Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2016 calend	ar year, or tax year beginning 07/01 , 2016, and ending		12/31	, 20 16
B 0	heck if ap	oplicable	C Name of organization	D Emplo	yer ide	ntification number
	Address change NATIONAL ASSOCIATION OF IDEA PRINCIPAL INVESTIGATORS					-1040652
	Name cha	E Telepi	hone nur	nber		
_	nitial retur		430 Hampton Creek Court		803	-269-8631
~	Final retur Amended	m/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Grou	p Exem	ption
_		n pending	Columbia, SC, 29209	Num	ber ▶	•
		ting Method	☐ Cash ☐ Accrual Other (specify) ► H	Check •	► ✓ if	the organization is not
	Vebsite		nalpi.org			ch Schedule B
J T	ax-exen		eck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	(Form 99	90, 990	·EZ, or 990-PF).
			✓ Corporation ☐ Trust ☐ Association ☐ Other	·		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets		
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	3,245
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	instruc	tions	
		Check if	the organization used Schedule O to respond to any question in this Part I			🗸
	1		ons, gifts, grants, and similar amounts received		1	0
	2	Program s	ervice revenue including government fees and contracts	[2	0
	3		ip dues and assessments]	3	3,245
	4	Investmen	t income	[4	0
	5a	Gross amo	ount from sale of assets other than inventory 5a	oÌ	' (
	b		or other basis and sales expenses	0	· . ·	
	С	Gain or (lo	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	•	d fundraising events	- 1		
	а	Gross inc	ome from gaming (attach Schedule G if greater than			
ē		\$15,000)	6a	o		
Revenue	b	Gross inco	าร			
ě		from fundi		1		
_		sum of suc	ch gross income and contributions exceeds \$15,000) 6b	o		
	С	Less: direc	et expenses from gaming and fundraising events 6c	0	.,.	
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and su	btract		
		line 6c)			6d	0
	7a	Gross sale	s of inventory, less returns and allowances	0		
	b	Less: cost	of goods sold	0		
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from ine 7a)		7c	0
	8	Other reve		<u></u>	8	0
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	3,245
	10	Grants and	d similar amounts paid (list in Schedule O) 8 - MAY 1 3 2017		10	6,809
	11	Benefits p	aid to or for members		11	0
es	12	Salaries, o	ther compensation, and employee benefits .		12	0
enses	13	Profession	al fees and other payments to independent contractors Fig. U		13	0
Expe	14	Occupano	y, rent, utilities, and maintenance		14	0
Ш	15		ublications, postage, and shipping		15	0
	16	Other exp	enses (describe in Schedule O)	<u></u>	16	24,824
	17	Total exp	enses. Add lines 10 through 16	. ▶]	17	31,633
g	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18	-28,388
set	19		or fund balances at beginning of year (from line 27, column (A)) (must agree			
As	1	-	ar figure reported on prior year's return)		19	149,711
Net Assets	20	Other cha	nges in net assets or fund balances (explain in Schedule O)	_ <u></u>	20	0
_	21_	Net assets	or fund balances at end of year. Combine lines 18 through 20	▶	21	121,323
	. 0		Can A a A A A A A A A A A A A A A A A A A			F 000 E7 (0010

Cat No 10642I



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Pag	e	2

Par	t II Balance Sheets (see the instructions t	•			_	_
	Check if the organization used Schedule	O to respond to ar			<u></u>	(D) Ford of visco
			-	(A) Beginning of year	-	(B) End of year
22	Cash, savings, and investments			149,711		121,323
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets			149,711	-	121,323
26	Total liabilities (describe in Schedule O)	(D)t	· · · · · · · · · · · · · · · · · · ·		26	0
27	Net assets or fund balances (line 27 of column			149,711	21	121,323
Par					}	Expenses
14/1 1	Check if the organization used Schedule			Part III L	(Red	quired for section
	t is the organization's primary exempt purpose?					(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the ach program title.	services provided	, the number of		anizations, optional for ers)
28	Organization of the National IDeA Symposium of Bio				}	
	Washington, DC, June 26-29, 2016. This symposium	brought together over	r 800 participants, al	l scientists		
	(Continued on Schedule O, Statement 2)			·		
		includes foreign gra			288	12,278
29	NAIPI maintains a website and database to provide u			~	ſ	
	and to collect outcomes data for the generation of s	ummary reports on th	e impact of IDeA pro	grams on	ļ	
	(Continued on Schedule O, Statement 3)					
	(Grants \$ 0) If this amount	ıncludes foreign gra	nts, check here .	<u>· · · ▶ </u>	298	10,811
30)	1
					ł	
		includes foreign gra			308	<u> </u>
31	Other program services (describe in Schedule O)				١.,	
		includes foreign gra			318	
	Total program service expenses (add lines 28a				32	
Par	List of Officers, Directors, Trustees, and Key	/ Employees (list each	one even if not com	pensated—see the i	nstru	ctions for Part IV)
Par		/ Employees (list each	n one even if not comp ny question in this	pensated – see the i	nstru	ctions for Part IV)
Par	List of Officers, Directors, Trustees, and Key	/ Employees (list each	one even if not com	pensated—see the interpretation of the pensated	nstru /ee (e	ctions for Part IV)
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	/ Employees (list each O to respond to an (b) Average hours per week	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the interpretation of the pensated	nstru /ee (e	octions for Part IV)
Caro	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	(b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the interpretation of the pensated	nstru /ee (e	ctions for Part IV)
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Caro Pres Luci	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title blyn Bohach	(Employees (list each O to respond to at (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated – see the interpretation of the pensated – see the interpretation of the pensated – see the interpretation of the pensated – see the pens	nstru yee (e	ctions for Part IV)
Caro Pres Luci Trea	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title blyn Bohach Ident a A Pirisi-Creek	(Employees (list each O to respond to at (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	censated—see the interpretation of the part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru yee (e	ctions for Part IV)
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Caro Pres Luci Trea Law	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title plyn Bohach ident a A Pirisi-Creek surer erence Cornett	(Employees (list each O to respond to an (b) Average hours per week devoted to position 3	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	coensated—see the interpretation of the part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru , /ee (e on 0	ctions for Part IV)
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	
04	detailed description of each activity in Schedule O	33		_
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	√	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	•		
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	-		
L		38a		
b b	If "Yes," complete Schedule L, Part II and enter the total amount involved	ł	٠,	1
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	1		1
b	Gross receipts, included on line 9, for public use of club facilities	ł		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	ĺ		
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	ł	Ì	
_	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			,
_	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		- ✓
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		"	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ sc			
42a	The organization's books are in care of ▶ Lucia A Pirisi Creek Telephone no ▶	303-26	9-863	1
	Located at ► 430 Hampton Creek Court, Columbia, SC 29209 ZIP + 4 ►	29	209	
Ь	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)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c	<u> </u>	_ ✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	•	•	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	144		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a	-	+-
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a		
		44011		

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46		e organization engage, directly or in didates for public office? If "Yes," c					ion	Yes	No
Part	VI S	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51.	only					r line	<u></u> es
		Check if the organization used Sch	nedule O to respond	to any question in	this Part	VI			
								Yes	No
47	year?	e organization engage in lobbying If "Yes," complete Schedule C, Part	:#				. 47		1
48		organization a school as described in							
49a		e organization make any transfers to					. 49a . 49b		<u> </u>
50	Comp	s," was the related organization a se lete this table for the organization's	five highest company	on?				s and	d kev
30		yees) who each received more than							
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) He contributi benefit pla	alth benefits, ons to employee ins, and deferred opensation	(e) Estimated other comp	d amou	unt of
None									
				<u> </u>			 		
							<u>'</u>		
f 51	Comp	number of other employees paid ovolete this table for the organization 000 of compensation from the orga	s five highest compe	ensated independer	nt contract	tors who each	received	more	than
	(a) 1	Name and business address of each independ	lent contractor	(b) Type of s	ervice	(c) Compensation	on 	
None									
				 					
				-					
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	.▶				
52		he organization complete Scheduleted Schedule A	ule A? Note: All se	, , , ,	•		ha . ⊳		No
		of perjury, I declare that I have examined this d complete Declaration of preparer (other than					nowledge and	belief,	nt is
Sign		Signature of officer				Date			
Here		Lucia A Pirisi Creek, Treasurer Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature		Date	Check C			
Prep		Firm's name &			 1	self-emplo	yeu		
Use	Only	Firm's name ► Firm's address ►				Firm's EIN ▶ Phone no			
May t	he IRS	discuss this return with the prepare	r shown above? See	instructions		, none no	► □ Voo		No.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number NATIONAL ASSOCIATION OF IDEA PRINCIPAL INVESTIGATORS 27-1040652 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 12, 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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/a% 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C)

(D)

(E) Total

	(Complete only if you checked the Part III. If the organization fails to						ılify under
Secti	on A. Public Support	4					
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
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	0	0	0	0	0	0
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						0
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
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						0
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for the	ne organization	i's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he				<u></u>	<u></u>	· · 🕨 🗆
Sect	on C. Computation of Public Suppor	rt Percentage	е				
14	Public support percentage for 2016 (line	• • • • • • • • • • • • • • • • • • • •	•	1, column (f))		14	0 %
15	Public support percentage from 2015 Sci					15	100 %
16a	331/3% support test - 2016. If the organ						
	box and stop here . The organization qua						
b	331/2% support test—2015. If the organithis box and stop here. The organization						
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the organization	eets the "facts	-and-circumsta umstances" te	ances" test, ch	neck this box a zation qualifies	and stop here.	. Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization is supported organization	ation meets th	e "facts-and-d ts-and-circums	circumstances' stances" test.	' test, check	this box and s	stop here.
18	Private foundation. If the organization d instructions	id not check a			, or 17b, chec	k this box and	

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

(Complete only if you checked the box on line 10 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,500	1,600	39,008	42,639	3,245	87,992
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities		1			ľ	
	furnished in any activity that is related to the organization's tax-exempt purpose	o	0	ا	293,305	ol	293,305
3	Gross receipts from activities that are not an			<u></u>	293,303	-	293,303
•	unrelated trade or business under section 513	o		0	o	ا	^
4			. 0		- 0	0	0
4	Tax revenues levied for the organization's benefit and either paid		1	Ì		·	
	to or expended on its behalf	_	1	} _	_		_
_	•	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge			[
	-	0	0	0	0	0	0
6	Total. Add lines 1 through 5	1,500	1,600	39,008	335,944	3,245	381,297
/a	Amounts included on lines 1, 2, and 3]		ļ	
	received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3			ſ			
	received from other than disqualified			ł			
	persons that exceed the greater of \$5,000	}		Į į			
	or 1% of the amount on line 13 for the year	0	0		0	0	0
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from			!		ĺ	
04	line 6.)	L		<u> </u>			381,297
	on B. Total Support			F 4 3 4 3 7 7 7 7			
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	1,500	1,600	39,008	335,944	3,245	381,297
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	1		(
	royalties and income from similar sources .	0	0	0	0	0	0
b	Unrelated business taxable income (less			1			
	section 511 taxes) from businesses]]			
	acquired after June 30, 1975	0	0		0	0	0
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business	{					
	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or			1			
	loss from the sale of capital assets			(
	(Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,	Į.		Į.	,		
	and 12.)	1,500				3,245	381,297
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<u></u>		· · · · ·	▶ □
	on C. Computation of Public Support						
15	Public support percentage for 2016 (line					15	100 %
16	Public support percentage from 2015 Sci					16	100 %
	on D. Computation of Investment In						
17	Investment income percentage for 2016 (•		17	<u>0 %</u>
18	Investment income percentage from 2019					18	0 %
19a	331/3% support tests—2016. If the organ						-
	17 is not more than 331/3%, check this box						
b	331/3% support tests —2015. If the organiz						
	line 18 is not more than 331/3%, check this					•	لينا
20	Private foundation. If the organization di	id not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🗌

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
 - **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 77 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **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.)

		Yes	No
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and the	3b		
2)(B)	3c		W.
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tion sed 2)(B)	4c		
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ady	5b 5c		***
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hich	9b		
nefit	9c		77.
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), to	10b	<u> </u>	

Part	Supporting Organizations (continued)			
		لـــــ	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		اــــا
		11b		
	A family member of a person described in (a) above? 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		\vdash
	on B. Type I Supporting Organizations	110		
00011	on b. Type reapporting 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		
Secti	on 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		,
Secti	on 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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	 •	\vdash	
_	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		<u> </u>
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		
Sect	ion 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	inota	otion	
		IIISU U	Cuon	3).
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. ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity 	/000 II	otruo	tional
С	The organization supported a governmental entity Describe in Part VI now you supported a government entity	(566 11		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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		1
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.	2h		
3	•	2b	+	+
a a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	2-	-	<u> </u>
L	•	3a	+-	+-
ь	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 Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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):			
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	Г		
emergency temporary reduction (see instructions).	6		1
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III support	ing organization (see

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish								
2	Amounts paid to perform activity that directly furthers exe	rted							
	organizations, in excess of income from activity		- ,-,						
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations						
4_	Amounts paid to acquire exempt-use assets								
	Qualified set-aside amounts (prior IRS approval required)								
	Other distributions (describe in Part VI). See instructions.		 						
	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which	n the organization is res	ponsive						
	(provide details in Part VI). See instructions. Distributable amount for 2016 from Section C, line 6								
<u>9</u> 10	Line 8 amount divided by Line 9 amount								
	Line 6 amount divided by Line 9 amount	 	(ii)	(iii)					
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016					
1	Distributable amount for 2016 from Section C, line 6			_					
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2016:								
a									
b									
c	From 2013								
d	From 2014		·						
е_	From 2015		<u> </u>						
f_	Total of lines 3a through e								
	Applied to underdistributions of prior years								
	Applied to 2016 distributable amount								
- ! -	Carryover from 2011 not applied (see instructions)								
_ -	Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2016 from	 							
4	Section D, line 7:	İ		į ·					
a	Applied to underdistributions of prior years	 	 	 					
	Applied to 2016 distributable amount								
		 		 					
5	Remaining underdistributions for years prior to 2016, if	 		i					
5	any. Subtract lines 3g and 4a from line 2. For result								
	greater than zero, explain in Part VI. See instructions.	ii.		•					
6	Remaining underdistributions for 2016. Subtract lines 3h								
•	and 4b from line 1. For result greater than zero, explain ir			i					
	Part VI. See instructions.								
7	Excess distributions carryover to 2017. Add lines 3j and 4c.								
8	Breakdown of line 7:								
a	<u> </u>								
b	Excess from 2013	<u> </u>							
c	Excess from 2014								
<u>d</u>	Excess from 2015		ļ	 					
e	Excess from 2016	<u> </u>	<u> </u>	<u></u>					

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.)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2016

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Department of the Treasury Internal Revenue Service ► 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.

lame of the organization

Employer identification number 27-1040652

NATIONAL ASSOCIATION OF IDEA PRINCIPAL INVESTIGATORS	27-1040652		
Form 990-EZ, Part I, Line 10 - four undergraduate students from IDeA-funded institutions were suppor	ted to attend the NISBRE meeting.		
These students were selected through a nomination process that involved principal investigators, teachers and mentors from eight different			
states in the IDeA program. Selection was based on academic performance and interest in pursuing a scientific career. A subcommittee of			
the NAIPI National Board, jointly with the NISBRE organizers, reviewed the applications and selected the four recipients.			
Form 990-EZ, Part I, Line 16 - expenses related to NAIPI services, including website maintenance and database building (\$10,811);			
organization of NISBRE Conference (residual expenses, \$12,278); administrative expenses (\$1,735)			
Form 990-EZ, Part V, Line 34 - Change of fiscal year: We determined that a change of fiscal year was warranted, because the organization			
has functioned along the calendar year in recent times, and the July 1 start date for the NAIPI fiscal year is no longer in sync with the current			
functioning of NAIPI. The Executive Committee of NAIPI approved the change of fiscal year during its recent meeting, on May 3rd, 2017.			
The next fiscal year for NAIPI began January 1, 2017. Hence, this report.			

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