EXTENDED TO MAY 15, 2019

Form 990

Department of the Treasury	١
Internal Revenue Service	

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	2017 calendar year, or tax year beginning JU	IL 1, 2017 and	ending J	UN 30, 2018	
	heck if				D Employer identifi	
_	Addres	TARROTTAMION COLLABORAMIN	TR TNC		47-13	50167Le
늗	_change _Name _change		D, IRC.			****
\vdash	Initial	Number and street (or P.O. box if mail is not deliv	ered to street address)	Room/surte	E Telephone numbe	r
	_return Final return/	1001 STATE STREET		907	814-	490-5295
_	termin- ated Amend	City or town, state or province, country, and 2	IP or foreign postal code		G Gross recerpts \$	249,174.
\vdash	_return	EKIE, FK 10301	NID CONDIGIT		H(a) Is this a group re	
_	Jtion pendin	F Name and address of principal officer. 1001	WE CONNETT	. 1	for subordinates	
		SAME AS C ABOVE	4 (H(b) Are all subordinates i	
<u> </u>	ax-exe	mpt status: X 501(c)(3) 501(c) () ⇒ WWW.INNOVATIVECOLLABOR	(insert no.) 4947(a)(1)	1 CH 321	1	list. (see instructions)
_				DI Vear	H(c) Group exemption	A State of legal domicile; PA
		organization: Corporation Trust Ass	ociation A onici P I OII	TE TEAT	OF IOTHIAUDIL ZOTA	M State of regal dofficile, 1 11
1	4	Briefly describe the organization's mission or most s	ventioent estrutios: FACT	Τ.ΤͲΑͲΤ.Τ	NG MEASURT	NG AND
921	1	COMMUNICATING OUTCOMES FOR	THE TMPROVEME	NT OF	NORTHWESTER	N
& Governance		Check this box If the organization discon	···· ··· · · · · · · · · · · · · · · ·			
Ver		Number of voting members of the governing body (•		3	l 8
ၓ		Number of independent voting members of the gov			4	7
S		Total number of individuals employed in calendar ye	• • •		5	2
itie		Total number of volunteers (estimate if necessary)			6	0
Activities		Fotal unrelated business revenue from Part VIII, col				0.
¥	ĺ	Net unrelated business taxable income from Form 9				0.
					Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, PETCEIV	FD I		99,702.	233,092.
	9	Program service revenue (Part VIII., line 2g)	72		7,001.	15,995.
eve		nvestment income (Part VIII, Courn (A), lines 3,4,	and 7d)	,	14.	12.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, (20111e)	<u> </u>	-17,261.	75.
		Total revenue - add lines 8 through 11 (must equal.)	89,456.	249,174.		
	13	Grants and similar amounts paid (Pan Redum) A), (nes 1-3)		0.	5,450.
	14	Benefits paid to or for members (Paulix, column (A)	, line 4)		0.	0.
Se es	15	Salaries, other compensation, employee benefits (P	art IX, column (A), lines 5-10)		96,600.	73,229.
Sue	16a	Professional fundraising fees (Part IX, column (A), lir	ne 11e)		0.	0.
Expenses		Fotal fundraising expenses (Part IX, column (D), line	•	0.	106 017	120 110
ш		Other expenses (Part IX, column (A), lines 11a-11d,			196,017.	
		Total expenses. Add lines 13-17 (must equal Part IX			292,617.	
	19	Revenue less expenses. Subtract line 18 from line 1	2		-203,161.	
Net Assets or Fund Balances				Ве	ginning of Current Year 76,449.	End of Year 105,841.
Sse Bala		Fotal assets (Part X, line 16)	······································	····	10,985.	0.
not not		Total liabilities (Part X, line 26)			65,464.	105,841.
	22 rt	Net assets or fund balances. Subtract line 21 from l Signature Block	ine 20		03,401.	103,011.
		ties of perjury, I declare that I have examined this return, i	ncluding accompanying schedule	es and statem	ents, and to the best of m	v knowledge and belief, it is
		i, and complete. Deglaration of preparer (other than efficer				
		> lugge (Camel)	<u>,</u>	. <u></u>	May 13	2019
Sigr	,	TSignature of efficer			Date	
Her		EUGENE CONNELL, TREASUR	RER		10	
		Type or print name and title				
		PFINT/Type preparer's name	Preparer's signature		Date Check	PTIN
Paid		ALAN FELIX, CPA			tt self-employ	
Prep		Serm's name FELIX & GLOEKLER			Firm's EIN	**_****
Use	Only d	Eirm's address 2306 PENINSULA DE	RIVE			
	3	ERIE, PA 16506			Phone no.81	4-838-6095
Mari	Ab - 10	S discuss this return with the preparer shown about	·o? (ooo motmistisse)			X Yes No

Form	990 (2017) INNOVATION COLLABORATIVE, INC.	**_****	Page 2
Da	rt III Statement of Program Service Accomplishments		· uge =
rai			
	Check if Schedule O contains a response or note to any line in this Part III		<u>. </u>
1	Briefly describe the organization's mission:		
	FACILIATATING, MEASURING AND COMMUNICATING OUTCOMES FOR	THE	
	IMPROVEMENT OF NORTHWESTERN PENNSYLVANIA'S ENTREPRENEUR	TAL ECO-SYST	EM.
	THE ROYLEMAN OF MONTHWIDTHAN I DAMESTIC DESCRIPTION OF THE PROPERTY OF THE PRO		
			
2	Did the organization undertake any significant program services during the year which were not listed on the		
_		Yes	XNo
	, , , , , , , , , , , , , , , , , , , ,	— res	[AZ] 140
	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	LX 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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses,	and
	revenue, if any, for each program service reported.		
4-	154 060	6	595.)
4a	(Code.) (Expenses \$ 134,900 · including grants of \$ 3,450 ·) (Revenue of the control of the co		
	FACILITATING, MEASURING AND COMMUNICATING OUTCOMES FOR	THE IMPROVEM	TEM.I.
	OF NORTHWESTERN PENNSYLVANIA'S ENTREPRENEURIAL ECO-SYSTI	EM.	
		•	
	The state of the s		
			
			-
			
4b	(Code:) (Expenses \$ 17,344 · including grants of \$) (Revenue		225.)
4b			
4b	LAUNCHED 3RD ANNUAL "DISRUPT ERIE" AWARDS, RECOGNIZING	6 CATEGORIES	OF
4b	LAUNCHED 3RD ANNUAL "DISRUPT ERIE" AWARDS, RECOGNIZING ENTREPRENEURS AND THEIR SUPPORTERS. THE PUBLIC NOMINATION	6 CATEGORIES ED THEM, AND	THEN
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Form 990 (2017) INNOVATION COLLABORATIVE, INC. 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	X	
2_	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Х
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	 -		
8	Schedule D, Part III	8_		Х
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?	_		Х
	If "Yes," complete Schedule D, Part IV	9	_	<u> </u>
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	782	3/12	 -
• •	as applicable.	(**)	Contraction of the contraction o	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	•		
	Part VI	11a	Х	
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		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	┢	X
_	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
f	the organization's separate of consolidated irriancial statements for the tax year irriaded a feetinete that databases the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	l	X
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	_	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			х
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	├──	<u> </u>
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	X
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	1	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	l .	1	,,
	complete Schedule G, Part III	19		(2017)
		-crm	っつびし	ひいいへ

Pa	rt IV Checklist of Required Schedules (continued)			-50
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	_	<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1	 	 -
22		200		x
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	├─	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1	Ì	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1	•	
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	İ	ľ	İ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	ì		{
	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	!	L
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	ł	X
ь	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		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	<u> </u>	\vdash	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			j
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
		200		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		A.
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			·
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			77
	If "Yes," complete Schedule N, Part I	31		Х
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		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form	1990 (2017) INNOVATION COLLABORATIVE, INC. **-***	***	Р	age 5
	rt V Statements Regarding Other IRS Filings and Tax Compliance		•	ugo -
	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			
b		1		ļ
c		1	ł	ŀ
_	(gambling) winnings to prize winners?	1c		~
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 2	ļ		<u> </u>
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			i
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a] .	X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Ϊ́Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		l
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	-,5,	\mathbf{x}
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	_	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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		
9	Sponsoring organizations maintaining donor advised funds.	١.		
a	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	}		
	amounts due or received from them.)			_
12a		12a		
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X

Form **990** (2017)

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

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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	<u></u>	<u> </u>	X
Sec	tion A. Governing Body and Management	- 1		-
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1a 1a 1a 1a 1a 1a 1a 1a 1a 1a 1a 1a	Ή Ι		,
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	,		
þ	Enter the number of voting members included in line 1a, above, who are independent	1		,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		_	х
	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	ا ۾ ا		Х
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u> X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	_	X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	1_		v
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1_		v
	persons other than the governing body?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	- ~-
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		24	
	~ · · · · · · · · · · · · · · · · · · ·	400	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	405		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		х	i
	ın Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		
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?	45.		$\tilde{\mathbf{x}}$
	The organization's CEO, Executive Director, or top management official	15a		X
þ	Other officers or key employees of the organization	15b		A
	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	1	-	x
	taxable entity during the year?	16a		
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	1	-	ز
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed PA		lo.	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avallab	ie	
	for public inspection, indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)	J. 6:	!	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d tinan	cial	
	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:			
	MARY FROMKNECHT - 814-490-5295			
	1001 STATE STREET, SUITE 907, ERIE, PA 16501		000	(2017)

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

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

Check this box if neither the organiz (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(40	Position (do not check more			than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	ıs bot v/trus	h an	compensation	compensation	amount of
	week	_			I	1,003	100,	from	from related	other
_	(list any hours for	rect						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	5 6	stee			sate		(W-2/1099-MISC)	(11 2 1000 111100)	organization
	organizations	Individual trustee or director	Institutional trustee		g,	шрег	Ì	(and related
	below	lgnal	ution	<u>.</u>	Kay amployea	ast co	<u>=</u>			organizations
	line)	Ngl	Instit	Officer	Kay	Highest compensated emptoyee	Form			
(1) BETH ZIMMER	40.00						1			_
MANAGING DIRECTOR		X				L		68,277.	0.	0
(2) EUGENE CONNELL	1.00									
TREASURER		X		X			<u>.</u>	0.	0.	0
(3) CARL NICOLIA	1.00									
CHAIRMAN		X		X		l		0.	0.	0
(4) JOHNATHAN D'SILVA	1.00	Г			Г					
DIRECTOR		X					ŀ	0.	0.	0
(5) ADAM WILLIAMS	1.00									
DIRECTOR	<u>-</u>	X						0.	0.	0
(6) GARY LEE	1.00									
DIRECTOR		X	1			İ	1	0.	0.	0
(7) CHRIS GRONER	1.00									
DIRECTOR		X		'	1			0.	0.	0
(8) BARB WEBER	1.00									
DIRECTOR		X			ĺ	l		0.	0.	0
			Г							
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Form 990 (2017)

Par	t VII Section A. Officers, Directors, Trus						st C			_				
	(A) (B) Name and title Average				Pos	C) itior	n		(D) Reportable	(E) Reportable			F) nated	
	name and title	hours per		(do not check more than or box, unless person is both					compensation	compensation			unt of	
		week	 	officer and a dire			or/trus	tee)	from	from related			her	
		(list any hours for	Individual Bustee or director	l			L		the organization	organizations (W-2/1099-MISC)	.	compe	ensation n the	'n
		related	80.0	ste	}	1	nsated		(W-2/1099-MISC)	(44-27 1033-141100)			uzatior	ו
		organizations	trust.	ᆲ		툧	edwo					and r	elated	
		below line)	widua	Institutional trustee	Officer	E d	Highest compensated employee	Former				organi	izatıon	S
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1h	Sub-total	1			L	<u>. </u>			68,277.	(7.1			0.
	Total from continuation sheets to Part V	II. Section A					••	•	0.	(7.			0.
								<u> </u>	68,277.	().			0.
2	Total number of individuals (including but i	not limited to th	ose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	,000 of reportable				_
	compensation from the organization											- 1	/a = 1 B	0
_									Linkara		Г	<u> </u>	es N	4o
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			e, Ke			oyee			mployee on	-	3	1 3	X
4	For any individual listed on line 1a, is the si			amo	ensa	-	n and	-	her compensation from	the organization	 	-		
·	and related organizations greater than \$15										Ľ	4	· :	χ̃-
5	Did any person listed on line 1a receive or									dual for services	Г			
	rendered to the organization? If "Yes," con	nplete Schedul	e J f	or s	uch	per	son		<u>, , , , , , , , , , , , , , , , , , , </u>	<u></u>	丄	5	:	<u>X</u>
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										∌nsa	tion fro	m	
	the organization. Report compensation for (A)	the calendar y	ear	enai	ng v	VILIT	Or W	וויווי	(B)	year.		(C)		_
	Name and business	address	N	INC	E				Description of s	ervices	Co	mpens	ation	
								\dashv			—			
		1												
		·								· ·				
								:						
		···· -												
2	Total number of independent contractors (ot li	mite	d to		•	stec	d above) who received in	nore than			,	
	\$100,000 of compensation from the organ	zation >				1	0				<u> </u>	- 00	20 (00	4.7

	. C W1	_	ata ta anu lu	o in this Bart VIII			
<u> </u>		Check if Schedule O contains a response or n	ote to any iir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b d e f	Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f COSTARTER 9 DISRUPT ERIE 9	3,092. iness Code 00099 00099 00099	233,092. 6,520. 5,225. 4,250.	6,520. 5,225. 4,250.		
am S	c d	COLLEGIATE SHOWCASE 3	00033	4,230.	4,250.		
rogr	е				<u> </u>		
-	f	All other program service revenue	_	15,995.			<u> </u>
	3 4 5	Investment income (including dividends, interest, a other similar amounts) Income from investment of tax-exempt bond proce Royalties	•	12.			12.
	6 a	(i) Real (ii)) Personal				
	7 a	assets other than inventory	(ii) Other				
	С	Less: cost or other basis and sales expenses Gain or (loss)	>		-		
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b					
١		Net income or (loss) from fundraising events					
	ь	Gross income from gaming activities. See Part IV, line 19 a Less: direct expenses b			-		
	10 a	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances	. •		t		
		Net income or (loss) from sales of inventory	. •				
}	11 2		iness Code	75.	75.		
	b	TITOCHE THE COLUMN TO THE COLU			, , ,		
	C	A#					
	d e	All other revenue	D	75.			
	12	Total revenue. See instructions.		249,174.	16,070.	0.	12.

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 (A)
Total expenses Do not include amounts reported on lines 6b. Program service Fundraising Management and 7b. 8b. 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 5,450 5,450. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 57,392. 10,885 68,277 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,162. 790. 4,952. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees): Management Legal C Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,534 15,260 13,726 column (A) amount, list line 11g expenses on Sch O.) 68,717. 68,677. Advertising and promotion 12 Office expenses 13 Information technology 14 Royalties 15 50 2,760 2,810 16 Occupancy 790 721. 1,511 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 125 125. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 1,100 1,100. 22 Depreciation, depletion, and amortization 1,381 1,381 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 17,344. 17,344. DISRUPT ERIE 11,853. 11,853. COLLEGIATE SHOWCASE 4,180 <u>650.</u> 4,830 REFRESHMENTS/SUPPLIES 2,975 DUES AND MEMBERSHIPS 462 3,437 1,750 1.671. 79. All other expenses 24,632. 208,797. 184,165. Total functional expenses. Add lines 1 through 24e 25 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 from the following SOP 98-2 (ASC 958-720)

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X	······································		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	69,116.	1	99,607
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	·
5	Loans and other receivables from current and former officers, directors,			
Į.	trustees, key employees, and highest compensated employees. Complete			
1	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			
į.	employers and sponsoring organizations of section 501(c)(9) voluntary			
1	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Γ		8	
9	Consideration and defended absence		9	
1 -				
10a	basis Complete Port VI of Schodule D			
١.	basis. Complete Part VI of Schedule D 10a 7,700. Less: accumulated depreciation 10b 1,466.	7,333.	10c	6,234
l b		7,333.	11	0,25
11	Investments - publicly traded securities			<u> </u>
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·	13	
14	Intangible assets	<u></u>	14	
15	Other assets. See Part IV, line 11	76 440	15	105 04
16	Total assets. Add lines 1 through 15 (must equal line 34)	76,449. 10,985.	16	105,84
17 '	Accounts payable and accrued expenses	10,985.	17	
18	Grants payable		18	
19	Deferred revenue	r	19	
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,		i	
	key employees, highest compensated employees, and disqualified persons.			
ŀ	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			
İ	parties, and other liabilities not included on lines 17-24). Complete Part X of			
1	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	10,985.	26	
I	Organizations that follow SFAS 117 (ASC 958), check here			
[complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	65,464.	27	105,84
28	Temporarily restricted net assets		28	
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 not assets or fund halances	65,464.	33	105,84
34	Total liabilities and net assets/fund balances	76,449.		105,84

Form	1990 (2017) INNOVATION COLLABORATIVE, INC.	**_***	***	Page	12
	rt XI Reconciliation 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		<u>,</u> 174	
2	Total expenses (must equal Part IX, column (A), line 25)	2		79	
3	Revenue less expenses. Subtract line 2 from line 1	3		37	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	65	,464	<u>1.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		_	
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	105	,84	<u>L.</u>
Pa	rt XII Financial Statements and Reporting			_	_
	Check if Schedule O contains a response or note to any line in this Part XII	••	<u> </u>	<u> L</u>	<u></u>
				Yes N	io
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1 1	l	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		- 1	
	separate basis, consolidated basis, or both:				1
	Separate basis Consolidated basis Both consolidated and separate basis		}].		
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,	1		
	consolidated basis, or both:			- 1	,
	Separate basis Consolidated basis Both consolidated and separate basis			1	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?	-	2c		X_
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				į
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	_	-,	. J
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit		Ī	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		_
			Form	990 (20	17)

SCHEDULE A

(Form 990 or 990-EZ)

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.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

TNNOVATION COLLABORATIVE TNO

Employer identification number

	INNC	OVATION COL	LABORATIVE,	INC.			**-****	
Part	Reason for Public	Charity Status (All organizations must co	omplete th	ıs part.) Se	ee instructions.		
The ora	anization is not a private found	dation because it is: (For lines 1 through 12, o	check only	one box.)			
1 [A church, convention of ch					<i>A</i>		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3 <u></u>	A hospital or a cooperative					i). U1		
4	A medical research organiz					-	inter the hospital's na	ame.
	city, and state:	andi opolatoa iii oo	injuriodori Widi u Noopius			(-)(•)(•)(-)(-)		
5	An organization operated f	or the benefit of a co	illege or university owner	d or opera	ted by a d	overnmental unit de	scribed in	•
3 <u> </u>	section 170(b)(1)(A)(iv). (aloge of diliversity owner	a or opera	ica by a g	overranemental and ac	Solibod III	
٦ ۾	A federal, state, or local go		nontal unit described in	caction 17	70/h)/1)/A)	(w)		
6 L 7 X	- ' ' <u>"</u>	•				- •	noral public describe	d in
7 ட	•	-	intial part of its support	irom a gov	emmentai	runit or from the ger	leral public described	J (1)
	section 170(b)(1)(A)(vi). (C							
8 =	A community trust describ							
9 ∟	□ An agricultural research organization.	•			-	_	-	
	or university or a non-land-	grant college of agric	culture (see instructions).	. Enter the	name, city	y, and state of the c	ollege or	
_	university.					 		
10	An organization that norma							
	activities related to its exer	•	· · · · · · · · · · · · · · · · · · ·				=	
	income and unrelated busi		(less section 511 tax) fr	om busine	sses acqu	ured by the organiza	ation after June 30, 19	975.
_	See section 509(a)(2). (Co	mplete Part III.)						
11 📙	An organization organized	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).		
12 _		•	-	-				
	more publicly supported or	rganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)	(3). Check the box in	
-	lines 12a through 12d that	describes the type of	of supporting organization	n and con	iplete line:	s 12e, 12f, and 12g.		
al	Type I. A supporting org	anization operated, s	supervised, or controlled	by its sup	ported org	ganızatıon(s), typica	lly by giving	
	the supported organizati	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of	the supporting	
_	organization. You must	complete Part IV, Se	ections A and B.					
ь І	Type II. A supporting org	ganization supervised	or controlled in connec	tion with it	s support	ed organization(s), t	by having	
	control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the	supported	
	organization(s). You mus	st complete Part IV,	Sections A and C.					
c [Type III functionally into	e grated. A supportin	g organization operated	in connec	tion with, a	and functionally inte	grated with,	
	its supported organization	n(s) (see instructions	s). You must complete l	Part IV, Se	ctions A,	D, and E.		
a [Type III non-functionall	y integrated. A supp	orting organization oper	rated in co	nnection v	with its supported o	rganızatıon(s)	
	that is not functionally in	tegrated. The organiz	zation generally must sa	tisfy a dist	nbution re	quirement and an a	ttentiveness	
	requirement (see instruct	tions). You must cor	nplete Part IV, Sections	s A and D,	and Part	V.		
e [Check this box if the org	*	=				oe III	
	functionally integrated, o	r Type III non-functio	nally integrated support	ing organi	zation.	2		
f E	nter the number of supported							
	rovide the following information	•						
<u> </u>	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga in your governi	nization listed	(v) Amount of monet	tary (vi) Amount of	other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructi	ons) support (see instr	uctions)
					·			
		ŀ		•				
	·							
				1				
	·			ļ				
Total	· · · · · · · · · · · · · · · · · · ·			[

Schedule A (Form 990 or 990-EZ) 2017 INNOVATION COLLABORATIVE, INC. Part II | Support Schedule for Organizations Described in Sections 170/hM Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not	ļ						
	include any "unusual grants.")		470.	287,134.	107,157.	237,342.	632,103.	
2	Tax revenues levied for the organ-							
	ızation's benefit and either paid to	1						
	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		470.	287,134.	107,157.	237,342.	632,103.	
5	The portion of total contributions					· ·	-	
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included	١.		,			,	
	on line 1 that exceeds 2% of the	1						
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.			.**			632,103.	
_	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
	Amounts from line 4		470.	287,134.	107,157.	237,342.	(f) Total 632,103.	
8	Gross income from interest,		7.					
_	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
q	Net income from unrelated business							
_	activities, whether or not the	ļ						
	business is regularly carried on							
10	Other income. Do not include gain						-	
	or loss from the sale of capital						•	
	assets (Explain in Part VI.)	j					1	
11	Total support. Add lines 7 through 10						632,103.	
12		etc. (see instruction	ons)			12	86,687.	
	First five years. If the Form 990 is for	•	,	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)		
	organization, check this box and stop		,	, ,			. ▶□	
Sec	ction C. Computation of Pub	ic Support Pe	rcentage		•		·	
	Public support percentage for 2017 (column (f))		14	100.00 %	
	Public support percentage from 2016					15	100.00 %	
	33 1/3% support test - 2017. If the			n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and	
	stop here. The organization qualifies						▶ 🗓	
b	33 1/3% support test - 2016. If the		-			or more, check th	nis box	
	and stop here. The organization qual	_					▶□	
17a	10% -facts-and-circumstances tes						or more,	
	and if the organization meets the "fac							
	meets the "facts-and-circumstances"							
h	10% -facts-and-circumstances tes					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						s	
	THE O'GAINZANC	did Hot officer a	227 011 110 10, 10	<u>.,,,</u>		dule A (Form 990		

Schedule A (Form 990 or 990 EZ) 2017 IN	NOVATION	COLLABOR	ATIVE, IN	iC.	**_**	*** Page 3
Part III Support Schedule for O	rganizations	Described in	Section 509(a)(2)		^
(Complete only if you checked t	the box on line 10	of Part I or if the	organization failed	I to qualify under i	Part II. If the organ	zation fails to
qualify under the tests listed be						
Section A. Public Support	_					
Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not					/	1
include any "unusual grants.")						
Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that			1	ر ا		
are not an unrelated trade or bus-				/	1	
iness under section 513						ļ. —.—-
4 Tax revenues levied for the organ-						ļ
ızatıon's benefit and either paid to						
or expended on its behalf					<u> </u>	<u> </u>
5 The value of services or facilities				/		
furnished by a governmental unit to			/	ľ	1	
the organization without charge					-	
6 Total. Add lines 1 through 5	٠,		//			ļ
7a Amounts included on lines 1, 2, and				ļ		
3 received from disqualified persons				<u> </u>	-	
h 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						
c Add lines 7a and 7b			/			<u> </u>
8 Public support. (Subtract time 7c from line 6.)						
Section B. Total Support		/	<u> </u>	<u> </u>	<u> </u>	
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	(4) 13 13		1		1	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income		/				
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	/					
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned 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.)	/					
14 First five years. If the Form 990 is for	the organization's	s first, second, the	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organ	zation,
check this box and stop here						▶ □
Section C. Computation of Publi	c Support Pe	rcentage				<u> </u>
15 Public support percentage for 2017 (lii	ne 8, column (f) d	ivided by line 13,	column (f))		15	%
16 Public support percentage from 2016	Schedule A, Part	III, line 15		····	16	%
Section D. Computation/of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20	17 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2017. If the	organization did r	ot check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box an						▶□
b 33 1/3% support/tests - 2016. If the						and
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	ı did not check a	box on line 14, 19	a, or 19b, check t	his box and see ir	structions	▶□
722222 10 00 17						0 or 990-F7) 2017

Yes No

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	n A.	ΑII	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 7? 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.)

1		
2		
3a		
3b		
3c		
4a		
44		
4b		
	-	
5a		
5b		
5c		<u> </u>
6		
7		
8		
9a		
9b		
9c		
10a		
10b) EZ	

732025 10-06-17

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-functional	lly integrate	d Type III supporting organization (see	

5

6

7

8

Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,

Net value of non-exempt-use assets (subtract line 4 from line 3)

. ,, ,

Schedule A (Form 990 or 990-EZ) 2017

Current Year

see instructions)

7

Multiply line 5 by .035

Section C - Distributable Amount

instructions)

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)				
Sect	tion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe	empt 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 purpos	าร					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (pnor 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 t	he organization is responsive	e				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2017 from Section C, line 6			<u> </u>			
10	Line 8 amount divided by line 9 amount	•		<u> </u>			
		(i)	(ii)	(iii)			
Sect	tion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6			-			
2	Underdistributions, if any, for years prior to 2017 (reason-						
	able cause required- explain in Part VI). See instructions.]					
3	Excess distributions carryover, if any, to 2017						
a	1						
b	From 2013						
	From 2014						
d	From 2015						
е	From 2016			, ,			
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2017 distributable amount						
i	Carryover from 2012 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2017 from Section D,	•		'			
	line 7: \$						
a	Applied to underdistributions of prior years						
<u>b</u>	Applied to 2017 distributable amount						
<u> </u>	Remainder. Subtract lines 4a and 4b from 4.			'			
5	Remaining underdistributions for years prior to 2017, if			!			
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.			1			
6	Remaining underdistributions for 2017. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2018. Add lines 3j			!			
	and 4c.		· · · · · · · · · · · · · · · · · · ·	ļ!			
	Breakdown of line 7:						
	Excess from 2013						
	Excess from 2014			<u> </u>			
	Excess from 2015						
d	Excess from 2016			- ,			
_							

Schedule A (Form 990 or 990-EZ) 2017

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Name of the organization

THROUGHTON COLLABORATIVE TNC **Employer identification number** **_****

Pai	rt I Organizations Maintaining Donor Advise		s or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line			arra-complete ii tile
	Organization answered Tes Off Form 950, Fait 19, inte	(a) Donor advised funds	(b) Fu	nds and other accounts
4	Total number at and of year	(a) Deliai davised idilae	(-)	
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		and funds	
5	Did the organization inform all donors and donor advisors in v		sea iunas	Yes No
_	are the organization's property, subject to the organization's			tes L No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			□v _{aa} □v _a
Par				
ш.			Part IV, line	<i>1</i> .
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or e		-	
	Protection of natural habitat	Preservation of a cer	tified historic	structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a consen	1
	day of the tax year.		<u> </u>	Held at the End of the Tax Year
а	Total number of conservation easements		2a	<u> </u>
Ь	Total acreage restricted by conservation easements		<u>2b</u>	
C	Number of conservation easements on a certified historic str.		2c_	
d	Number of conservation easements included in (c) acquired a	ifter 7/25/06, and not on a historic struct		
	listed in the National Register		2d	<u> </u>
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organizatio	on during the tax
	year	_		
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	iservation ea	sements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ation easeme	ents during the year
	> \$			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	O(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			. ∐ Yes
9	In Part XIII, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organiza	ation's accounting for
<u> </u>	conservation easements.	And Distorical Transcenses on C	Mb a - Cina	ilon Assorts
Pai	t III Organizations Maintaining Collections of	•	Muer Simi	liar Assets.
	Complete if the organization answered "Yes" on Form	- · · · · · · · · · · · · · · · · · · ·		
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exh		ance of publi	c service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pu	ıblic 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 treat	asures, or other similar assets for financia	al gaın, provi	de
	the following amounts required to be reported under SFAS 11	, ,		
	Revenue included on Form 990, Part VIII, line 1		▶	\$
<u>b</u>	Assets included in Form 990, Part X			\$

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

Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 INNOVAT	ION COLLAR	BORAT	IVE,	INC.			**_**	****	Page 2
Pa	rt III Organizations Maintaining (Collections of A	rt, His	torical T	reasures,	or Oth	er Simil	ar Asse	ts(continu	ied)
3	Using the organization's acquisition, access	ion, and other recor	ds, chec	k any of the	e following th	at are a s	ignificant	use of its	collection	rtems
	(check all that apply):									
а	Public exhibition	•	a <u> </u>	Loan or ex	change progr	rams				
b	Scholarly research	•	e 🗀	Other						
c	Preservation for future generations									
4	Provide a description of the organization's c	collections and expla	ıın how t	hey further	the organizat	tion's exe	mpt purp	ose in Pai	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical tre	asures, or oth	ner sımıla	r assets		_	
	to be sold to raise funds rather than to be m							L	Yes	No_
Pa	t IV Escrow and Custodial Arran	-	lete if the	e organizatı	on answered	"Yes" on	Form 99	D, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	art X, line 21.								
1a	Is the organization an agent, trustee, custoo	tian or other interme	diary for	contributio	ons or other a	ssets not	included	_		
	on Form 990, Part X?					, .	•	∟	_ Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
									Amount	
С	Beginning balance						1c	_		
d	Additions during the year						1d			
е	Distributions during the year						. 1e			
f	Ending balance						1f		1	
	Did the organization include an amount on F							∟	ال Yes	⊢ No
Pai	If "Yes," explain the arrangement in Part XIII							····, ··		<u> </u>
Pai	t V Endowment Funds. Complete	r				······		raama baak	d-) Four	nove book
_		(a) Current year	(b) F	Prior year	(c) Two yea	ITS DACK	(a) Three y	ears dack	(e) Four y	ears back
1a	Beginning of year balance		 		+				 	
D	Contributions		 			┵			<u> </u>	
C	Net investment earnings, gains, and losses		├		 				 	
d	Grants or scholarships	· -· ·	 		-				-	
е	Other expenditures for facilities				1					
	and programs		╂		+	+				
1	Administrative expenses		├──		+	·				
2	End of year balance	rent year and halan	ce (line 1	la column	(a)) hold as:	1			<u>. </u>	
	Board designated or quasi-endowment	Terit year end balan	%	rg, coluitiri	(a)) Heid as.					
	Permanent endowment	%	_″							
	Temporarily restricted endowment	^ %								
·	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse		ation th	at are held	and administe	ered for t	he organi:	zation		
	by:								Γv	es No
	(i) unrelated organizations								3a(i)	100
	(ii) related organizations		•			• •	•	•	3a(ii)	
ь	If "Yes" on line 3a(ii), are the related organiza		 ired on S		?	• •••			3b	
4	Describe in Part XIII the intended uses of the	· · · · · · · · · · · · · · · · · · ·				•		•		
Par	t VI Land, Buildings, and Equipn									
	Complete if the organization answere	ed "Yes" on Form 99	0, Part I	V, Ime 11a.	See Form 996	0, Part X,	line 10.			
	Description of property	(a) Cost or o		(b) Cos	st or other	(c) A	ccumulate	ed	(d) Book	value
		basis (investi	ment)	basis	s (other)	de	preciation			_
1a	Land									
b	Buildings									
c	Leasehold improvements									
d	Equipment									
	Other				7,700.		1,4	66.		,234.
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colui	mn (B), line	10c.)			>	6	,234.

Schedule D (Form 990) 2017

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2017

Pa	edule D (Form 990) 2017 INNOVATION COLLABORATIVE, I			•		
	rt XI Reconciliation of Revenue per Audited Financial Statemer	nts With Ro	evenue per R	etum.		
	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		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		}			
а		2a		- 1		
b		2b		I		
С		2c				
d		2d				
e				2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	• • • • • • • • • • • • • • • • • • • •				
a	5 000 D 4384 b 75	4a		- 1		
ь		4b		Ţ		
	Other (Describe in Part XIII.)			4c		
_	The state of the s			5		
Pa	irt XII Reconciliation of Expenses per Audited Financial Stateme	ents With E	xpenses per		n.	·
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements		1	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		٠ ا		•	
	man and the second	2a	1	1		
a		2b		- 1		•
b		2c		1		
C		2d		l		
d	, , , , , , , , , , , , , , , , , , , ,			2e		
e				3		
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			* 		
4	000 Path 10 to 76	4a		1	•	
a		4b		Ì	•	
b		L t		4c	ť	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5		· · · · ·
	irt XIII Supplemental Information.					
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V lines 1h and	1.2h Part V line 4	l· Part X	line 2: Par	· XI
	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			.,	.,,	
11103	20 and 40, and rait An, lines 20 and 40. Also complete this part to provide any additi	ionar ii normat				
			•		<u> </u>	
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SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

INNOVATION COLLABORATIVE, INC.	**_***
FORM 990, ITEM K, OTHER FORM OF ORGANIZATION:	
NON-PROFIT ORGANIZATION	
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
PENNSYLVANIA'S ENTREPRENEURIAL ECO-SYSTEM.	
FORM 990, PART VI, SECTION B, LINE 11B:	
A DRAFT OF THE FORM 990 IS PROVIDED TO THE BOARD MEMBERS	PRIOR TO ITS
SUBMISSION.	
FORM 990, PART VI, SECTION B, LINE 12C:	
MANAGING DIRECTOR CIRCULATES CONFLICT DISCLOSURE FORMS TO	ALL BOARD MEMBERS
ANNUALLY. FORMS ARE REVIEWED AND ANY QUESTIONS ABOUT COM	PLIANCE WITH THE
POLICY ARE REFERRED TO AN ATTORNEY.	
	·. · · · · · · · · · · · · · · · · · ·
FORM 990, PART VI, SECTION C, LINE 18:	
THE FORM 990 IS ALSO MADE AVAILABLE ON GUIDESTAR.ORG.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL REQUIRED CORPORATE DOCUMENTS ARE AVAILABLE TO THE PUB	LIC UPON REQUEST.
	· · · · · · · · · · · · · · · · · · ·
•	
	