLC - 411 S. HEWITT STREET - LOS ANGELES, CA 90013	r 46-3419650		85,000.	0.			START-UP FUNDING	
PLUM PRINT 1465 SAND HILL ROAD STE 2000 CANDLER, NC 28715	45-4338518		18,000.	0.			START-UP FUNDING	
CREISOFT, INC. 215 E. BAT STREET CHARLESTON, SC 29631	46-2066198		25,000.	.0			START-UP FUNDING	
RASP TECHNOLOGIES LLC 18 EOLA AVE. ASHEVILLE, NC 28806			13,000.	.0			START-UP FUNDING	
10 FOR HUMANITY/TIGER EYE SENSOR, INC 9 SEVEN OAKS DR CLAYTON, NC 27520			15,000.	0.			START-UP FUNDING	
ENGINE FITNESS CORP. 8424 SANTA MONICA BLVD STE A740 WEST HOLLYWOOD, CA 90069	35-3364000		12,500.	.0			START-UP FUNDING	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table) and government org	anizations listed in the	line 1 table				•	0

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

28, 534. 0. (a) Amount of (b) Purpose of grant cable cash grant assistance assistance assistance assistance assistance appraisal, other) and cable cash assistance assistance appraisal, other) assistance assistance appraisal, other) assistance assistance appraisal, other) assistance assistance appraisal, other) assistance assistance assistance appraisal, other) assistance	Continuation of Grants and Other Assistance to Governments and Organizations in the United States
	(b) EIN (c) IRC section if applicable
	90-0184286
	46-5556994
	46-4254539

Page 2 (f) Description of non-cash assistance 46-1761848 (e) Method of valuation (book, FMV, appraisal, other) IFA INC. ENSURES THAT ITS FUNDS ARE USED FOR INTENDED PURPOSES BY REQUIRING RECIPIENTS TO ASSESS THEIR PROGRESS AND TO OBTAIN ASSURANCES THE FUNDS HAVE APPLICANTS TO SUBMIT AN APPLICATION WHICH FULLY DESCRIBES THE PROJECT THAT WILL BE FUNDED. IFA INC. AND ITS MEMBER-INSTITUTIONS (LONG BEACH COMMUNITY Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. COLLEGE AND CATAWBA VALLEY COMMUNITY COLLEGE) REGULARLY CHECK WITH THE (d) Amount of non-cash assistance BEEN USED IN THE MANNER DESCRIBED IN THEIR APPLICATIONS (c) Amount of cash grant INNOVATION FUND AMERICA INC. (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2014) LINE PART I, Part III

Schedule I (Form 990) (2014)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

2014
Open to Public
Inspection

OMB No 1545-0047

Name of the organization

INNOVATION FUND AMERICA INC.

Employer identification number 46-1761848

INNOVATION FOND AMERICA INC. 10 1701040
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PARTNERING WITH COMMUNITY COLLEGES TO ACCELERATE THE GROWTH OF
TECHNOLOGY STARTUPS THROUGH EARLY-STAGE FUNDING AND EDUCATION.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
COMMUNITIES IN CONJUNCTION WITH PRIVATE AND PUBLIC INVESTMENTS AND
CONTRIBUTIONS BY PHILANTHROPIC ORGANIZATIONS AND FEDERAL, STATE, AND
LOCAL GOVERNMENTS. IFA INC. PROVIDES APPROPRIATE COUNSEL OR ASSISTANCE
IN ADVISORY SERVICES WHICH WILL PROMOTE AND NURTURE THE FORMATION AND
DEVELOPMENT OF ENTREPRENEURIAL BUSINESSES AND CAPACITY IN IFA
COMMUNITIES AND PROMOTING THE WELFARE OF IFA COMMUNITIES BY SERVING AS
A NATIONAL LEADER FOR INNOVATION, EDUCATION, AND TRAINING IN
ENTREPRENEURIAL BUSINESS.
FORM 990, PART VI, SECTION B, LINE 11:
REVIEW OF FORM 990 - THE ORGANIZATION'S PROFESSIONAL STAFF AND MANAGEMENT
REVIEWED FORM 990 BEFORE IT WAS FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
MONITORING AND ENFORCEMENT OF CONFLICT POLICY - ANNUALLY, THE BOARD OF
DIRECTORS IS REQUIRED TO REVIEW AND SIGN THE OATH OF OFFICE CONTRACT THAT
ADDRESSES THE CONFLICT OF INTEREST POLICY. WHEN A CONFLICT ARISES, THE
PERSON IS NOT PERMITTED TO PARTICIPATE IN THE DISCUSSION OF THE PROPOSED
TRANSACTION OR TO VOTE ON THE MATTER. THE DECISION ABOUT THE TRANSACTION IS
MADE BY PERSONS WHO ARE INDEPENDENT OF THE INDIVIDUAL WITH THE CONFLICT.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization INNOVATION FUND AMERICA INC.	Employer identification number 46-1761848
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABILITY OF DOCUMENTS - THE FOUNDATION MAKES ITS GOVE	RNING DOCUMENTS
AND CONFLICT POLICY AVAILABLE TO THE GENERAL PUBLIC UPON I	REQUEST. THE
ORGANIZATION DOES NOT HAVE AUDITED OR REVIEWED FINANCIAL	STATEMENTS.
	
	

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