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990

Department of the Treasury

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 black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements 2009, and ending 20 For the 2009 calendar year, or tax year beginning D Employer identification number C Name of organization Michigan Technology Commercialization Corp. Please use IRS B Check if applicable Doing Business As Michigan Research Institute 37 1417143 Address change label or Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite print or Name change type. 401 W. Morgan Road (734) 302-3200 Initial return Specific City or town, state or country, and ZIP + 4 Terminated instruc-Ann Arbor, MI 48108-9109 G Gross receipts \$ 2,753,928 Amended return F Name and address of principal officer James A. Richter H(a) Is this a group return for affiliates? Yes No Application pending 401 W. Morgan Road, Ann Arbor, MI 48108-9109 H(b) Are all affiliates included? Yes No Tax-exempt status If "No." attach a list (see instructions) Website: ▶ H(c) Group exemption number ▶ Form of organization 🗹 Corporation 🗀 Trust 🗀 Association 🗀 Other 🕨 L Year of formation 2001 M State of legal domicile MI Part I Summary 1 Briefly describe the organization's mission or most significant activities: Promote basic and applied research in the medical sciences throughout Southeastern Michigan and to provide educational opportunities for graduates and Activities & Governance undergraduate students in Michigan. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a). 2 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 3 5 Total number of employees (Part V, line 2a) 6 0 6 Total number of volunteers (estimate if necessary) 7a 0 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. 0 b Net unrelated business taxable income from Form 990-T, line 34. Pnor Year **Current Year** 1,747,473 2,040,727 Contributions and grants (Part VIII, line 1h). 318,367 388,790 Program service revenue (Part VIII, line 2g) . 32,760 21,151 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 166,113 169,807 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,264,713 2,620,475 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 762,231 755,992 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,925,181 1,792,281 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 2,687,412 2,548,273 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). (422,699)19 Revenue less expenses. Subtract line 18 from line 12 MANGINE C **Beginning of Current Year** End of Year 807,227 20 Total assets (Part X, line 16) . . S-OSC 1,714,000 AUG 17,2010 203,999 583,039 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 603,228 1,131,661 Part II Signature Block Under penalties of penury, I declare that I have examined this return; including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of office Date Here Type or print name and title Check if Date Preparer's identifying number Preparer's (see instructions) signature employed ▶ □ Paid Preparer's Firm's name (or yours Use Only if self-employed), Phone no ► (address, and ZIP + 4 Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions)

ℱ

Form 990 (2009)

Pai	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: Promote basic and applied research in the medical sciences throughout Southeastern Michigan and to provide
	educational opportunities for graduate and undergraduate students in Michigan.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 731,213 including grants of \$) (Revenue \$)
-	Research to safeguard food supply via egg pasteurization process.
4b	(Code:) (Expenses \$ 402,730 including grants of \$) (Revenue \$) Development of a novel welding technology capable of producing lighter, stronger and more efficient vehicles that meet future safety standards.
4c	(Code:) (Expenses \$ 236,841 including grants of \$) (Revenue \$)
	Research in new applications for Deformation Welding.
44	
- -u	Other program services. (Describe in Schedule O.) (Expenses \$ 162,181 including grants of \$) (Revenue \$)

Pal	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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	1	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	88		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	\	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI.		, , ,	
•	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.	. * "		
•	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		14 ON 1	** %
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		i	**
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			*
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	, 12	»(;) √	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		√
14a	Did the organization maintain an office, employees, or agents outside of the United States?	170		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
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_		✓_
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		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		✓
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		1
b c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b 24c		1
	to defease any tax-exempt bonds?	24d		V
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
D	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		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	√	1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	√	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	_	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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	_	✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	_	✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
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		✓
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		√
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	√	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	· —		Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	maging.	d gett.	~85°
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	****	gare, the	' · 🎉 "
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	_/254
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	. · je //	47	.,
	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	*·	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	*, , , ;	~	,
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	i, de	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		√
b	If "Yes," enter the name of the foreign country: ▶	95-	۔ فر	. وي
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		模 >	أ الم
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		√
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).		ST - T	
	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		✓
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	4.	1
	If "Yes," indicate the number of Forms 8282 filed during the year			*J
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	√
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		-
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
	required?	*/*	-~	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	* ,		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		L
	Section 501(c)(7) organizations. Enter:	1	, -, •	
	Initiation fees and capital contributions included on Part VIII, line 12	1	٠	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1	**************************************	(*)
	Section 501(c)(12) organizations. Enter:		, 4 Y	-
	Gross income from members or shareholders		San H	ار (د. دونگ
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	計製	5 5 4 5 6 5 4 4	- y
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			

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Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, Schedule O. See instructions.	7b b	elow hang	ges II
Sec	tion A. Governing Body and Management			
		···	Yes	No
1a b	Enter the number of voting members of the governing body	*		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	1	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3_		1
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4_		1
5 6	Did the organization become aware during the year of a material diversion of the organization's assets? Does the organization have members or stockholders?	5 6		✓
	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a_		1
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	- ,		,
_	The governing body?	8a	1	
	Each committee with authority to act on behalf of the governing body?	8b	1	Ī
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	ernal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		ļ
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		1
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		2	<u> </u>
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	<u></u>
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14	1	<u> </u>
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?	124.4	:X: 1	,
а	The organization's CEO, Executive Director, or top management official	15a	1	
	Other officers or key employees of the organization	15b	1	
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		1
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	ł	\vdash
Sec	etion C. Disclosure		•	
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
	- was the states with which a copy of the Form cos is required to be made			

- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 - ☐ Another's website ☑ Upon request Own website
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ James A. Richter, 401 West Morgan Road, Ann Arbor, MI 48108-9109; 734-302-3200

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- 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. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not co	ompensate	any o	urr	ent	offi	cer, d	lirec	tor, or trustee.		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee	lnstitutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related
		istee	rustee		ď	pensated				organizations
Robert DeMattia Chairman	1.0	1						0	0	0
Robert C. Law Secretary & Treasurer	1.0	1						0	0	0
James A. Richter President	40.0			1				262,500	0	48,999
Andrew C. Taylor Vice President	40.0			1				210,000	0	42,000
									:	
		_								
										·

Pa	rt VII Section A. Officers, Directors, Tru	stees, Key	/ Emp	loy	ees,	, an	d Hig	hes	t Compensate	d Employee	s (continue	d)
	(A)	(B)			(C)			(D)	(E)	_	(F)
	Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensative from relate organizatio (W-2/1099-M	on and and and and and and and and and an	stimated nount of other pensation rom the janization d related anizations
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	Total			<u> </u>		L	i	<u> </u>	472,500			90,999
2	Total number of individuals (including but r	not limited	to the	ose	liste	ed a				ore than \$10	 00,000 in	30,333
	reportable compensation from the organiza	ation ►										
3	Did the organization list any former office employee on line 1a? If "Yes," complete Se For any individual listed on line 1a, is the sthe organization and related organizations individual.	chedule Ja sum of repo	<i>for su</i> ortable	ch e co	<i>indi</i> omp	vidu ens	<i>ial</i> . sation	and	other compe	nsation fron	d 3	Yes No
5	Did any person listed on line 1a receive services rendered to the organization? If ")	or accrue Yes," comp	comp olete S	oens Sch	 satio edu	on f le J	rom a for s	any <i>uch</i>	unrelated org	anization fo	2,157	35.75
Se	ction B. Independent Contractors					_						
1	Complete this table for your five highest co- compensation from the organization.	mpensate	d inde	epe	nde	nt c	ontra	cto	rs that received	d more than	\$100,000	of
	(A) Name and business add	ress							(B) Description of s	ervices	(C) Comper	
									-			
												
2	Total number of independent contractors (in more than \$100,000 in compensation from						hose	liste	ed above) who	received		

Par	VIII	Statement of Re	venue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e	Federated campaigns Membership dues Fundraising events . Related organizations Government grants (contri	butions).	1a 1b 1c 1d 1e	2,040,727				· **
Contribut	g	All other contributions, gifts, g and similar amounts not inclu Noncash contributions include Total. Add lines 1a–1f	ded above			2,040,727			*
Program Service Revenue	2a b	Research Income		r	Business Code 900099	388,790.	388,790		
ram Servic	d e	All other program servi							
Prog		Total. Add lines 2a-2f			•		***		
	4	Investment income (incomers similar amounts) Income from investment of	f tax-exemp	t bond	▶ I proceeds ▶	211,151	211,151		
	6a	Royalties	303 133	3,260 3,453	(ii) Personal			*· A	
	d	Rental income or (loss) Net rental income or (lo			•	169,807	169,807		
		Gross amount from sales of assets other than inventory Less: cost or other basis					مد و مؤ		
		and sales expenses . Gain or (loss) Net gain or (loss)		,	>			***************************************	
Revenue	8a	Gross income from events (not including \$ of contributions reported)	d on line 1	 c).		*		-	>1,51,51
Other Rev	b	See Part IV, line 18 Less: direct expenses Net income or (loss) from		. Б[vents ▶		98 y	3	
		Gross income from gam See Part IV, line 19		a					
		Less. direct expenses Net income or (loss) fro			ties . ►				
	b	Gross sales of inverteurns and allowances Less: cost of goods so Net income or (loss) from	ld	. а . b	ory ▶				
		Miscellaneous Rev			Business Code				
	b	All ablances							
	e	All other revenue Total. Add lines 11a-1 Total revenue. See ins	1d		🗲	2,620,475	2,620,475		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete co	umn (A) but are no	t required to com		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			30, 30, 30,	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			The the second	1 44 10
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				A STATE OF
4	Benefits paid to or for members			<u> </u>	25 ×#W T
5	Compensation of current officers, directors, trustees, and key employees	591,337	545,319		46,018
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	95,933	9,833	86,100	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	20,079	3,884	16,195	
9	Other employee benefits	20,605	14,526	5,479	600
10	Payroll taxes	28,038	19,863	6,739	1,436
11	Fees for services (non-employees):				
а	Management	0.050	8,112	204	1,447
	Legal	9,950	37,600	391 1,500	1,447
	Accounting	39,100	37,600	1,500	126,000
	Lobbying	126,000			120,000
	Professional fundraising services. See Part IV, line 17		A: - 30 } * : * :	, , , , , , , , , , , , , , , , , , ,	
	Investment management fees				
	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	·			
15	Royalties	150,489	1,050	149,439	
16	Occupancy	49,200	24,273	38	24,889
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .		-		
20	Interest				
21	Payments to affiliates	193,031	143,031	50,000	
22	Depreciation, depletion, and amortization.	4,569	1.40,001	4,569	
23	Insurance	444 A 44 Sellar	274	1 × × × ×	<i>\$</i>
24	Other expenses. Itemize expenses not			* * * * * * * * * * * * * * * * * * * *	
	covered above. (Expenses grouped together and labeled miscellaneous may not exceed	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			-
	5% of total expenses shown on line 25 below.)	de dimbero.			(% , ")
а	Subcontracted Services	875,313	755,313	120,000	
a b	Bonus Accrual	210,000	185,000	25,000	
c	Supplies	122,069	109,039	13,030	
d	Telephone	6,688	725	5,963	
e					
_	All other expenses	5,872		2,157	285
25	Total functional expenses. Add lines 1 through 24f	2,548,273	1,860,998	486,600	200,675
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	1,191	1	9,531
	2	Savings and temporary cash investments	158,281	2	173,602
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	8,316	4	608,006
	-	Receivables from current and former officers, directors, trustees, key	李净,李章,张文	ta . 1	1. \$ 3. 3. 12 14 14 14 14 14 14 14 14 14 14 14 14 14
	5	employees, and highest compensated employees. Complete Part II of	教徒 か た と 奏	~ ~	2. 4
		Schedule L		5	
	_	Receivables from other disqualified persons (as defined under section	. S		3 0 0 4
	6	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	,	٠.	
		Part II of Schedule L		6	
ĽΩ	_		250,000		250,000
et	7	Notes and loans receivable, net	200,00	8	200,000
Assets	8	Inventories for sale or use		9	
•	9	Prepaid expenses and deferred charges	Washington Carlo	2 2	\$ \$ - p' - p - p
	10a	zaria, panarigo, ana equipinomi eter e	30 The 10 A	3.0	+ 50 6 5 1 W
	_	other basis. Complete Part VI of Schedule D	369,157	10c	176,126
	b	Less. accumulated depreciation		11	,120
	11	Investments—publicly traded securities	-	12	
	12	Investments—other securities. See Part IV, line 11		13	456,232
	13	Investments—program-related. See Part IV, line 11		14	100,202
	14	Intangible assets	00 000		41,203
	15 16	Other assets. See Part IV, line 11			1,714,700
_			62,192	_	382,308
	17	Accounts payable and accrued expenses	02,102	18	302,000
	18	Grants payable	114,458		173,323
	19	Deferred revenue	1.17,700	20	170,020
10	20	Tax-exempt bond liabilities		21	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D	13		
Ē	22	Payables to current and former officers, directors, trustees, key		, , , ,	
ia		employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
_		•		23	
	23	Secured mortgages and notes payable to unrelated third parties		24	
	24	Unsecured notes and loans payable to unrelated third parties Other liabilities. Complete Part X of Schedule D	27,349		27,408
	25 26	Total liabilities. Add lines 17 through 25	203,999		583,039
	20		* * * * * *		y / \$ \$
es		Organizations that follow SFAS 117, check here ▶ ☐ and		ľ. '	
Š		complete lines 27 through 29, and lines 33 and 34.	603,228	27	1,131,661
ala	27	Unrestricted net assets	000,220	28	1,101,001
8	28	Temporarily restricted net assets	<u> </u>	29	
Ĕ	29	Permanently restricted net assets		25	* * . *
Net Assets or Fund Balance		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.	4		· · · · · · · · · · · · · · · · · · ·
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne.	33	Total net assets or fund balances	603,228	_	1,131,661
	34	Total liabilities and net assets/fund balances	807,227	34	1,714,700

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	,	* *	ş
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
b		2b	1	
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	,	*	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.	- 348	, , , , , , , , , , , , , , , , , , ,	
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	✓	

Form **990** (2009)

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.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

1417143 Michigan Technology Commercialization Corporation Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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.) 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated a Type I **b** ☐ Type II d Type III-Other e Dy checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (iv) is the organization (vii) Amount of (v) Did you notify (vi) Is the (i) Name of supported organization in col (described on lines 1-9) in col (i) listed in your the organization in support organization governing document? (i) organized in the col (i) of your above or IRC section support? (see instructions)) Yes Yes No Yes No Νo

Total

	Support Schedule for Org (Complete only if you chec					and 170(b)(1)(A)(vi)
<u>Sec</u>	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,681,014	3,901,100	2,755,520	1,747,473	2,040,727	14,125,834
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	3,681,014	3,901,100	2,755,520	1,747,473	2,040,727	14,125,834
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						0
6	shown on line 11, column (f)					2727.18 L	14,125,834
	tion B. Total Support	السليبيا		Landini de la landa de la l	W BOOK W. AND BOOK W. STORAGE	BANKHANAN MAKEN A. B. L.	1-1,120,004
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	3,681,014	3,901,100	2,755,520	1,747,473	2,040,727	14,125,834
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20	22,278	70,682	32,760	21,151	146,891
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 IV.)						
11	Total support. Add lines 7 through 10 .						14,272,725
12	Gross receipts from related activities, etc	•	•			12	3,721,814
13	First five years. If the Form 990 is for organization, check this box and stop he	re		d, third, fourth,	•		501(c)(3)
Sec	tion C. Computation of Public Su						20.0700
14	Public support percentage for 2009 (line		-	, column (f))			98.9708 %
15	Public support percentage from 2008 Sch	nedule A, Part II	l, line 14 .			15	99.9009 %
16a	33\% support test-2009. If the organization qualifies						k this box▶ ☑
ь	331/3 % support test—2008. If the organization qua						check this
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums	acts-and-circum	nstances" test, d	check this box a	and stop here.	Explain in Part I	V how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum inces" test. The	stances" test, cl organization qua	heck this box a lifies as a publicl	nd stop here . ly supported org	Explain in Part I ganization ,	V how the

Pa	Support Schedule for Orga (Complete only if you check				1)(2)		
	tion A. Public Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5 ,						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						<u>. </u>
С	Add lines 7a and 7b				Contractor and Park Inc.		<u> </u>
8	Public support (Subtract line 7c from line 6.)		*				
	tion B. Total Support slendar year (or fiscal year beginning in)	(a) 2005	(h) 2006	(a) 2007	(4) 2008	(-) 0000	(f) Total
		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>	nd, third, fourth	•		on 501(c)(3)
	tion C. Computation of Public Su	• • • • • • • • • • • • • • • • • • • •		- 10!	(n)	15	
15 16	Public support percentage for 2009 (lir Public support percentage from 2008	Schedule A, Pa	rt III, line 15	e 13, column	(†)) 	15	<u>%</u> %_
	tion D. Computation of Investme					14-1	
17	Investment income percentage for 200	-				17	<u>%</u> %
18	Investment income percentage from 20 331/3 % support tests—2009. If the org						
19a	17 is not more than 33½ %, check this b						
b	33\% support tests - 2008. If the organ	nization did not	check a box on	line 14 or line	19a, and line 1	6 is more than 3	331/3 %, and

Schedule A (F	Form 990 or 990-EZ) 2009	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instruction	e 10, ons.
		
		
		
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· · · · · · · · · · · · · · · · · · ·		
	······································	
		 ,
· 		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C

- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- · Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B

		that have NOT filed Form 5768 (elections," to Form 990, Part IV, line 5 (Prox		(h)) Complete Part II-B D	o not complete Part II-A
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III			
	ne of organization			1	er identification number
	higan Technology Commo	ercialization Corporation organization is exempt unde	er section 501/c	37	1417143 7 organization
1	Provide a description of the Political expenditures	e organization's direct and indirect	et political campai	gn activities in Part IV.	
Par	t I-B Complete if the	organization is exempt und	er section 501(c)(3).	
3 4a	Enter the amount of any e If the organization incurred Was a correction made? If "Yes," describe in Part I"		managers under m 4720 for this ye	section 4955 . \$ ear?	Yes No
Par	t I-C Complete if the	e organization is exempt und	er section 501(c), except section 5	501(c)(3).
	activities	expended by the filing organization or services or services or services and the services or services o		▶ \$	•••••
	527 exempt function activi	ties		· · · · ▶ \$	
5	Enter the names, addresses were made. For each organiz contributions received that v	file Form 1120-POL for this year? and employer identification numbe zation listed, enter the amount paid fivere promptly and directly delivered mmittee (PAC). If additional space is	r (EIN) of all section from the filing organation to a separate polition	n 527 political organizat ization's funds. Also ente ical organization, such a	ions to which payments er the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Sche	edule C (Form 990 or 990-EZ) 2009					rage z
	rt II-A Complete if the organium under section 501(h)).				filed Form 5768	(election
A B	Check ► ☐ if the filing organizati Check ► ☐ if the filing organizati	on belongs to a on checked box	n affiliated grou	p. control" provisio	ons apply.	
-		obbying Expend	itures		(a) Filing organization's totals	(b) Affiliated group totals
1a b c d e f	Total lobbying expenditures (add lin	ence a legislative les 1a and 1b) s (add lines 1c and	body (direct lobb)	yıng) 		
	If the amount on line 1e, column (a) or (b) Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	20% of the ar \$100,000 plus 0 \$175,000 plus	nontaxable amour mount on line 1e. 15% of the excess 10% of the excess	over \$500,000 over \$1,000,000		
g h i		o or less, enter -0 or less, enter -0- on either line 1h		organization file Fo	rm 4720 reporting	☐ Yes ☐ No
	(Some organizations that	4-Year Averaging made a section ow. See the instr	501(h) election d	ection 501(h) lo not have to co 2a through 2f on	mplete all of the page 4.)	five
	Lobb	ying Expenditure	s During 4-Year	Averaging Period	1	
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))		1 2 1 4 1 7 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2		4 - 2	
C	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))	Or our ephone		+3, × · · · · · · · · · · · · · · · · · ·		
f	Grassroots lobbying expenditures					

Charles Commence

(election under section 501(h)).	(a)		(a)			(b)	
	Yes	No	<u> </u>		t		
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					~,		
Volunteers?	L	✓	\$ C.	, a iz uusa,			
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		1111	د: <u>۱</u>	·		
Media advertisements?	L	1					
Mailings to members, legislators, or the public?		✓					
		✓					
Grants to other organizations for lobbying purposes? , , , , ,		✓					
Direct contact with legislators, their staffs, government officials, or a legislative body?	1		ļ <u>.</u>		3,000		
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		1					
Other activities? If "Yes," describe in Part IV		/					
Total. Add lines 1c through 1i	. 4,8%	, Tank Signal					
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .			2.3				
If "Yes," enter the amount of any tax incurred under section 4912	N S. Y.	200					
If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	3.5		ν 3 μ ^{- 7} μ ² 1-#		ž i		
	01(c)	(5), o	r sect	ion			
				Yes	No		
Were substantially all (90% or more) dues received nondeductible by members?			1				
Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2				
Did the organization agree to carryover lobbying and political expenditures from the prior year?			3				
"Yes."	-A,	ine 3	is an	swer	ed		
	tical						
Current year							
Carryover from last year							
Total		-					
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of				·			
and political expenditure next year?		4					
	•	5					
	ine 5;	and	Part II-	B, line	e 1ı.		
, complete time part for any additional information.				• • • • • •			
	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? If "Yes," describe in Part IV Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did if file Form 4720 for this year? 111-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? 111-B Complete if the organization is exempt under section 501(c)(4), section 505(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III "Yes." Dues, assessments and similar amounts from members Section 162(e) condeductible lobbying and political expenditures (do not include amounts of politexpenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion or excess does the organization agree to carryover to the reasonable est	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? If "Yes," describe in Part IV Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? IIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)1(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? IIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)1(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2 exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the rea	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? 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IIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 2 are answered section 501(c)(4), section 501(c)(5), or 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Total Aggregate amount of lobbying and political	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Allilies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? If "Yes," describe in Part IV Total, Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If "He filing organization incurred a section 4912 tax, clid if file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or sect 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying expenditures (so not include amounts of political expenditures of the wind of the polit	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Privation or present of the public organization for lobbying purposes? Protect contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? If "Yes," describe in Part IV Total, Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 lax, did if file Form 4720 for this year? IIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? 1 IIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answer "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 5033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2 exceeds the amount on li		

Schedule C (For	om 990 or 990-EZ) 2009	Page 4
	Supplemental Information (continued)	
• • • • • • • • • • • • • • • • • • • •		
• • • • • • • • • • • • • • • • • • • •		
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SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV. line 6. 7. 8. 9. 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number Name of the organization Michigan Technology Commercialization Corporation 1417143 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements, Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) . 2d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ∐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

Page	2

3 Using the organization's acquisition, accession, and other records, check any of the following that are a sign collection items (check all that apply):	nificant use of its
a Public exhibition d Loan or exchange programs	
b Scholarly research e Other	
c Preservation for future generations	
4 Provide a description of the organization's collections and explain how they further the organization's exem Part XIV.	ipt purpose in
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	Yes No
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form IV, line 9, or reported an amount on Form 990, Part X, line 21.	n 990, Part
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Yes No
b If "Yes," explain the arrangement in Part XIV and complete the following table:	
Amo	Dunt
c Beginning balance	
d Additions during the year	<u></u>
e Distributions during the year	
f Ending balance	
 Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV. 	☐ Yes ☐ No
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, I	line 10.
(a) Current year (b) Prior year (c) Two years back (d) Three years back	(e) Four years back
1a Beginning of year balance	
b Contributions	· · · · · · · · · · · · · · · · · · ·
c Net investment earnings, gains,	
and losses	~ _^
1 Contains a second sec	* 14.55 L
e Other expenditures for facilities and programs	
and programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the year end balance held as:	
a Board designated or quasi-endowment ▶%	
b Permanent endowment >%	
c Term endowment ▶%	
3a Are there endowment funds not in the possession of the organization that are held and administered for the	Yes No
organization by. (i) unrelated organizations	3a(i)
(i) unrelated organizations	3a(ii)
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b
Describe in Part XIV the intended uses of the organization's endowment funds.	
Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.	
Description of investment (a) Cost or other basis (investment) (b) Cost or other (c) Accumulated depreciation	(d) Book value
1a Land	
b Buildings	
4 040 05	176,126
e Other	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	176,126

Schedule D (Form 990) 2009		raye
Part VII Investments—Other Securities	See Form 990, Part X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
		<u> </u>
	i	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		· 中国 中国 100 100 100 100 100 100 100 100 100 10
Part VIII Investments—Program Related	d. See Form 990, Part X,	line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
18% Common share ownership in start up		Fair value measurement as determined by FASE
corporation Gravikor, Inc.	11,049	No. 157
20% common share ownership in start up		Fair value measurement as determined by FASB
limited liability corporation Pasteurization	445 400	No. 157
Technologies, LLC	445,183	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		Fire the same of t
Part IX Other Assets. See Form 990, Par		
	(a) Description	(b) Book value
Security Deposits		41,203
- Angeles - Ange		
	_	
	<u> </u>	
		-
Total. (Column (b) must equal Form 990, Part X, col. (R) line 15.)	
Part X Other Liabilities. See Form 990,		
1. (a) Description of liability	(b) Amount	
Federal income taxes		
Security Deposits	27,40	B
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	27,408	
retain (containir (b) intost equal i onn 330, Fatt A, COL (b) line 20.)	21,400	

2. FIN 48 Footnote. In Part XIV, 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.

_		
Р	age	-

Pai	t XI Reconciliation of Change in Net Assets from Form 990	to Audited	Financial St	aten	nents
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	2,620,475
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	2,548,273
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3_	72,202
4	Net unrealized gains (losses) on investments		1	4	456,232
5	Donated services and use of facilities		J	5	
6	Investment expenses		L	6_	
7	Prior period adjustments		[7_	
8	Other (Describe in Part XIV.)]	8	
9	Total adjustments (net), Add lines 4 through 8		. [9	456,232
10	Excess or (deficit) for the year per audited financial statements. Comb			10	528,434
Par	t XII Reconciliation of Revenue per Audited Financial Sta			pe	
1	Total revenue, gains, and other support per audited financial statement	nts		7	3,204,739
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ما	450.000		
а	Net unrealized gains on investments	2a	456,232		
b	Donated services and use of facilities	2b 2c			
С	Recoveries of prior year grants	2d	128,032		•
d	Other (Describe in Part XIV.)		120,032	26	E94 264
е	Add lines 2a through 2d			3	
3	Subtract line 2e from line 1	7		3	2,620475
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a			
a	Investment expenses not included on Form 990, Part VIII, line 7b	 			
b	Other (Describe in Part XIV.)	<u> </u>		40	•
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
	t XIII Reconciliation of Expenses per Audited Financial St				2,020,710
1				1	2.272.22
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			~
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d	128,032	2	
е	Add lines 2a through 2d			26	128,032
3	Subtract line 2e from line 1			3	2,548,273
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		_84	
b	Other (Describe in Part XIV.)	4b			
C	Add lines 4a and 4b			40	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	<i>I, line 18.)</i> .	· · · <u>·</u>	5	2,548,273
	t XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5				
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4l	o; and Part XII	ıı, ıines za an	a 40	. Also complete
uus	part to provide any additional information.				
Par	t XII, Line 2d & Part XIII, Line 2d - \$128,032 - This is an erroneous au	uditor adjustn	nent "grossir	ng u	p" (increasing) Other
Rev	enue and Occupancy expense. These amounts offset each other a	ind have no e	ffect on net a	asse	ts or fund balances.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

2009 Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Michigan Technology Commercialization Corporation	37	<u>:</u>	1417143
Form 990, Part III, Line 4d			
Development of a Life Sciences Research Program		·	
Research into Infrastructure needs required for expanding economic growth along the	e l275 c	orridor	for the
life science industry and access to medical care.			
Form 990, Part VI, Section B, Line 11a			
A copy of Form 990 is available upon request to each director for review prior to sub	nission.		
Form 990, Part VI, Section B, Line 12c			•••••
Management periodically reviews the policy with it's employees.			
Form 990, Part VI, Section B, Lines 15a and 15b			
Compensation is approved by the Board of Directors and is also benchmarked with o	thers of	similar	responsibilities and
capabilities.			
		·	
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			·····
			

SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Michigan Technology Commercialization Corporation

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

1417143

Employer identification number

Open to Public **Inspection**

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

Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

8

Schedule J (Form 990) 2009

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(ii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	J_				(C) Betrement and	(D) Nontavable	(F) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(b)(a)	reported in prior Form 990 or Form 990-EZ
i) Signature S	ε	262,500			125,000	80,137	467,637	
	(II)							
Andrew C Taylor	Ξ	210,000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		000'09	53,886	323,886	
3	(i)							
(6	(ii)							
D.	E							
19	(11)	,						
1)	(E)							
<u>0</u>	(ii)							
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SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Internat Revenue Service Name of the organization Employer identification number Michigan Technology Commercialization Corporation 37 1417143 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year **▶** \$_ 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$_ Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loan to or from (c) Original (d) Balance due (e) In default? (f) Approved (g) Written the organization? by board or agreement? principal amount committee? From Yes No Yes No No Yes Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person and the (a) Name of interested person (c) Amount and type of assistance organization **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship between (c) Amount of (d) Description of transaction (e) Sharing of interested person and the transaction organization's organization revenues? No

Schedule Attached

Schedule L, Part IV – Business Transactions Involving Interested Persons Michigan Technology Commercialization Corporation Year Ended December 31, 2009

(d) (e) Sharing of	organization s Description of revenues? transactions Yes No	Vendor - Grant administration	Vendor - x Lobbying	Vendor - Research & Development
(c)	Amount of D transaction t	120,000 Grant	122,175	236,730 Resear
(q)	Kelationship between interested person and the organization	Entity more than 35% owned by Robert Law, director	Entity more than 35% owned by Robert Law, director	James Richter, President is a Director of Gravikor, Inc.
(a)	Name of Interested person	Strategic Communication Solutions	Strategic Federal Affairs	Gravikor, Inc.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

See separate instructions.

Schedule R (Form 990) 2009 (f)
Direct controlling entity **Employer Identification number** (f) Direct controlling 1417143 Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because of had one or more related tax-exempt organizations during the tax year.) 37 Public charity status (if section 501(c)(3)) (e) End-of-year assets **e Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section (d) Total income Cat No 50135Y (c)
Legal domicile (state
or foreign country) Legal domicile (state or foreign country) (b) Primary activity (b) Primary activity For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Michigan Technology Commercialization Corporation (a)
Name, address, and EIN of related organization (a)
Name, address, and EIN of disregarded entity Name of the organization Part II Part I

חברמת ול וומת	one or more rel	ated orga	because it had one or more related organizations treated as a partnership during the tax year.)	d as a partnersh	inp during the ta	ax year.)		}				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	псоте	(g) Share of end-of-year assets		(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen	(i) eral or naging tner?
i				512-514)					Yes	No.	Yes	Yes No
Natural Therapeutics, LLC 401 West Morgan Road	Product Sales	Ξ	A/N	Unrelated	þe	None	~	None	<u> </u>	None	ē	<u> </u>
Ann Arbor, MI 48108								-	-			<u> </u>
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Part IV Identification line 34 because	Identification of Related Organizations Taxa line 34 because it had one or more related organs	anization	s Taxable as a	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization are ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	Trust (Comple	ete if the car	organization in the tax year	answer	pa.	ble as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, anizations treated as a corporation or trust during the tax year.)	Part IV	ļ_,
(a) Name, address, and EIN of related organization	of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership	ı) ıntage ırship
							<u> </u>					

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		>	Yes	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	۷?	7		
	-	1 a	_	>
Cit areat or conital contribution to other errorial(a)	•	4	Ľ	,
			\downarrow	
c Gift, grant, or capital contribution from other organization(s)		2	-	>
d Loans or loan guarantees to or for other organization(s)		P	_	>
		4,5		/
e Loans or loan guarantees by other organization(s)		╅)
		,	1 m	3
6 Colone of address personal conferences (4)		16		`
I calle of assets to outer organization(s)		<u> </u>		,
g Purchase of assets from other organization(s)		1 <u>9</u>	1	,
		£	_	>
		;	+	
I Lease of facilities, equipment, or other assets to other organization(s)			1	>
		1.00		X .
i Longo of facilities equipment or other accept from other exceptation(e)		ij		>
			t	
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	1	>
I Performance of services or membership or fundraising solicitations by other organization(s)		=		>
- Charles of facilities and an article of the contraction of the contr		3		\
onaring of facilities, equipment, mailing lists, of other asset			ŀ	
n Sharing of paid employees		٤		>
		•		1
o Heimbursement paid to other organization for expenses		2	\dagger	
p Reimbursement paid by other organization for expenses		1	7	\
			7	\ \} }
		Ţ		\
q Other transfer of cash or property to other organization(s)		-	\dagger	,
r Other transfer of cash or property from other organization(s)		٦ <u>ـ</u>	_	>
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	s and transac	tion thr	eshol	ds.
		(2)		
Name of other organization Transaction type (a-f)		Amount involved	volved	
(F)				
(2)				
(3)				
	_			
(4)				
(5)				
(9)				
	Schedule R (Form 990) 2009	? (Form	990)	2009

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

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

(a)	(a)		9			E	1		£
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	Thers (3)	Share of end-of-year assets	Disproportionate allocations?	s? amount in box 20 of Schedule K-1 (Form 1065)	Dag Dag	General or managing partner?
			Yes	S _o		Yes	No	Yes	Yes No
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							Schedule R (Form 990) 2009	rm 99	0) 2009