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Form 990 Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Open to Public Inspection

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

▶ Information about Form 990 and its instructions is at www IRS gov/form990

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
NATIONAL COLLEGIATE INVENTORS & INNOVATORS ALLIANCE INC

Doing business as
VENTUREWELL

Number and street (or P O box if mail is not delivered to street address) Room/suite
100 VENTURE WAY

City or town, state or province, country, and ZIP or foreign postal code
HADLEY, MA 01035

D Employer identification number
42-1727335

E Telephone number
(413) 587-2172

G Gross receipts $ 15,275,627

F Name and address of principal officer
PHILIP J WEILERSTEIN
100 VENTURE WAY
HADLEY, MA 01035

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW VENTUREWELL ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2007 **M** State of legal domicile MA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
VENTUREWELL IS ON A MISSION TO CULTIVATE A PIPELINE OF INVENTORS, INNOVATORS, AND ENTREPRENEURS DRIVEN TO SOLVE THE WORLD'S BIGGEST CHALLENGES AND TO CREATE LASTING IMPACT WE FOSTER COLLABORATION AMONG THE BEST MINDS FROM RESEARCH LABS, CLASSROOMS, AND BEYOND TO ADVANCE INNOVATION AND ENTREPRENEURSHIP EDUCATION AND TO PROVIDE UNIQUE OPPORTUNITIES FOR STEM STUDENTS AND RESEARCHERS TO FULLY REALIZE THEIR POTENTIAL TO IMPROVE THE WORLD

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	48
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	7,019,254	10,101,069
9	Program service revenue (Part VIII, line 2g)	2,449,636	3,318,588
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35,339	32,184
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,504,229	13,451,841
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,653,841	2,186,785
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)	3,570,113	4,067,960
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶73,407		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,797,368	6,702,777
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,021,322	12,957,522
19	Revenue less expenses Subtract line 18 from line 12	-517,093	494,319
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	5,217,474	5,936,392
21	Total liabilities (Part X, line 26)	1,277,336	1,525,093
22	Net assets or fund balances Subtract line 21 from line 20	3,940,138	4,411,299

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

Sign Here

****** 2017-04-07
Signature of officer Date

JENNIFER HOLME CHIEF OF STAFF
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MATTHEW KALIL CPA MBA	MATTHEW KALIL CPA MBA			P01517069

Firm's name ▶ MOODY FAMIGLIETTI & ANDRONICO LLP — Firm's EIN ▶ 04-3077056

Firm's address ▶ 1 HIGHWOOD DRIVE
TEWKSBURY, MA 01876 — Phone no (978) 557-5300

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

VENTUREWELL IS ON A MISSION TO CULTIVATE A PIPELINE OF INVENTORS, INNOVATORS, AND ENTREPRENEURS DRIVEN TO SOLVE THE WORLD'S BIGGEST CHALLENGES AND TO CREATE LASTING IMPACT

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** ☑ **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** ☑ **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 measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,094,679 including grants of $ 652,791) (Revenue $)

FACULTY GRANTS - VENTUREWELL APPROVED FACULTY GRANTS THAT FUND NEW (OR HELP MODIFY EXISTING) COURSES AND PROGRAMS IN TECH ENTREPRENEURSHIP

4b (Code) (Expenses $ 747,677 including grants of $ 1,014,278) (Revenue $)

E-TEAM GRANTS - VENTUREWELL APPROVED E-TEAM GRANTS THAT PROVIDE A THREE-STAGE PROGRAM INCLUDING GRANT FUNDING, EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP TEAMS MANIFEST THEIR PROJECTS' FULL COMMERCIAL POTENTIAL

4c (Code) (Expenses $ 3,923,938 including grants of $ 192,000) (Revenue $ 1,671,164)

I-CORPS PROGRAM - VENTUREWELL-LED COURSES ENGAGE PARTICIPANTS IN MOVING PRODUCTS OUT OF THE LAB AND INTO THE MARKET BY TALKING TO POTENTIAL CUSTOMERS, PARTNERS AND COMPETITORS AND ENCOUNTERING THE CHALLENGES AND UNCERTAINTY OF CREATING SUCCESSFUL INNOVATIONS

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 4,792,072 including grants of $ 327,716) (Revenue $ 1,647,424)

4e **Total program service expenses ▶** 10,558,366

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16	Yes	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
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 Schedule K If "No," go to line 25a*	24a		No
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 transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
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	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
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		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	112			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b**	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	48			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes	
3a Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**		No
b If "Yes," enter the name of the foreign country ▶ ________ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7 **Organizations that may receive deductible contributions under section 170(c).**					
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8 **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**		
9a Did the sponsoring organization make any taxable distributions under section 4966?			**9a**		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10 **Section 501(c)(7) organizations.** Enter					
a Initiation fees and capital contributions included on Part VIII, line 12	**10a**				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11 **Section 501(c)(12) organizations.** Enter					
a Gross income from members or shareholders	**11a**				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c Enter the amount of reserves on hand	**13c**				
14a Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**		

Part VI **Governance, Management, and Disclosure**
For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section 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**	10			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**		No
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**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ MA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶THE ORGANIZATION 100 VENTURE WAY HADLEY, MA 01035 (413) 587-2172

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								853,486	0	98,543

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 6

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
PRESENTATION TECHNOLOGY LLC 75 BYFIELD STREET SUITE 4 WARWICK, RI 02888	AUDIO/VISUAL SERVICES	199,832
EXPONENT PARTNERS 720 MARKET STREET SUITE 600 SAN FRANCISCO, CA 94102	IT CONSULTING	127,423
LESLIE TILLOTSON, 21 HOWE ROAD NEEDHAM, MA 02492	HUMAN RESOURCES CONSULTING	101,300

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 3

Part VIII Statement of Revenue

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

Section	Line	Description	Code	Amount	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b	139,408				
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	6,040,834				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,920,827				
	g	Noncash contributions included in lines 1a-1f $						
	h	**Total.** Add lines 1a-1f ▶			10,101,069			
Program Service Revenue			Business Code					
	2a	REGISTRATION FEES	900099		2,696,706	2,696,706		
	b	SERVICES	900099		621,882	621,882		
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a–2f ▶			3,318,588			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			28,370			28,370
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) ▶						
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	1,827,600					
	b	Less cost or other basis and sales expenses	1,823,786					
	c	Gain or (loss)	3,814					
	d	Net gain or (loss) ▶			3,814			3,814
	8a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18 . . a						
	b	Less direct expenses . . . b						
	c	Net income or (loss) from fundraising events ▶						
	9a	Gross income from gaming activities See Part IV, line 19 . . . a						
	b	Less direct expenses . . . b						
	c	Net income or (loss) from gaming activities ▶						
	10a	Gross sales of inventory, less returns and allowances . a						
	b	Less cost of goods sold . . b						
	c	Net income or (loss) from sales of inventory ▶						
		Miscellaneous Revenue	Business Code					
	11a							
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a–11d ▶						
	12	**Total revenue.** See Instructions ▶			13,451,841	3,318,588	0	32,184

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,138,287	2,138,287		
2 Grants and other assistance to domestic individuals See Part IV, line 22	33,598	33,598		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	14,900	14,900		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	610,635	393,706	206,578	10,351
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,785,275	1,975,147	780,952	29,176
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	150,719	109,190	40,075	1,454
9 Other employee benefits	267,660	189,440	75,283	2,937
10 Payroll taxes	253,671	174,813	75,838	3,020
11 Fees for services (non-employees)				
a Management				
b Legal	21,998	2,515	19,483	
c Accounting	30,705		30,705	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	9,362		9,362	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,250,140	2,573,625	657,665	18,850
12 Advertising and promotion	516	236	280	
13 Office expenses	148,136	105,750	42,243	143
14 Information technology	530,202	297,158	231,654	1,390
15 Royalties				
16 Occupancy	135,965	98,101	36,350	1,514
17 Travel	619,744	573,512	43,087	3,145
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,177,026	1,175,872		1,154
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,915		11,915	
23 Insurance	22,044	217	21,827	
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 O)				
a PARTICIPANT SUPPORT COS	389,198	389,198		
b SERVICE FEES	112,594	103,709	8,885	
c SUBAWARD COSTS	98,260	98,260		
d ENTERTAINMENT	62,113	51,216	10,726	171
e All other expenses	82,859	59,916	22,841	102
25 **Total functional expenses.** Add lines 1 through 24e	12,957,522	10,558,366	2,325,749	73,407
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

Section	Line	Description			(A) Beginning of year	Line	(B) End of year
Assets	1	Cash–non-interest-bearing			1,002,036	1	1,014,121
	2	Savings and temporary cash investments			1,133,800	2	1,994,667
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			694,986	4	1,394,794
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			138,376	9	199,754
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	6,244			
	b	Less accumulated depreciation	10b	3,018	4,475	10c	3,226
	11	Investments—publicly traded securities			2,063,485	11	1,160,180
	12	Investments—other securities See Part IV, line 11			157,205	12	157,205
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			23,111	15	12,445
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			5,217,474	16	5,936,392
Liabilities	17	Accounts payable and accrued expenses			837,721	17	1,066,884
	18	Grants payable				18	
	19	Deferred revenue			439,615	19	458,209
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D				25	
	26	**Total liabilities.** Add lines 17 through 25			1,277,336	26	1,525,093
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			1,121,195	27	1,895,581
	28	Temporarily restricted net assets			2,818,943	28	2,515,718
	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			3,940,138	33	4,411,299
	34	Total liabilities and net assets/fund balances			5,217,474	34	5,936,392

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,451,841
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,957,522
3	Revenue less expenses Subtract line 2 from line 1	3	494,319
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,940,138
5	Net unrealized gains (losses) on investments	5	-23,158
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	4,411,299

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ______ 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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 42-1727335
Name: NATIONAL COLLEGIATE INVENTORS & INNOVATORS ALLIANCE INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 4,792,072 including grants of $ 327,716) (Revenue $ 1,647,424)

IN ADDITION TO THE 3 GRANTS PROGRAMS OUTLINED ON LINES 4A THROUGH 4C, NCIIA ALSO A)AWARDS OTHER TYPES OF GRANTS PRIMARILY TO INSTITUTIONS OF HIGHER EDUCATION IN KEEPING WITH THE ORGANIZATION'S MISSION OF PROMOTING INVENTION, INNOVATION AND ENTREPRENEURSHIP, B)OFFERS MEMBERSHIPS TO COLLEGES AND UNIVERSITIES ACROSS THE US, WHICH AFFORD MEMBER INSTITUTIONS THE OPPORTUNITY TO ATTEND NCIIA-SPONSORED EVENTS AT REDUCED RATES, TAP INTO THE NCIIA NETWORK, AND TO APPLY FOR NCIIA GRANTS, C)CONDUCTS WORKSHOPS AND EVENTS, INCLUDING BUT NOT LIMITED TO AN ANNUAL CONFERENCE AND WORKSHOPS DESIGNED TO TEACH TECHNOLOGY ENTREPRENEURSHIP BASICS AND HOW TO ENHANCE SUCCESS OF COMMERCIALIZING INVENTIONS AND INNOVATIONS, ANDD)INVESTS IN SELECT VENTURES EMERGING FROM U S INSTITUTIONS OF HIGHER EDUCATION

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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

2015

Open to Public Inspection

Name of the organization
NATIONAL COLLEGIATE INVENTORS & INNOVATORS ALLIANCE INC

Employer identification number
42-1727335

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state __________

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally 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.**

d ☐ **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.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, 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)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	**No**		
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization'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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) | 12 | |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 14 | |

15 Public support percentage for 2014 Schedule A, Part II, line 14 | 15 | |

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2015.** 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—2014.** 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 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,303,417	7,286,697	7,272,131	7,019,254	9,303,436	35,184,935
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	370,831	1,926,075	2,064,262	2,449,636	4,116,221	10,927,025
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	4,674,248	9,212,772	9,336,393	9,468,890	13,419,657	46,111,960
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	3,076,153	4,707,284	3,578,625	3,346,996	3,253,532	17,962,590
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	3,076,153	4,707,284	3,578,625	3,346,996	3,253,532	17,962,590
8 **Public support.** (Subtract line 7c from line 6)						28,149,370

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	4,674,248	9,212,772	9,336,393	9,468,890	13,419,657	46,111,960
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,470	12,293	9,556	35,339	32,184	93,842
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4,470	12,293	9,556	35,339	32,184	93,842
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)	4,678,718	9,225,065	9,345,949	9,504,229	13,451,841	46,205,802

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	60 920 %
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	61 370 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	0 200 %
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	0 180 %

19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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

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

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

		Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

a ☐ The organization satisfied the Activities Test Complete **line 2** below

b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below

c ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

		Yes	No
2 Activities Test **Answer (a) and (b) below.**			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3 Parent of Supported Organizations **Answer (a) and (b) below.**			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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 complete Sections A through E ☐

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
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 factors (explain in detail in Part VI) ______			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

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	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. . . . . . . ______			
e From 2014. . . . . . . ______			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $ ______			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. . . . . . . ______			
d From 2014. . . . . . . ______			
e From 2015. . . . . . . ______			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493103004297

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047
2015
Open to Public Inspection

Name of the organization
NATIONAL COLLEGIATE INVENTORS & INNOVATORS ALLIANCE INC

Employer identification number
42-1727335

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶______________

4 Number of states where property subject to conservation easement is located ▶______________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶______________

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ $ ______________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ ______________

(ii) Assets included in Form 990, Part X ▶ $ ______________

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ ______________

b Assets included in Form 990, Part X ▶ $ ______________

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☐

Part V **Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

			Yes	No
	(i) unrelated organizations	3a(i)		
	(ii) related organizations	3a(ii)		
b	If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI **Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		6,244	3,018	3,226
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				3,226

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	13,419,321
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-23,158		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	-23,158
3	Subtract line **2e** from line **1**			3	13,442,479
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,362		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	9,362
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	13,451,841

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	12,948,160
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	12,948,160
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,362		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	9,362
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	12,957,522

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	NCIIA IS A NONPROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES AS A RESULT, NO PROVISION FOR INCOME TAXES IS PRESENTED IN THESE FINANCIAL STATEMENTS HOWEVER, IN CERTAIN CIRCUMSTANCES, THE ORGANIZATION MAY BE SUBJECT TO FEDERAL AND STATE INCOME TAXES FOR PROFITS GENERATED FROM UNRELATED TRADE OR BUSINESS INCOME AS OF JUNE 30, 2016 AND 2015, MANAGEMENT HAS DETERMINED THAT IT DOES NOT HAVE ANY LIABILITIES ASSOCIATED WITH UNRELATED TRADE OR BUSINESS INCOME THE ORGANIZATION ASSESSES THE RECORDING OF UNCERTAIN TAX POSITIONS BY EVALUATING THE MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT REQUIREMENTS A TAX POSITION MUST MEET BEFORE BEING RECOGNIZED AS A BENEFIT IN THE CONSOLIDATED FINANCIAL STATEMENTS THE ORGANIZATION'S POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ACCRUED ON ANY UNCERTAIN TAX POSITIONS AS A COMPONENT OF INCOME TAX EXPENSE, IF ANY, IN ITS CONSOLIDATED STATEMENTS OF ACTIVITIES THE ORGANIZATION HAS NOT RECOGNIZED ANY LIABILITIES FOR UNCERTAIN TAX POSITIONS OR UNRECOGNIZED BENEFITS AS OF JUNE 30, 2016 AND 2015 THE ORGANIZATION DOES NOT EXPECT ANY MATERIAL CHANGE IN UNCERTAIN TAX BENEFITS WITHIN THE NEXT TWELVE MONTHS

Part XIII **Supplemental Information** ***(continued)***

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
NATIONAL COLLEGIATE INVENTORS & INNOVATORS ALLIANCE INC

Employer identification number
42-1727335

Part I General Information on Activities Outside the United States.
Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in region	**(d)** Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for and investments in region
(1) SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,	0	0	PROGRAM SERVICES	EVENT EXPENSES RELATED TO OUR GIST TRAINING/GLOBAL PROGRAMS IN SENEGAL AND SOUTH AFRICA EVENT EXPENSES RELATED TO OUR XCELERATOR TRAINING/GLOBAL PROGRAMS IN RWANDA, AFRICA	189,514
(2) MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	EVENT EXPENSES RELATED TO OUR GIST TRAINING/GLOBAL PROGRAMS IN TUNISIA	12,308
(3) SOUTH AMERICA	0	0	PROGRAM SERVICES	EVENT EXPENSES RELATED TO OUR GIST TRAINING/GLOBAL PROGRAMS IN PERU	15,900
(4)					
(5)					
3a Sub-total	0	0			217,722
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			217,722

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶

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

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	EACH GRANT APPLICATION IS REVIEWED FOR QUALIFICATIONS ONCE THE GRANT HAS BEEN AWARDED, TH E ORGANIZATION REQUIRES THE RECIPIENT TO PROVIDE REPORTS TO THE ORGANIZATION TO SUBSTANTIA TE THAT THE GRANT WAS USED FOR ITS DESIGNATED PURPOSE

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on 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.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
NATIONAL COLLEGIATE INVENTORS & INNOVATORS ALLIANCE INC

Employer identification number
42-1727335

Part I General Information on Grants and Assistance

1 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 criteria used to award the grants or assistance? . . . . . . ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . ▶ 77

3 Enter total number of other organizations listed in the line 1 table . . . . . . ▶ 9

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
See Additional Data Table					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	EACH GRANT APPLICATION IS REVIEWED FOR QUALIFICATIONS ONCE THE GRANT HAS BEEN AWARDED, THE ORGANIZATION REQUIRES THE RECIPIENT TO PROVIDE REPORTS TO THE ORGANIZATION TO SUBSTANTIATE THAT THE GRANT WAS USED FOR ITS DESIGNATED PURPOSE

Additional Data

Software ID:
Software Version:
EIN: 42-1727335
Name: NATIONAL COLLEGIATE INVENTORS & INNOVATORS ALLIANCE INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ART CENTER COLLEGE OF DESIGN 1700 LIDA STREET PASADENA,CA 91103	95-1921340	501(C)(3)	71,500				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET FUNDING FOR NEW INITIATIVES THAT WILL DEVELOP INTO USEFUL RESOURCES FOR THE NCIIA COMMUNITY AND BEYOND
NEW YORK UNIVERSITY 25 WEST 4TH ST NEW YORK,NY 10012	13-5562308	501(C)(3)	63,000				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET AWARD TO RECOGNIZE EXCELLENCE AND INNOVATION AMONG GRADUATE AND UNDERGRADUATE BIOMEDICAL ENGINEERING STUDENT TEAMS
NORTH CAROLINA A&T STATE UNIVERSITY 1601 EAST MARKET ST GREENSBORO,NC 27411	56-6000007	501(C)(3)	61,399				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS TRAVEL EXPENSE STIPENDS TO FINANCIALLY ASSIST PATHWAYS TO INNOVATION TEAMS TO ATTEND LEADERSHIP TRAINING AND OUR ANNUAL CONFERENCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON,IL 60208	36-2167817	501(C)(3)	55,591				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET FUNDING FOR NEW INITIATIVES THAT WILL DEVELOP INTO USEFUL RESOURCES FOR THE NCIIA COMMUNITY AND BEYOND
TEXAS A & M UNIVERSITY 6000 TAMU COLLEGE STATION,TX 778436000	74-1974733	170(C)(1)	45,099				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET TRAVEL EXPENSE STIPENDS TO FINANCIALLY ASSIST PATHWAYS TO INNOVATION TEAMS TO ATTEND LEADERSHIP TRAINING AND OUR ANNUAL CONFERENCE
COLUMBIA UNIVERSITY 2960 BROADWAY NEW YORK,NY 100276902	13-5598093	501(C)(3)	41,500				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET AWARD TO RECOGNIZE EXCELLENCE AND INNOVATION AMONG GRADUATE AND UNDERGRADUATE BIOMEDICAL ENGINEERING STUDENT TEAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA POLYTECHNIC STATE UNIVERSITY SAN LUIS OBISPO CAL POLY CORPORATION 1 GRAND AVENUE BUILDING 15 SAN LUIS OBISPO,CA 93407	95-1648180	501(C)(3)	41,258				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET TRAVEL EXPENSE STIPENDS TO FINANCIALLY ASSIST PATHWAYS TO INNOVATION TEAMS TO ATTEND LEADERSHIP TRAINING AND OUR ANNUAL CONFERENCE
ARIZONA STATE UNIVERSITY PO BOX 875812 TEMPE,AZ 85287	86-0196696	170(C)(1)	39,998				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET
GEORGIA INSTITUTE OF TECHNOLOGY GEORGIA TECH RESEARCH CORPORATION 505 TENTH STREET ATLANTA,GA 30332	58-0603146	501(C)(3)	39,100				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS FUNDING FOR NEW INITIATIVES THAT WILL DEVELOP INTO USEFUL RESOURCES FOR THE NCIIA COMMUNITY AND BEYOND

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUERTO RICO MAYAGUEZ UNIVERSITY OF HIGHWAY 108 KM 10 MAYAGUEZ,PR 00681	66-0433761	115(A)	37,798				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET TRAVEL EXPENSE STIPENDS TO FINANCIALLY ASSIST PATHWAYS TO INNOVATION TEAMS TO ATTEND LEADERSHIP TRAINING AND OUR ANNUAL CONFERENCE
APPLIED BIOSENSORS LLC 2500 S STATE STREET STE D224 SALT LAKE CITY,UT 84115	46-2551284	LLC	36,600				PROGRAM REGISTRATION AND TRAVEL STIPENDS FOR I-CORPS @ NIH PROGRAM
AURAL ANALYTICS LLC 1475 N SCOTTSDALE RD STE 200 SCOTTSDALE,AZ 852570001	47-2105309	LLC	36,600				PROGRAM REGISTRATION AND TRAVEL STIPENDS FOR I-CORPS @ NIH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELIDAH INC 810 MAIN ST STE C MONROE,CT 06468	30-0808764	CORPORATION	36,600				PROGRAM REGISTRATION AND TRAVEL STIPENDS FOR I-CORPS @ NIH PROGRAM
MICRODEVICE ENGINEERING LLC 1401 SUGAR MAPLE LANE HOUGHTON,MI 49931	46-2159676	LLC	36,600				PROGRAM REGISTRATION AND TRAVEL STIPENDS FOR I-CORPS @ NIH PROGRAM
PROTEIN DYNAMIC SOLUTIONS LLC 4005 STREET B ROAD 114 KM 13 MAYAGUEZ,PR 00682	66-0798310	LLC	36,600				PROGRAM REGISTRATION AND TRAVEL STIPENDS FOR I-CORPS @ NIH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF COLORADO COLORADO SPRINGS 1420 AUSTIN BLUFFS PARKWAY COLORADO SPRINGS,CO 80918	84-6000555	501(C)(3)	35,345				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS
STANFORD UNIVERSITY TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY 3145 PORTER DRIVE PALO ALTO,CA 94304	94-1156365	501(C)(3)	35,000				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET
ILLINOIS URBANA-CHAMPAIGN UNIVERSITY OF BOARD OF TRUSTEES OF UNIVERSITY OF ILLINOIS 506 S WRIGHT SREET 209 HAB MC-339 URBANA,IL 61801	37-6000511	501(C)(3)	34,898				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOURI UNIVERSITY OF SCIENCE & TECHNOLOGY THE CURATORS OF THE UNIVERSITY OF MISSOURI 202 CENTENNIAL HALL 300 WEST 12TH STREET ROLLA,MO 65409	43-6003859	170(C)(1)	34,399				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS TRAVEL EXPENSE STIPENDS TO FINANCIALLY ASSIST PATHWAYS TO INNOVATION TEAMS TO ATTEND LEADERSHIP TRAINING AND OUR ANNUAL CONFERENCE
UNIVERSITY OF OREGON PO BOX 3237 EUGENE,OR 974030237	46-4727800	170(C)(1)	34,000				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL OFFICE OF SPONSORED RESEARCH 104 AIRPORT DRIVE SUITE 2200 CHAPEL HILL,NC 275991350	56-6001393	501(C)(3)	32,500				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DELAWARE UNIVERSITY OF 220 HULLIHEN HALL NEWARK,DE 19716	51-6000297	501(C)(3)	31,599				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS TRAVEL EXPENSE STIPENDS TO FINANCIALLY ASSIST PATHWAYS TO INNOVATION TEAMS TO ATTEND LEADERSHIP TRAINING AND OUR ANNUAL CONFERENCE
ALABAMA AT BIRMINGHAM UNIVERSITY OF 1720 2ND AVENUE SOUTH BIRMINGHAM,AL 35294	63-6005396	170(C)(1)	31,399				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS TRAVEL EXPENSE STIPENDS TO FINANCIALLY ASSIST PATHWAYS TO INNOVATION TEAMS TO ATTEND LEADERSHIP TRAINING AND OUR ANNUAL CONFERENCE
UNIVERSIDAD DEL TURABO PO BOX 21345 SAN JUAN,PR 009281345	66-0201206	501(C)(3)	31,399				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS TRAVEL EXPENSE STIPENDS TO FINANCIALLY ASSIST PATHWAYS TO INNOVATION TEAMS TO ATTEND LEADERSHIP TRAINING AND OUR ANNUAL CONFERENCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND,OH 441067006	34-1018992	501(C)(3)	30,000				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET
INDIANA STATE UNIVERSITY SAA 200 NORTH 7TH STREET TERRE HAUTE,IN 47809	35-6001670	501(C)(3)	30,000				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS
MICHIGAN ANN ARBOR UNIVERSITY OF REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S STATE STREET ROOM 1040 ANN ARBOR,MI 481091274	38-6006309	501(C)(3)	30,000				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET AWARD TO RECOGNIZE EXCELLENCE AND INNOVATION AMONG GRADUATE AND UNDERGRADUATE BIOMEDICAL ENGINEERING STUDENT TEAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PURDUE UNIVERSITY TRUSTEES OF PURDUE UNIVERSITY 401 S GRANT STREET WEST LAFAYETTE,IN 47907	35-6002041	170(C)(1)	30,000				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET
SOUTHERN CALIFORNIA UNIVERSITY OF UNIVERSITY GARDENS SUITE 205 LOS ANGELES,CA 900898006	95-1642394	501(C)(3)	30,000				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS
WESTERN MICHIGAN UNIVERSITY 1903 W MICHIGAN AVENUE KALAMAZOO,MI 49008	38-6007327	170(C)(1)	30,000				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET AWARD TO RECOGNIZE EXCELLENCE AND INNOVATION AMONG GRADUATE AND UNDERGRADUATE BIOMEDICAL ENGINEERING STUDENT TEAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY PO BOX 208327 NEW HAVEN,CT 065208237	06-0646973	501(C)(3)	30,000				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET
COLORADO SCHOOL OF MINES 1500 ILLINOIS STREET GOLDEN,CO 80401	84-6000551	115(A)	28,486				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS
UNIVERSITY OF TEXAS AT EL PASO 500 W UNIVERSITY AVE EL PASO,TX 79968	74-6000813	170(C)(1)	28,087				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HAMPSHIRE COLLEGE 893 WEST STREET AMHERST,MA 01002	04-6130872	501(C)(3)	27,815				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET
OREGON STATE UNIVERSITY PO BOX 1086 CORVALLIS,OR 973391086	61-1730890	170(C)(1)	27,798				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET TRAVEL EXPENSE STIPENDS TO FINANCIALLY ASSIST PATHWAYS TO INNOVATION TEAMS TO ATTEND LEADERSHIP TRAINING AND OUR ANNUAL CONFERENCE
TENNESSEE TECH UNIVERSITY ONE WILLIAM L JONES DRIVE COOKVILLE,TN 38505	62-0646806	170(C)(1)	27,599				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS TRAVEL EXPENSE STIPENDS TO FINANCIALLY ASSIST PATHWAYS TO INNOVATION TEAMS TO ATTEND LEADERSHIP TRAINING AND OUR ANNUAL CONFERENCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE UNIVERSITY MONTEREY BAY UNIVERSITY CORPORATION AT MONTEREY BAY 100 CAMPUS CENTER SEASIDE,CA 93955	77-0387459	501(C)(3)	26,875				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS
CALIFORNIA DAVIS UNIVERSITY OF OFFICE OF RESEARCH 1850 RESEARCH PARK DR SUITE 300 DAVIS,CA 95618	94-6036494	170(C)(1)	25,000				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET SUITE C200 BALTIMORE,MD 21218	52-0595110	501(C)(3)	25,000				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH DAKOTA STATE UNIVERSITY NDSU DEPT 3100 PO BOX 6050 FARGO,ND 581086050	45-6002439	170(C)(1)	25,000				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET
OKLAHOMA STATE UNIVERSITY OSU GRANTS AND CONTRACT FINANCIAL ADMINISTRATION 401 WHITEHURST HALL STILLWATER,OK 74078	73-6017987	170(C)(1)	25,000				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET
UNIVERSITY OF MASSACHUSETTS AMHERST 333 SOUTH STREET SUITE 450 SHREWSBURY,MA 015454176	04-3167352	170(C)(1)	25,000				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUKE UNIVERSITY BOX 104132 DURHAM,NC 27708	56-0532129	501(C)(3)	24,830				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET
WORCESTER POLYTECHNIC INSTITUTE 100 INSTITUTE ROAD WORCESTER,MA 01609	42-2121659	501(C)(3)	24,461				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET
MICHIGAN TECHNOLOGICAL UNIVERSITY 1400 TOWNSEND DRIVE HOUGHTON,MI 49931	38-6005955	170(C)(1)	24,099				TRAVEL EXPENSE STIPENDS TO FINANCIALLY ASSIST PATHWAYS TO INNOVATION TEAMS TO ATTEND LEADERSHIP TRAINING AND OUR ANNUAL CONFERENCE FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE POLYTECHNIC UNIVERSITY POMONA CAL POLY POMONA FOUNDATION INC 3801 W TEMPLE AVE BLDG 55 POMONA,CA 917682557	95-2417645	501(C)(3)	24,050				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS
RESEARCH FOUNDATION OF THE CITY COLLEGE OF NEW YORK 230 WEST 41ST STREET NEW YORK,NY 10036	13-1988190	501(C)(3)	23,500				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS
UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE ROOM 411 SALT LAKE CITY,UT 84112	87-6000525	501(C)(3)	21,020				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF RHODE ISLAND 75 LOWER COLLEGE RD KINGSTON,RI 02881	22-3011455	501(C)(6)	20,700				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS
AKRON UNIVERSITY OF 302 BUTCHTEL COMMON AKRON,OH 44325	34-6002924	501(C)(3)	20,000				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET
NEW MEXICO INSTITUTE OF MINING & TECHNOLOGY 801 LEROY PLACE SOCORRO,NM 87801	85-6000411	CORPORATION	20,000				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TEXAS SOUTHWESTERN MEDICAL CENTER UNIVERSITY OF 5323 HARRY HINES BLVD MC 9029 DALLAS,TX 753909029	75-6002868	170(C)(1)	20,000				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET
ROLLINS COLLEGE 1000 HOLT AVE 2715 WINTER PARK,FL 327894499	59-0624440	501(C)(3)	19,040				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS
MISSOURI COLUMBIA UNIVERSITY OF THE CURATORS OF THE UNIVERSITY OF MISSOURI 118 UNIVERSITY HALL COLUMBIA,MO 65211	43-6003859	170(C)(1)	18,500				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STATE OF KANSAS WICHITA STATE UNIVERSITY 1845 FAIRMOUNT WICHITA,KS 67260	48-1124839	115(A)	18,329				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS TRAVEL EXPENSE STIPENDS TO FINANCIALLY ASSIST PATHWAYS TO INNOVATION TEAMS TO ATTEND LEADERSHIP TRAINING AND OUR ANNUAL CONFERENCE
TEXAS TECH UNIVERSITY SYSTEM BOX 41091 LUBBOCK,TX 79409	75-6002622	501(C)(3)	18,000				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS
VIRGINIA UNIVERSITY OF RECTORS VISITORS OF THE UNIVERSITY OF VIRGINIA PO BOX 400194 CHARLOTTESVILLE,VA 229044195	54-6001796	501(C)(3)	15,000				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE 9201 UNIVERSITY CITY BOULEVARD CHARLOTTE,NC 28223	56-0791228	170(C)(1)	13,250				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS
MASSACHUSETTS LOWELL UNIVERSITY OF 600 SUFFOLK STREET 2ND FLOOR SOUTH LOWELL,MA 01854	04-3167352	170(C)(1)	12,599				FUNDING FOR NEW INITIATIVES THAT WILL DEVELOP INTO USEFUL RESOURCES FOR THE NCIIA COMMUNITY AND BEYOND TRAVEL EXPENSE STIPENDS TO FINANCIALLY ASSIST PATHWAYS TO INNOVATION TEAMS TO ATTEND LEADERSHIP TRAINING AND OUR ANNUAL CONFERENCE
NORTHERN ILLINOIS UNIVERSITY ACCOUNTING OFFICE 201 LOWDEN HALL DEKALB,IL 60115	36-6008480	170(C)(1)	12,500				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HARDING UNIVERSITY 915 E MARKET AVE HU10772 SEARCY,AR 72149	71-0236896	501(C)(3)	12,000				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET
TENNESSEE KNOXVILLE UNIVERSITY OF 201 ANDY HOLT TOWER KNOXVILLE,TN 379960100	62-6001636	170(C)(1)	11,000				AWARD TO RECOGNIZE EXCELLENCE AND INNOVATION AMONG GRADUATE AND UNDERGRADUATE BIOMEDICAL ENGINEERING STUDENT TEAMS
ASSOCIATION OF PUBLIC AND LAND-GRANT UNIVERSITIES 1307 NEW YORK AVENUE NW400 WASHINGTON,DC 20005	53-0182346	501(C)(3)	10,000				FUNDING FOR NEW INITIATIVES THAT WILL DEVELOP INTO USEFUL RESOURCES FOR THE NCIIA COMMUNITY AND BEYOND

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KANSAS UNIVERSITY OF 2385 IRVING HILL ROAD LAWRENCE,KS 66045	48-1124839	170(C)(1)	10,000				FUNDING FOR NEW INITIATIVES THAT WILL DEVELOP INTO USEFUL RESOURCES FOR THE NCIIA COMMUNITY AND BEYOND
ROCHESTER INSTITUTE OF TECHNOLOGY 7 LOMB MEMORIAL DRIVE ROCHESTER,NY 14623	16-0743140	501(C)(3)	10,000				FUNDING FOR NEW INITIATIVES THAT WILL DEVELOP INTO USEFUL RESOURCES FOR THE NCIIA COMMUNITY AND BEYOND
SOCIETY FOR ADVANCEMENT OF CHICANOS AND NATIVE AMERICANS IN SCIENCE 1211 PACIFIC AVENUE SANTA CRUZ,CA 95060	52-1443811	501(C)(3)	10,000				FUNDING FOR NEW INITIATIVES THAT WILL DEVELOP INTO USEFUL RESOURCES FOR THE NCIIA COMMUNITY AND BEYOND

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED STATES ASSOCIATION FOR SMALL BUSINESS & ENTREPRENEURSHIP 1214 HYLAND HALL UNIVERSITY OF WISCONSIN-WHITEWATER WHITEWATER,WI 53190	52-1287170	501(C)(3)	10,000				FUNDING FOR NEW INITIATIVES THAT WILL DEVELOP INTO USEFUL RESOURCES FOR THE NCIIA COMMUNITY AND BEYOND
WIST INC 1820 COMMONWEALTH AVENUE APT 14 BRIGHTON,MA 02135	46-3136946	CORPORATION	10,000				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS
UNIVERSITY OF PUERTO RICO RIO PIEDRAS PO BOX 23308 SAN JUAN,PR 009313308	66-0433760	501(C)(3)	8,850				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAN JOSE STATE UNIVERSITY TOWER FOUNDATION OF SAN JOSE STATE UNIVERSITY ONE WASHINGTON SQ SAN JOSE,CA 951920183	83-0403915	501(C)(3)	8,000				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS
URSINUS COLLEGE 601 EAST MAIN STREET COLLEGEVILLE,PA 19426	23-1177930	CORPORATION	7,845				FUNDING TO SUPPORT COURSES OR PROGRAMS AT THE INTERSECTION OF INVENTION, INNOVATION, AND ENTREPRENEURSHIP THAT LEAD TO THE CREATION AND SUPPORT OF E-TEAMS IN WHICH SOME ADDRESS POVERTY ALLEVIATION AND BASIC HUMAN NEEDS
ALABAMA IN TUSCALOOSA UNIVERSITY OF C/O TAX OFFICE BOX 870136 TUSCALOOSA,AL 35487	63-6001138	501(C)(3)	5,000				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ASSOCIATION OF UNIVERSITY TECHNOLOGY MANAGERS ONE PARKVIEW PLAZA SUITE 800 OAKBROOK TERRACE,IL 60181	36-3011951	501(C)(3)	5,000				FUNDING FOR NEW INITIATIVES THAT WILL DEVELOP INTO USEFUL RESOURCES FOR THE NCIIA COMMUNITY AND BEYOND
CALIFORNIA BERKELEY UNIVERSITY OF REGENTS OF THE UNIVERSITY OF CALIFORNIA 2195 HEARST AVE ROOM 159 BERKELEY,CA 94720	94-6002123	501(C)(3)	5,000				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET
CENTRAL OKLAHOMA UNIVERSITY OF 100 N UNIVERSITY DR EDMOND,OK 73034	73-1353314	115(A)	5,000				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COLORADO BOULDER UNIVERSITY OF REGENTS OF THE UNIVERSITY OF COLORADO 3100 MARINE ST ROOM 479 BOULDER,CO 803031058	84-6000555	501(C)(3)	5,000				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET
CORNELL UNIVERSITY 130 E SENECA STREET SUITE 400 ITHACA,NY 14850	15-0532082	501(C)(3)	5,000				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET
HOUSTON UNIVERSITY OF DEPARTMENT OF BIOLOGY BIOCHEMISTRY 369 SCIENCE RESEARCH BLDG 2 HOUSTON,TX 772045001	74-6001399	170(C)(1)	5,000				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LEHIGH UNIVERSITY OFFICE OF RESEARCH 526 BRODHEAD AVENUE BETHLEHEM,PA 18015	24-0795445	501(C)(3)	5,000				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET
MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVENUE NE49-3000 CAMBRIDGE,MA 02139	04-2103594	501(C)(3)	5,000				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET
PENNSYLVANIA STATE UNIVERISTY 408 OLD MAIN UNIVERSITY PARK,PA 168027000	24-6000376	170(C)(1)	5,000				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PENNSYLVANIA UNIVERSITY OF THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA P221 FRANKLIN BLDG 3451 WALNUT STREET PHILADELPHIA,PA 19104	23-1352685	501(C)(3)	5,000				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET
SANTA CLARA UNIVERSITY PRESIDENT BOARD OF TRUSTEES OF SANTA CLARA COLLEGE 500 EL CAMINO R SANTA CLARA,CA 95053	94-1156617	CORPORATION	5,000				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET
TULANE UNIVERSITY ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND 6823 ST CHARLES AVENUE NEW ORLEANS,LA 70118	72-0423889	501(C)(3)	5,000				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WEST VIRGINIA UNIVERSITY FOUNDATION INC ONE WATERFRONT PLACE 7TH FLOOR MORGANTOWN,WV 26507	55-6017181	501(C)(3)	5,000				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET
WILLIAM MARSH RICE UNIVERSITY 6100 MAIN STREET MS-70 HOUSTON,TX 77005	74-1109620	501(C)(3)	5,000				FUNDING OF EXPERIENTIAL WORKSHOPS, VETERAN COACHING AND A POTENTIAL INVESTMENT OPPORTUNITY TO HELP E-TEAMS BRING AN INVENTION TO MARKET

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
OPEN MINDS AWARDS	17	10,600			
OPEN UIF PRESENTER STIPEND	20	6,098			
ACA INNOVATION SHOWCASE TRAVEL STIPEND	1	1,000			
I-CORPS L ADVISORY PANEL STIPEND	3	3,000			
ASPIRE MEDTECH 2016 TRAVEL STIPEND	3	3,600			
E3 CLEANTECH (OCT/DEC 2015) TRAVEL STIPEND	1	2,000			
PATHWAYS FUNDRAISING WEBINAR (3/30/16 AND 4/5/16)	8	6,100			
PATHWAYS LAS VEGAS (OCT 2015) STIPEND	3	1,200			

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
NATIONAL COLLEGIATE INVENTORS & INNOVATORS ALLIANCE INC

Employer identification number
42-1727335

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b		No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		No
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b		No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PHILIP WEILERSTEIN PRESIDENT	(i)	209,454	51,250	0	21,596	11,881	294,181	0
	(ii)	0	0	0	0	0	0	0
2 JENNIFER HOLME CHIEF OF STAFF/ASST SEC	(i)	147,313	0	0	14,889	11,795	173,997	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total		▶ $										

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(1) JEROME ENGEL	BOARD MEMBER	125,240	JEROME PROVIDES SERVICES TO THE ORGANIZATION AS THE FACULTY DIRECTOR OF THE I-CORPS AND LLP PROGRAMS JEROME IS NOT PAID IN HIS ROLE AS A DIRECTOR FOR ORGANIZATION'S BOARD OF DIRECTORS		No

Part V Supplemental Information

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

Return Reference	Explanation

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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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
NATIONAL COLLEGIATE INVENTORS & INNOVATORS ALLIANCE INC

Employer identification number
42-1727335

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS AND THEY ARE GIVEN THE OPPORTUNITY TO REVIEW AND COMMENT PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION'S DIRECTORS AND OFFICERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY AND DISCLOSE WHETHER THEY ARE ENGAGED IN CONFLICTING ACTIVITIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION AMOUNTS FOR OFFICERS/KEY EMPLOYEES AND THE EXECUTIVE DIRECTOR ARE DETERMINED BY USING A COMPREHENSIVE COMPENSATION STUDY PREPARED BY AN INDEPENDENT FIRM THAT SPECIALIZES IN COMPENSATION MATTERS WHICH ENCOMPASSES COMPARABILITY DATA AND TAKES IN CONSIDERATION OF JOB RESPONSIBILITIES AND EXPERIENCE LEVELS THE BOARD OF DIRECTORS REVIEWS/APPROVES THE ANNUAL BUDGET THAT INCLUDES COMPENSATION, AND THE EXECUTIVE DIRECTOR HAS LATITUDE WITHIN THE SAID BUDGET TO DETERMINE/ADJUST EMPLOYEE COMPENSATION, EXCEPT THE BOARD OF DIRECTORS REVIEWS/APPROVES THE SPECIFIC COMPENSATION AMOUNT FOR THE EXECUTIVE DIRECTOR
FORM 990, PART VI, SECTION C, LINE 19	THESE ITEMS ARE MAINTAINED ON FILE AND ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTING/OUTSIDE SERVICES PROGRAM SERVICE EXPENSES 2,573,625 MANAGEMENT AND GENERAL EXPENSES 657,665 FUNDRAISING EXPENSES 18,850 TOTAL EXPENSES 3,250,140
FORM 990, PART XII, QUESTION 2C	THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILTY FOR OVERSIGHT OVER THE AUDIT O F ITS FINANCIAL STATEMENTS AND SELECTION OF THE INDEPENDENT ACCOUNTANT THIS PROCESS HAS N OT CHANGED FROM THE PRIOR YEAR

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2015

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Name of the organization
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Employer identification number
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Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) VENTURE WELL LLC 100 VENTURE WAY HADLEY, MA 01035	TO INVEST IN AND ADVISE STUDENT-CREATED VENTURES	MA		157,205	NATIONAL COLLEGIATE INVENTORS & INNOVATORS ALLIANCE INC

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	**1a**		
b	Gift, grant, or capital contribution to related organization(s)	**1b**		
c	Gift, grant, or capital contribution from related organization(s)	**1c**		
d	Loans or loan guarantees to or for related organization(s)	**1d**		
e	Loans or loan guarantees by related organization(s)	**1e**		
f	Dividends from related organization(s)	**1f**		
g	Sale of assets to related organization(s)	**1g**		
h	Purchase of assets from related organization(s)	**1h**		
i	Exchange of assets with related organization(s)	**1i**		
j	Lease of facilities, equipment, or other assets to related organization(s)	**1j**		
k	Lease of facilities, equipment, or other assets from related organization(s)	**1k**		
l	Performance of services or membership or fundraising solicitations for related organization(s)	**1l**		
m	Performance of services or membership or fundraising solicitations by related organization(s)	**1m**		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**		
o	Sharing of paid employees with related organization(s)	**1o**		
p	Reimbursement paid to related organization(s) for expenses	**1p**		
q	Reimbursement paid by related organization(s) for expenses	**1q**		
r	Other transfer of cash or property to related organization(s)	**1r**		
s	Other transfer of cash or property from related organization(s)	**1s**		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation