

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan INNOVATIVE TECHNOLOGIES CORPORATION SAVINGS PLAN AND TRUST	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/1990</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>10/01/1990</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>10/01/1990</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) INNOVATIVE TECHNOLOGIES CORP 1020 WOODMAN DRIVE SUITE 100 DAYTON, OH 45432	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-1217852</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>937-252-2145</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541330</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-1217852</u>	2c Plan Sponsor's telephone number <u>937-252-2145</u>	2d Business code (see instructions) <u>541330</u>	
2b Employer Identification Number (EIN) <u>31-1217852</u>					
2c Plan Sponsor's telephone number <u>937-252-2145</u>					
2d Business code (see instructions) <u>541330</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	08/06/2015	BOB STRAUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 100
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 48
a(2) Total number of active participants at the end of the plan year	6a(2) 29
b Retired or separated participants receiving benefits	6b 4
c Other retired or separated participants entitled to future benefits.....	6c 42
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 75
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 75
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 64
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2J 2K 2T 3D 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan INNOVATIVE TECHNOLOGIES CORPORATION SAVINGS PLAN AND TRUST	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 INNOVATIVE TECHNOLOGIES CORP	D Employer Identification Number (EIN) 31-1217852	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	1989	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CONESTOGA SM CAP INV - MUTUAL SHAR 34-1896033	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARBOR CAP APPR INV - HARBOR SERVI 34-1953399	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARBOR INTL INV - HARBOR SERVICES 34-1953399	0.40%	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OAKMARK INTL I - BOSTON FINANCIAL P.O. BOX 8480 BOSTON, MA 02266	0.35%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
RDGWTH MID CAP VAL I - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.40%	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ROYCE OPPORTUNITY S - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.45%	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WFA SM CAP VAL INV - BOSTON FINANC P.O. BOX 8480 BOSTON, MA 02266	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>INNOVATIVE TECHNOLOGIES CORPORATION SAVINGS PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INNOVATIVE TECHNOLOGIES CORP</u>	D Employer Identification Number (EIN) <u>31-1217852</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	526004	340118
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	61998	47165
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	5184427	4144932
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	5772429	4532215

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5772429	4532215
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	46503	
(B) Participants	2a(1)(B)	213253	
(C) Others (including rollovers)	2a(1)(C)	885	
(2) Noncash contributions	2a(2)	0	260641
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	36	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	1244	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1280
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	307911	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		307911
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1551
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		571383

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1808973	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1808973
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	615	
(4) Other.....	2i(4)	2009	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2624
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1811597

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-1240214
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **HARAN WATSON & COMPANY**

(2) EIN: **31-1273495**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>INNOVATIVE TECHNOLOGIES CORPORATION SAVINGS PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INNOVATIVE TECHNOLOGIES CORP</u>	D Employer Identification Number (EIN) <u>31-1217852</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

INNOVATIVE TECHNOLOGIES CORPORATION
 SAVINGS PLAN AND TRUST
 EMPLOYER IDENTIFICATION NUMBER 31-1217852
 PLAN NUMBER 002
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
 DECEMBER 31, 2014

Identity of Issue, Borrower Lessor or Similar	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	No of Shares	Price	Cost	Current Market Value
Fidelity Investments Institutional Services Company	Fidelity Puritan	2,460	\$ 21.49	\$ 49,877	\$ 52,867
	Fidelity Contrafund	3,603	97.97	277,713	353,011
	Fidelity Equity Income	3,278	59.37	157,758	194,636
	Fidelity Value	972	113.26	76,266	110,133
	Fidelity OTC Portfolio	2,748	79.56	150,025	218,603
	Fidelity Capital Appreciation	5,415	36.03	178,156	195,113
	Fidelity Leveraged Co Stock	1,756	45.32	55,688	79,604
	Fidelity Blue Chip	2,787	68.42	135,059	190,654
	Fidelity Low Priced Stock	2,037	50.25	81,274	102,357
	Fidelity Diversified International	7,599	34.45	221,282	261,790
	Fidelity Dividend Growth	9,396	33.42	271,879	314,008
	Fidelity Mid Cap Stock	6,487	38.39	178,667	249,432
	Fidelity Freedom Income	1,376	11.58	15,269	15,933
	Fidelity Freedom 2000	-	-	-	-
	Fidelity Freedom 2010	653	15.39	8,000	10,045
	Fidelity Freedom 2015	38,311	12.61	450,757	483,107
	Fidelity Freedom 2020	24,727	15.36	331,114	379,812
	Fidelity Freedom 2025	369	13.14	4,928	4,853
	Fidelity Freedom 2030	11,686	16.13	156,696	188,489
	Fidelity Freedom 2035	2,994	13.26	34,385	39,697
	Fidelity Freedom 2040	20,625	9.34	162,078	192,638
	Fidelity Freedom 2045	899	10.51	7,353	9,447
	Fidelity Small Cap Growth	2,039	18.41	34,186	37,541
	Oakmark Intl I	2,404	23.34	59,043	56,101
	OMYJ WFA Small Cap Value	1,663	29.04	54,734	48,301
	OLMK Harbor International	185	64.17	11,533	11,902
	Royce Opportunity Service	1,404	12.80	16,219	17,971
	Spartan 500 Index	584	72.85	29,398	42,551
	Spartan US Bond Index Adv	14,067	11.73	165,742	165,009
	OKZW Ridgeworth Mid Cap Value I	1,003	13.69	14,622	13,734
	OUAV Harbor Cap Appreciation	169	57.31	7,474	9,700
	OYKS Conestoga Small Cap	2,846	33.70	76,922	95,895
	Fidelity Retirement Government Money Market	340,118	1.00	340,118	340,118
Participant loans	4.25% rates of interest, 96-120 semi-monthly payments	-	-	-	47,165
				<u>\$ 3,814,218</u>	<u>\$ 4,532,215</u>

See Independent Auditors' Report regarding supplemental information.

INNOVATIVE TECHNOLOGIES CORPORATION
SAVINGS PLAN AND TRUST
EMPLOYER IDENTIFICATION NUMBER 31-1217852
PLAN NUMBER 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2013

Identity of Issue, Borrower Lessor or Similar	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	No of Shares	Price	Cost	Current Market Value
Fidelity Investments Institutional Services Company	Fidelity Puritan	1,627	\$ 21.23	\$ 31,634	\$ 34,534
	Fidelity Contrafund	3,153	96.14	218,249	303,116
	Fidelity Equity Income	3,574	58.70	168,550	209,766
	Fidelity Value	985	103.58	76,072	102,075
	Fidelity OTC Portfolio	4,722	77.39	208,208	365,401
	Fidelity Capital Appreciation	4,948	36.18	155,203	179,019
	Fidelity Leveraged Co Stock	1,294	43.24	34,421	55,974
	Fidelity Blue Chip	6,642	63.37	294,346	420,884
	Fidelity Low Priced Stock	3,067	49.46	116,623	151,671
	Fidelity Diversified International	8,718	36.91	249,157	321,791
	Fidelity Dividend Growth	10,750	35.39	302,110	380,455
	Fidelity Mid Cap Stock	6,109	39.51	161,579	241,375
	Fidelity Freedom Income	1,355	11.74	14,954	15,909
	Fidelity Freedom 2000	617	12.43	6,825	7,668
	Fidelity Freedom 2010	12,923	15.31	173,161	197,846
	Fidelity Freedom 2015	44,062	12.75	517,500	561,786
	Fidelity Freedom 2020	23,324	15.61	307,094	364,089
	Fidelity Freedom 2025	2,285	13.32	23,508	30,436
	Fidelity Freedom 2030	10,947	16.30	144,822	178,436
	Fidelity Freedom 2035	2,527	13.48	28,147	34,063
	Fidelity Freedom 2040	19,505	9.52	151,059	185,688
	Fidelity Freedom 2045	814	10.97	6,469	8,930
	Fidelity Small Cap Growth	1,998	19.27	33,438	38,508
	Oakmark Intl I	2,042	26.32	47,954	53,756
	OMYJ WFA Small Cap Value	1,272	33.63	42,764	42,763
	OLMK Harbor International	241	70.33	6,876	16,980
	Royce Opportunity Service	1,196	14.92	13,579	17,840
	Spartan 500 Index	4,284	65.49	207,687	280,579
	Spartan US Bond Index Adv	24,600	11.36	292,009	279,454
	OKZW Ridgeworth Mid Cap Value I	833	13.63	12,250	11,347
	OUAV Harbor Cap Appreciation	159	55.75	14,901	8,856
	OYKS Conestoga Small Cap	2,277	36.65	56,260	83,434
	Fidelity Retirement Government Money Market	526,004	1.00	526,004	526,004
Participant loans	4.25%-8.50% rates of interest, 24-240 semi-monthly payments	-	-	-	61,998
				<u>\$ 4,643,413</u>	<u>\$ 5,772,429</u>

See Independent Auditors' Report regarding supplemental information.

**INNOVATIVE TECHNOLOGIES CORPORATION
SAVINGS PLAN AND TRUST**

**FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITORS' REPORT
FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013**



HARAN, WATSON & COMPANY

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**INNOVATIVE TECHNOLOGIES CORPORATION
SAVINGS PLAN AND TRUST
FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013**

TABLE OF CONTENTS

INDEPENDENT AUDITORS' REPORT	1 - 2
FINANCIAL STATEMENTS	
Statements of Net Assets Available For Plan Benefits with Fund Information	3 - 4
Statements of Changes in Net Assets Available for Plan Benefits with Fund Information	5
Notes to Financial Statements	6 - 10
SUPPLEMENTARY INFORMATION	
Schedules of Assets Held at End of Year	11 - 12



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Independent Auditors' Report

To the Participants and Trustees of
Innovative Technologies Corporation
Savings Plan and Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Innovative Technologies Corporation Savings Plan and Trust (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note G, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of assets held at year end as of December 31, 2014 and 2013, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Haran Watson & Company Inc.

Haran, Watson & Company, Inc.
Columbus, OH
July 16, 2015

INNOVATIVE TECHNOLOGIES CORPORATION SAVINGS PLAN AND TRUST
FEDERAL IDENTIFICATION NUMBER 31-1217852
PLAN NUMBER 002

STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
WITH FUND INFORMATION
DECEMBER 31, 2014

	Participant - Directed			
	Equity Fund	Income Fund	Cash	Total
ASSETS				
Investments, at Fair Value:				
Mutual Funds				
Fidelity Puritan	\$ 52,867	\$ -	\$ -	\$ 52,867
Fidelity Contrafund	353,011	-	-	353,011
Fidelity Equity Income	-	194,636	-	194,636
Fidelity Value	110,133	-	-	110,133
Fidelity OTC Portfolio	218,603	-	-	218,603
Fidelity Leveraged Co Stock	79,604	-	-	79,604
Fidelity Cap Apprec	195,113	-	-	195,113
Fidelity Blue Chip	190,654	-	-	190,654
Fidelity Low-Priced Stock	102,357	-	-	102,357
Fidelity Growth Strategy	-	-	-	-
Fidelity Diversified International	261,790	-	-	261,790
Fidelity Dividend Growth	314,008	-	-	314,008
Fidelity Mid-Cap Stock	249,432	-	-	249,432
Fidelity Small Cap Growth	37,541	-	-	37,541
Fidelity Freedom Income	-	1,324,019	-	1,324,019
OMYJ WFA Small Cap Value	48,301	-	-	48,301
OFOI Oakmark Intl I	56,101	-	-	56,101
OLMK Harbor Intl Inv	11,902	-	-	11,902
OMAY TCW Small Cap Growth N	-	-	-	-
Royce Opportunity Service	17,971	-	-	17,971
Spartan 500 Index Adv	42,551	-	-	42,551
Spartan US Bond Index Adv	165,009	-	-	165,009
OKZW Ridgworth Mid-Cap Value I	13,734	-	-	13,734
OUAV Harbor Cap Appreciation	9,700	-	-	9,700
OYKS Conestoga Small Cap	95,895	-	-	95,895
Cash/Money Market Funds	-	-	340,118	340,118
Investments, at Fair Value	<u>2,626,277</u>	<u>1,518,655</u>	<u>340,118</u>	<u>4,485,050</u>
Notes Receivable from Participants	47,165	-	-	47,165
Receivables				
Employer's Contribution	-	-	-	-
Participants' Contribution	-	-	-	-
Total Receivables	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
TOTAL ASSETS	<u>\$ 2,673,442</u>	<u>\$ 1,518,655</u>	<u>\$ 340,118</u>	<u>\$ 4,532,215</u>
LIABILITIES				
Benefit Claims Payable	\$ -	\$ -	\$ -	\$ -
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u>\$ 2,673,442</u>	<u>\$ 1,518,655</u>	<u>\$ 340,118</u>	<u>\$ 4,532,215</u>

The accompanying notes are an integral part of these financial statements.

INNOVATIVE TECHNOLOGIES CORPORATION SAVINGS PLAN AND TRUST
FEDERAL IDENTIFICATION NUMBER 31-1217852
PLAN NUMBER 002

STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
WITH FUND INFORMATION
DECEMBER 31, 2013

Participant - Directed				
	Equity Fund	Income Fund	Cash	Total
ASSETS				
Investments, at Fair Value:				
Mutual Funds				
Fidelity Puritan	\$ 34,534	\$ -	\$ -	\$ 34,534
Fidelity Contrafund	303,116	-	-	303,116
Fidelity Equity Income	-	209,766	-	209,766
Fidelity Value	102,075	-	-	102,075
Fidelity OTC Portfolio	365,401	-	-	365,401
Fidelity Leveraged Co Stock	55,974	-	-	55,974
Fidelity Cap Apprec	179,019	-	-	179,019
Fidelity Blue Chip	420,884	-	-	420,884
Fidelity Low-Priced Stock	151,671	-	-	151,671
Fidelity Growth Strategy	-	-	-	-
Fidelity Diversified International	321,791	-	-	321,791
Fidelity Dividend Growth	380,455	-	-	380,455
Fidelity Mid-Cap Stock	241,375	-	-	241,375
Fidelity Small Cap Growth	38,508	-	-	38,508
Fidelity Freedom Income	-	1,584,849	-	1,584,849
OMYJ WFA Small Cap Value	42,763	-	-	42,763
OFOI Oakmark Intl I	53,756	-	-	53,756
OLMK Harbor Intl Inv	16,980	-	-	16,980
OMAY TCW Small Cap Growth N	-	-	-	-
Royce Opportunity Service	17,840	-	-	17,840
Spartan 500 Index Adv	280,579	-	-	280,579
Spartan US Bond Index Adv	279,454	-	-	279,454
OKZW Ridgeworth Mid-Cap Value I	11,347	-	-	11,347
OUAV Harbor Cap Appreciation	8,856	-	-	8,856
OYKS Conestoga Small Cap	83,434	-	-	83,434
Cash/Money Market Funds	-	-	526,004	526,004
Investments, at Fair Value	3,389,812	1,794,615	526,004	5,710,431
Notes Receivable from Participants	40,725	21,273	-	61,998
Receivables				
Employer's Contribution	-	-	-	-
Participants' Contribution	-	-	-	-
Total Receivables	-	-	-	-
TOTAL ASSETS	\$ 3,430,537	\$ 1,815,888	\$ 526,004	\$ 5,772,429
LIABILITIES				
Benefit Claims Payable	\$ -	\$ -	\$ -	\$ -
NET ASSETS AVAILABLE FOR PLAN BENEFITS	\$ 3,430,537	\$ 1,815,888	\$ 526,004	\$ 5,772,429

The accompanying notes are an integral part of these financial statements.

INNOVATIVE TECHNOLOGIES CORPORATION SAVINGS PLAN AND TRUST
FEDERAL IDENTIFICATION NUMBER 31-1217852
PLAN NUMBER 002

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
WITH FUND INFORMATION
FOR THE YEAR ENDED DECEMBER 31, 2014

	Participant - Directed			
	Equity Fund	Income Fund	Cash	Total
ADDITIONS				
Additions to Net Assets Attributed to:				
Investment Income:				
Net Appreciation in Fair Value of Investments	\$ 217,146	\$ 92,316	\$ -	\$ 309,462
Interest	-	-	36	36
Interest on Loans	1,244	-	-	1,244
	<u>218,390</u>	<u>92,316</u>	<u>36</u>	<u>310,742</u>
Contributions:				
Employer Contributions	29,816	13,233	3,455	46,504
Participant Elective Deferrals	129,059	53,449	30,745	213,253
Others (Including Rollovers)	-	885	-	885
	<u>158,875</u>	<u>67,567</u>	<u>34,200</u>	<u>260,642</u>
TOTAL ADDITIONS	<u>377,265</u>	<u>159,883</u>	<u>34,236</u>	<u>571,384</u>
DEDUCTIONS				
Deductions from net assets attributed to:				
Benefit Payments	1,270,192	321,684	217,098	1,808,974
Administrative Expenses	1,585	583	456	2,624
TOTAL DEDUCTIONS	<u>1,271,777</u>	<u>322,267</u>	<u>217,554</u>	<u>1,811,598</u>
Net increase/ (decrease) prior to interfund transfers	(894,512)	(162,384)	(183,318)	(1,240,214)
Interfund Transfers	<u>137,416</u>	<u>(134,849)</u>	<u>(2,567)</u>	<u>-</u>
Net Increase / (Decrease)	(757,096)	(297,233)	(185,885)	(1,240,214)
NET ASSETS AVAILABLE FOR PLAN BENEFITS				
Beginning of Year	<u>3,430,538</u>	<u>1,815,888</u>	<u>526,003</u>	<u>5,772,429</u>
END OF YEAR	<u>\$ 2,673,442</u>	<u>\$ 1,518,655</u>	<u>\$ 340,118</u>	<u>\$ 4,532,215</u>

The accompanying notes are an integral part of these financial statements.

**INNOVATIVE TECHNOLOGIES CORPORATION
SAVINGS PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013**

NOTE A – DESCRIPTION OF PLAN

The following description of Innovative Technologies Corporation Savings Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a Defined Contribution Plan covering all exempt and non-exempt employees of Innovative Technologies Corporation (the Company). Exempt and non-exempt employees have no eligibility service requirement on their respective deferral contributions and can start contributing to the Plan upon hire. All employees must be age 21 or over to be eligible to participate in the Plan. Employees after completing six months of service will be eligible to participate in employer match on the first day of the following month. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees oversees governance of the Plan.

Contributions: Each year, participants may contribute up to 100% of pretax annual compensation, as defined in the Plan documents. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Additional amounts may be contributed by participants at the option of the Company's board of directors. Contributions are subject to certain limitations.

Participant Accounts: Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings (losses), and charged with an allocation of any administrative expenses paid by the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are immediately vested in their contributions plus actual earnings thereon. Participants are vested in the Company's matching and additional contribution portion of their accounts plus actual earnings thereon after completing 6 months of employment. Vested percentage is determined in accordance with the following schedule: Employer match will be vested at 40% on the first day of eligibility (after completing 6 months of employment) for all employees hired after February 1, 2013:

Years of Service	Vested Percentage
0-1	40%
1-2	60%
2-3	80%
3-up	100%

Participant Loans: Effective Plan year 2001, per section 1.17(a) of the Adoption Agreement, the Plan can grant loans to participants. This amendment was adopted per the board resolution dated April 12, 2001. Participants may borrow from their fund accounts a minimum of \$1,000 at an interest rate commensurate with prevailing rates charged by persons in the business of lending money for loans. The repayment period of loans cannot be more than five years unless the loan is used for purchase of primary residence. In that case, the repayment period cannot exceed ten years. The plan distributed loans totaling \$40,000 and \$88,000 in 2014 and 2013, respectively. Principal payments totaling \$54,833 and \$42,714 were made in 2014 and 2013, respectively.

Payment of Benefits: On termination of service due to death, disability, retirement, or termination, a participant may elect to receive either a lump-sum distribution or installments.

Forfeited Accounts: All forfeited, non-vested accounts, other than matching contributions, are used to reduce plan expenses, and then to the extent forfeitures remain, they are added to the employer's contribution.

**INNOVATIVE TECHNOLOGIES CORPORATION
SAVINGS PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013**

NOTE A – DESCRIPTION OF PLAN (CONTINUED)

Investment Options: Upon enrollment in the Plan, a participant may direct employee contributions in any of the following investment options (Mutual Funds).

Fidelity Puritan	Fidelity Contrafund
Fidelity Equity Income	Fidelity Value
Fidelity OTC Portfolio	Fidelity Leveraged Co Stock
Fidelity Capital Appreciation	Fidelity Blue Chip Growth
Fidelity Low-Priced Stock	Fidelity Diversified International
Fidelity Dividend Growth	Fidelity Mid-Cap Stock
Fidelity Freedom Income	Fidelity Small Cap Growth
Spartan 500 Index Adv	Spartan US Bond Index Adv
Conestoga Small Capital	Royce Opportunity Service
Oakmark International I	Harbor International
WFA Small Capital Value	Harbor Cap Appreciation
Ridgeworth Mid Capital Value I	Fidelity Retirement Government Money Market

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review: In preparing these financial statements, the Company has evaluated subsequent events and transactions for potential recognition or disclosure through July 16, 2015, the date the financial statements were available to be issued.

Use of Estimates: The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Basis of Accounting: The financial statements of the Plan are prepared on the accrual basis of accounting.

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in the administrative expenses when incurred. As of December 31, 2014 and 2013, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Investment Valuation and Income Recognition: Investments are valued at fair value as of December 31, 2014 and 2013. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year end. See Note H for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits: Benefits are recorded when paid.

Operating Expenses: All expenses of maintaining the Plan are paid by the Company.

**INNOVATIVE TECHNOLOGIES CORPORATION
SAVINGS PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013**

NOTE C – INCOME TAX STATUS

The Internal Revenue Service (IRS) has approved the Fidelity Corporate Prototype Plan as acceptable and can be used by employers for the benefit of employees under the Internal Revenue Code. Therefore, the Plan sponsor and the Plan administrator believe that the Plan is a Qualified Retirement Plan and the related trust is tax-exempt as of the financial statement date.

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated December 5, 2001, that the Fidelity Corporate Prototype Plan and the related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt. Accounting principles generally accepted in the United States of America require that plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

NOTE D – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their employer contributions.

NOTE E – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE F – DISCRETIONARY EMPLOYER MATCH

There was no discretionary employer match for the Plan for the years ending December 31, 2014 and 2013.

INNOVATIVE TECHNOLOGIES CORPORATION
SAVINGS PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

NOTE G – INVESTMENTS

Investments that represent 5% or more of the Plan's net assets at the beginning of either plan year are separately identified in the following table:

FAIR VALUE OF INVESTMENTS

Investments at Fair Value by Quoted Market Price:

	<u>2014</u>	<u>2013</u>
Mutual Funds:		
Fidelity Freedom Income	\$1,324,022	\$ 1,584,849
Fidelity OTC Portfolio	218,603	365,401
Fidelity Blue Chip	190,654	420,884
Fidelity Contrafund	353,011	303,116
Fidelity Dividend Growth	314,008	380,455
All others	1,744,634	2,129,722
Money Market Fund:		
Cash	<u>340,118</u>	<u>526,004</u>
Investments, at Fair Value	<u>\$4,485,050</u>	<u>\$5,710,431</u>

NOTE H – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements- The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stocks, corporate bonds, and U.S. Government securities are based on the closing price reported on the active market where the individual securities are traded.

Level 3 Fair Value Measurements – The guaranteed investment contract with an insurance company is not actively traded and significant other observable inputs are not available. There were no assets with fair value measured using Level 3 inputs at both December 31, 2014 and 2013.

**INNOVATIVE TECHNOLOGIES CORPORATION
SAVINGS PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013**

NOTE H – FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2014 and 2013:

Investments at Fair Value as of December 31, 2014

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$4,144,932	\$0	\$0	\$4,144,932
Cash/Money Market Funds	<u>340,118</u>	<u>0</u>	<u>0</u>	<u>340,118</u>
Total Investments at Fair Value	<u>\$4,485,050</u>	<u>\$0</u>	<u>\$0</u>	<u>\$4,485,050</u>

Investments at Fair Value as of December 31, 2013

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$5,184,427	\$0	\$0	\$5,184,427
Cash/Money Market Funds	<u>526,004</u>	<u>0</u>	<u>0</u>	<u>526,004</u>
Total Investments at Fair Value	<u>\$5,710,431</u>	<u>\$0</u>	<u>\$0</u>	<u>\$5,710,431</u>

INNOVATIVE TECHNOLOGIES CORPORATION
SAVINGS PLAN AND TRUST
EMPLOYER IDENTIFICATION NUMBER 31-1217852
PLAN NUMBER 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2014

Identity of Issue, Borrower Lessor or Similar	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	No of Shares	Price	Cost	Current Market Value
Fidelity Investments Institutional Services Company	Fidelity Puritan	2,460	\$ 21.49	\$ 49,877	\$ 52,867
	Fidelity Contrafund	3,603	97.97	277,713	353,011
	Fidelity Equity Income	3,278	59.37	157,758	194,636
	Fidelity Value	972	113.26	76,266	110,133
	Fidelity OTC Portfolio	2,748	79.56	150,025	218,603
	Fidelity Capital Appreciation	5,415	36.03	178,156	195,113
	Fidelity Leveraged Co Stock	1,756	45.32	55,688	79,604
	Fidelity Blue Chip	2,787	68.42	135,059	190,654
	Fidelity Low Priced Stock	2,037	50.25	81,274	102,357
	Fidelity Diversified International	7,599	34.45	221,282	261,790
	Fidelity Dividend Growth	9,396	33.42	271,879	314,008
	Fidelity Mid Cap Stock	6,497	38.39	178,667	249,432
	Fidelity Freedom Income	1,376	11.58	15,269	15,933
	Fidelity Freedom 2000	-	-	-	-
	Fidelity Freedom 2010	653	15.39	8,000	10,045
	Fidelity Freedom 2015	38,311	12.61	450,757	483,107
	Fidelity Freedom 2020	24,727	15.36	331,114	379,812
	Fidelity Freedom 2025	369	13.14	4,928	4,853
	Fidelity Freedom 2030	11,686	16.13	156,696	188,489
	Fidelity Freedom 2035	2,994	13.26	34,385	39,697
	Fidelity Freedom 2040	20,625	9.34	162,078	192,638
	Fidelity Freedom 2045	899	10.51	7,353	9,447
	Fidelity Small Cap Growth	2,039	18.41	34,186	37,541
	Oakmark Intl I	2,404	23.34	59,043	56,101
	OMYJ WFA Small Cap Value	1,663	29.04	54,734	48,301
	OLMK Harbor International	185	64.17	11,533	11,902
	Royce Opportunity Service	1,404	12.80	16,219	17,971
	Spartan 500 Index	584	72.85	29,398	42,551
	Spartan US Bond Index Adv	14,067	11.73	165,742	165,009
	OKZW Ridgeworth Mid Cap Value I	1,003	13.69	14,622	13,734
	OUAV Harbor Cap Appreciation	169	57.31	7,474	9,700
	OYKS Conestoga Small Cap	2,846	33.70	76,922	95,895
	Fidelity Retirement Government Money Market	340,118	1.00	340,118	340,118
Participant loans	4.25% rates of interest, 96-120 semi-monthly payments	-	-	-	47,165
				<u>\$ 3,814,218</u>	<u>\$ 4,532,215</u>

See Independent Auditors' Report regarding supplemental information.

INNOVATIVE TECHNOLOGIES CORPORATION
 SAVINGS PLAN AND TRUST
 EMPLOYER IDENTIFICATION NUMBER 31-1217852
 PLAN NUMBER 002
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
 DECEMBER 31, 2013

Identity of Issue, Borrower Lessor or Similar	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	No of Shares	Price	Cost	Current Market Value
Fidelity Investments Institutional Services Company	Fidelity Puritan	1,627	\$ 21.23	\$ 31,634	\$ 34,534
	Fidelity Contrafund	3,153	96.14	218,249	303,116
	Fidelity Equity Income	3,574	58.70	168,550	209,766
	Fidelity Value	985	103.58	76,072	102,075
	Fidelity OTC Portfolio	4,722	77.39	208,208	365,401
	Fidelity Capital Appreciation	4,948	36.18	155,203	179,019
	Fidelity Leveraged Co Stock	1,294	43.24	34,421	55,974
	Fidelity Blue Chip	6,642	63.37	294,346	420,884
	Fidelity Low Priced Stock	3,067	49.46	116,623	151,671
	Fidelity Diversified International	8,718	36.91	249,157	321,791
	Fidelity Dividend Growth	10,750	35.39	302,110	380,455
	Fidelity Mid Cap Stock	6,109	39.51	161,579	241,375
	Fidelity Freedom Income	1,355	11.74	14,954	15,909
	Fidelity Freedom 2000	617	12.43	6,825	7,668
	Fidelity Freedom 2010	12,923	15.31	173,161	197,846
	Fidelity Freedom 2015	44,062	12.75	517,500	561,786
	Fidelity Freedom 2020	23,324	15.61	307,094	364,089
	Fidelity Freedom 2025	2,285	13.32	23,508	30,436
	Fidelity Freedom 2030	10,947	16.30	144,822	178,436
	Fidelity Freedom 2035	2,527	13.48	28,147	34,063
	Fidelity Freedom 2040	19,505	9.52	151,059	185,688
	Fidelity Freedom 2045	814	10.97	6,469	8,930
	Fidelity Small Cap Growth	1,998	19.27	33,438	38,508
	Oakmark Intl I	2,042	26.32	47,954	53,756
	OMYJ WFA Small Cap Value	1,272	33.63	42,764	42,763
	OLMK Harbor International	241	70.33	6,876	16,980
	Royce Opportunity Service	1,196	14.92	13,579	17,840
	Spartan 500 Index	4,284	65.49	207,687	280,579
	Spartan US Bond Index Adv	24,600	11.36	292,009	279,454
	OKZW Ridgeworth Mid Cap Value I	833	13.63	12,250	11,347
	OUAV Harbor Cap Appreciation	159	55.75	14,901	8,856
	OYKS Conestoga Small Cap	2,277	36.65	56,260	83,434
	Fidelity Retirement Government Money Market	526,004	1.00	526,004	526,004
Participant loans	4.25%-8.50% rates of interest, 24-240 semi-monthly payments	-	-	-	61,998
				<u>\$ 4,643,413</u>	<u>\$ 5,772,429</u>

See Independent Auditors' Report regarding supplemental information.