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SCANNED SEP 1 0 2013

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012
Open to Public

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements

inte	rnal Revenue			Terrierita	inspection
<u> </u>		012 calendar year, or tax year beginning , 2012, and end			, 20
В	Check if ap		1	D Employ	er identification number
\sqsubseteq	Address ch				37-1417143
Ц	Name chan	Number and street (or P O box if mail is not delivered to street address) Roomv	/suite	E Telepho	ne number
Ш	Initial return				734-302-3200
	Terminated	City, town or post office, state, and ZIP code			
	Amended re	eturn Ann Arbor, MI 48108		G Gross re	eceipts \$ 694,486 75
	Application	pending F Name and address of principal officer	H(a) Is this	a group return	for affiliates? 🔲 Yes 🗹 No
					ncluded? Yes No
<u> </u>	Tax-exemp	t status	If "N	lo," attach a	list (see instructions)
J	Website [.]		H(c) Grou	p exemption	number >
K		anization ✓ Corporation Trust Association Other ► L Year of form	nation 2001	M State	of legal domicile MI
P		Summary			
	1 B	riefly describe the organization's mission or most significant activities: Pron	note basic and	applied re	esearch in the medical
ė	se	iences througout Southeastern Michigan and to promote educational opportunit	ties for gradate	s and und	dergraduates in
and	M	ıchıgan			
Ē		······································			
Activities & Governance		heck this box $ ightharpoonup$ if the organization discontinued its operations or disposed	d of more that	า 25ุ% of ุ	its net assets.
ن ھ		umber of voting members of the governing body (Part VI, line 1a)		3	3
es	l l	umber of independent voting members of the governing body (Part VI, line 1	b)	4	2
ž		otal number of individuals employed in calendar year 2012 (Part V, line 2a)		5	3
Act	į.	otal number of volunteers (estimate if necessary)		6	0
	4	otal unrelated business revenue from Part VIII, column (C), line 12 .		7a	0
	b N	et unrelated business taxable income from Form 990-T, line 34 .	• • •	7b	0
			Prior Y		Current Year
e	i .	ontributions and grants (Part VIII, line 1h)	1,0	02,511.89	427,236 93
ē		rogram service revenue (Part VIII, line 2g)			
Revenue	1	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		25,434.42	53,122 83
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19	97,430.71	<u>214,1</u> 26 99
		otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,2	25377 02	694,486.75
		rants and similar amounts paid (Part X, column (A), lines 1-3).			
		enefits paid to or for members (Part X, collumn (A), line 4)			
ses		alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7	40,649 02	742,938.00
ens	16a P	rofessional fundraising fees (Part IXA column (A), 2 line 11e)			
Expenses		otal fundraising expenses (Part IX, column (D), line 25)	<u> </u>		
Ξ		ther expenses (Part IX, column (A), lines 11a=11d, 11f-24e;		25,653 87	422494 94
	1	otal expenses. Add lines 13–17 (must equilat Part IX, column A), line 25)		66,302 89	1,165,432 94
		evenue less expenses Subtract line 18 from liné-12	Beginning of Ci	0,925.87)	(470,946.19) End of Year
ts or	00 T	otal assets (Part X, line 16)			· · · · · · · · · · · · · · · · · · ·
Asse Rala	20 T			40,549 87	1,561,596.16
Net Asset Fund Balar	22 N	otal liabilities (Part X, line 26)		62,185 01	754,089 49
		et assets or fund balances. Subtract line 21 from line 20	1,2	78,364 86	807,506 67
_		<u> </u>			
		s of perjury, I declare that I have examined this return, including accompanying schedules and stand and complete. Declaration of preparer (other than officer) is based on all information of which preparation.			ny knowledge and belief, it is
		Outste	1		2/2/2/2
Sig	on II	Signature of officer	1 Di		12/2013
	ere	James A Kichter Presid			•
		Type or print name and title			· · · · · · · · · · · · · · · · · · ·
	••	Print/Type preparer's name Preparer's signature	Date	7	PTIN
	nid			Check { self-emp	_]
	eparer	Firm's name . N		<u> </u>	,
Us	se Only	Firm's name		n's EIN ▶	
Ma	v the IRS	Firm's address ► discuss this return with the preparer shown above? (see instructions).	Pho	one no	. Yes No
	 		No. 11000V	-	Form 990 (2012)
	raptiwo	n neugotion act notice, see the separate instructions. Cat	: No 11282Y		rorm 330 (2012)

Form 99	90 (2012) Page 2
Part	Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
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 undergraduates in Michigan
1 2 3 4 4a 4b	
2	
Check if Schedule O contains a response to any question in this Part III 1 Briefly describe the organization's mission. Promote basic and applied research in the medical sciences throughout Southeastern Michigan and to provapportunities for graduate and undergraduates in Michigan. 2 Did the organization undertake any significant program services during the year which were not listed prior Form 990 or 990-E27. If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any pservices? If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 300,591 5g including grants of \$) (Revenue \$ Research to safeguard food supply via egg pasteurization process. 4b (Code:) (Expenses \$ 25,616.93 including grants of \$) (Revenue \$ Develop an adult stem cell regenerative medicine center to provide improved health among the poor and undergraduate and program services (Describe in Schedule O.) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)	
Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III 1 Briefly describe the organization's mission. Promote basic and applied research in the medical sciences throughout Southeastern Michigan and to provide ed opportunities for graduate and undergraduates in Michigan 2 Did the organization undertake any significant program services during the year which were not listed on the proform 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 organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all the total expenses, and revenue, if any, for each program service required to report the amount of grants and all the total expenses, and revenue, if any, for each program service profted. 4a (Code:) (Expenses \$300,591.59 including grants of \$) (Revenue \$	
3	
	in the second se
4	
	the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$ 300 591 50 including grants of \$) (Revenue \$
70	
4b	(Code:) (Expenses \$ 25,616.93 including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses

art	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	✓_	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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		1
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	1	_
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		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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	-	√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		Ş	
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	✓	
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		1
С	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	1	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	✓	
e f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11e	✓	✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		√
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	, , , , , , , , , , , , , , , , , , , ,	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
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, Parts II and IV.	15		1
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, Parts III and IV	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 (see instructions)	17		1
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		1
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\bot

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
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		✓
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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3) and 501(c)(4) 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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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)			1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	✓	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	
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			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		✓
250	or IV, and Part V, line 1	34 35a	✓	
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	SSa		/
	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		1
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		1
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	1	
		Forr	n 99 0	(2012)

orm 99	0 (2012)		F	age \$
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .	v (
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			-
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		•	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
ь	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	İ		
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶		-7	٠,
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	**	*	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	,		7
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		✓
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		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7		- ,-
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		V
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 9		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		,	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	,	* ,	ľ
	organization, have excess business holdings at any time during the year?	8		ļ ——
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the 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	,	suite.	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b] , ,	., •	•
11	Section 501(c)(12) organizations. Enter:	, ,	/ ^{* ''}	
a	Gross income from members or shareholders	, 🤄),	77c±	J
þ	Gross income from other sources (Do not net amounts due or paid to other sources	_	ļ, ,; , ·	-
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-	,	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	-
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which		1	
U	the organization is licensed to issue qualified health plans			1.
С	Enter the amount of reserves on hand	ď -	:	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	- `	1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	\vdash	+ <u>▼</u>
~~~			1	

	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See ins	for a	ions.
Secti		· · · ·	•	<u>. U</u>
			Yes	No
1a	· · · · · · · · · · · · · · · · · · ·	3		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 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 employees? 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue 10a Did the organization have local chapters, branches, or affiliates? 1 If "Yes," did the organization have written operations are consistent with the organization's exempt purposes? 1 Has the organization have unite neig		7 '		-
		. 0		,
.				
			ľ	
-		2		\
3				<u> </u>
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5		5		1
		6	<u> </u>	L
7a		- 1		
		7a	<u> </u>	1
D		F		1
8			┼	\., ·
•		, ',		1
а		8a	1	1
b		8b	1	
9		.t		
		9		✓
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue C		
40.	Diddle annual to be to be about the second of the second o	40-	Yes	No
_			<u> </u>	1
b		' 10b		
11a		11a	 -	1
b		 		,
12a		12a	1	1 -
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts	? 12b	1	
С		"		
		12c	√	<u> </u>
		13	√	-
14 15	Did the process for determining compensation of the following persons include a review and approval b	14	-	╁
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,		
а	The organization's CEO, Executive Director, or top management official	15a	1	-
b	Other officers or key employees of the organization	15b	+	†
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		1	1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	it 📆	,	
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it			,
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		Ĺ	
Saati	organization's exempt status with respect to such arrangements?	16b	Ц	
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization for make its Forms 1024 require	ion 501	(c)(3)	s only
	available for public inspection. Indicate how you made these available Check all that apply		(-)(-)	_ J. 11y,
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflic	of inte	rest i	policy
	and financial statements available to the public during the tax year.			,
20	State the name, physical address, and telephone number of the person who possesses the books and record	ds of th	е	
	organization: ► James A Richter, 401 West Road, Ann Arbor, MI 48108-9109; 734-302-3200			

Part VII	Compensation of Officers, D	Directors, Trustees	Key Employees,	Highest Compensated Employee	s, 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.
- 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 **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 neither the organization no	any related	d orga	anız	atıo	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per	box,	Position do not check more than one box, unless person is both an officer and a director/trustee)				an :ee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	trom the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Robert DeMattia	10	1								
Chairman (2) Robert C Law	10	•						0	0	0
Secretary & Treasurer	† <u>' 0</u>	1							o	0
(3) James A. Richter	40 0						-	<u>«</u>	-	<u> </u>
President	† <u></u>	✓		1				262,500 00	o	66,409.81
(4) Andrew C Taylor	40 0							·		
Vice President				✓				249,000.00	0	36,520.33
(5)										
(6)										
(7)					-					.,
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees	s, ar	nd H	lighes	st C	ompensated E	mployees (continue	ed)	<u> </u>
					•	C)							
	(A)	(B)	(do n		Pos eck		e than c	one	(D)	(E)		(F)	
	Name and title	Average	box,	unles	s pe	rson	is both	an	Reportable compensation	Reportab compensation		Estimat amount	
		hours per week (list any	·			_	or/trust	~ <u>~</u>	from	related	1 II OIII	othe	
		hours for	Individual trustee or director	Insti	Officer	Key employee	ang H	Former	the	organizatio		compens	
		related organizations	r ec	<u>ਵ</u> ੋ	cer	em	lest	ner	organization (W-2/1099-MISC)	(W-2/1099-N	AISC)	from th organiza	
		below dotted	Q E	ona		덩	မ င္ခ	ļ	(**-2/1099-141100)			and rela	
		line)	rust	<u> </u>		/ee	npe					organizat	tions
			8	Institutional trustee			Highest compensated employee						
							8.	_					
(15)		_											
				_	<u> </u>			-	<u> </u>				
(16)		ļ											
(47)			<u> </u>	_	<u> </u>				ļ				
(17)		 						ļ					
(4.0)			 	-		-			 	 			
(18)		 	1										
(10)				\vdash		-	ļ	<u> </u>					
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(20)								 					
32-07		 	1										
(21)						-							
<u> </u>		†						į					
(22)													
2		1											
(23)													
			l			<u> </u>							
(24)													
						<u> </u>	L						
(25)		<u> </u>									ļ		
		<u> </u>				<u> </u>				ļ. <u></u>			
1b	Sub-total		_	•		•	•	•	511,500.00			10	02,930 14
С	Total from continuation sheets to Part	VII, Section	n A			•	•	•		ļ <u> </u>			-
<u>d</u>	Total (add lines 1b and 1c)		<u> </u>		<u>. </u>	•	<u> </u>	<u> </u>	511,500 00				02,930 14
2	Total number of individuals (including bu		d to th	ose	e list	ted	above	e) w	tho received m	ore than \$1	00,000	of	
	reportable compensation from the organ	ization										- IV	aa Na
3	Did the organization list any former of	fficer direc	tor o	or tr	net		kov a	amr	alovee or high	neet compa	nestad	1	es No
3	employee on line 1a? If "Yes," complete							- III				3	
4	For any individual listed on line 1a, is the							n a	and other com	neneation fr	om the		Mari (437-45)
-	organization and related organizations											10.0	
	individual	grouter th	uii w	100,				٠,				4	/
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsat	tion	fro	m anv	, un	related organi	zation or inc	lsubivit		Z 4 X 3 -
•	for services rendered to the organization											5	
Section	on B. Independent Contractors												
1	Complete this table for your five highest	compensat	ted in	dep	end	ent	contr	act	ors that receive	ed more tha	an \$100	.000 of	
	compensation from the organization. Re	-											s tax
	year												
	(A)								(B)			(C)	
	Name and business add	dress							Description of s	services	C	Compensation	on
	None							$oxed{oxed}$					
								_			ļ		
		, . :	 -	-				ــِـــــــــــــــــــــــــــــــــــ			2 × 42. 30 · ·	# 54°3 (Tay, 112, 11. 11. 11.	oraco. W 114
2	Total number of independent contractor							o th		ove) who		N LLE	
	received more than \$100,000 of compen	sation from	ıne o	rgar	ııza	.แดท			None		THE STATE OF		ALC: U

Part	VIII	Statement of Reve						_
-		Check if Schedule O	contains a respo	nse to any ques				<u> </u>
	•		{ 3 ,		(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	1a b c	Federated campaigns Membership dues . Fundraising events .	1b		¢			c
Gifts ilar A	d	Related organizations	3 1d					
Contributions, Gifts, and Other Similar An	e f	Government grants (con All other contributions, grand similar amounts not inc	ifts, grants,	427,236 93	,			
Contrit and Ot	g h	Noncash contributions includ Total. Add lines 1a–1	ded in lines 1a-1f \$	•	427,236.93			
			-	Business Code				
Program Service Revenue	2a b							
ζċ	С						- 	
Ser	d							
am	е							
ogr	f	All other program sen	vice revenue .					
P	g	Total. Add lines 2a-2		. ▶				-
	3	Investment income and other similar amo	ounts)	•	24,795.04	24,795.04		
	4	Income from investment	t of tax-exempt bo	ond proceeds ►				
	5	Royalties .	(ı) Real	(ii) Personal	<i>b</i>			
	6a	Gross rents .	412,946.45		• • •	, , ,		
	b	Less rental expenses	198,819.46				, , , , , , , , , , , , , , , , , , ,	, ,
	С	Rental income or (loss)			Marine and a supplied to the second of the second			
	d	Net rental income or	(loss)	▶	214,126 99	214,126.99		
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory		695,596.75				•
	b	Less cost or other basis						
		and sales expenses .		667,268.96				
	c	Gain or (loss)		28,327.79			3	,
	d	Net gain or (loss) .		>	28,327.79	28,327.79		
enne	8a	Gross income from fu	undraising					
Other Reve		events (not including \$ of contributions reported See Part IV, line 18	,				*	
£								
ō		Less: direct expenses					<u> </u>	
		Net income or (loss) f Gross income from ga See Part IV, line 19	aming activities.	events . ►		,		
	_							
	l	Less, direct expenses		ution •				
	C	Net income or (loss) f		vities ▶				
		Gross sales of in	es a				 	
	b	Less cost of goods s		L_;				
	С	Net income or (loss) f						
		Miscellaneous P	Revenue	Business Code				
	11a							
	b							
	С							
	d	All other revenue .						
	е	Total. Add lines 11a-		▶				
	12	Total revenue. See II	nstructions .	>	694,486 75	267,249.82		

Form 990 (2012) Page 10 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 to any question in this Part IX (D) Fundraising expenses (B) Program service expenses (C) Management and general expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the United States See Part IV, line 21 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . 3 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 472,500.00 210,000 00 262,500 00 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages . 86,100.00 86,100 00 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 97,531.73 25,402 58 12,874.20 59,254.95 9 Other employee benefits . 59,077 57 33,813 42 8,739.35 16,524.80 10 Payroll taxes . . 27,728.70 10,084.00 6,799.45 10,845.25 Fees for services (non-employees). 11 Management а Legal . 18,458 96 18,158 96 300.00 Accounting . . . 29,400 00 29,400 00 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) . . Advertising and promotion . . . 12 13 Office expenses Information technology 14 15 Royalties 16 122,540 12 18,699.30 103,840.82 17 Travel . . . 7,953 64 7,931.77 21.87 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 14,287.21 3,485.64 10,801 57 23 Insurance 8,008 36 519.68 7,488.68 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 O.) Subcontracted Services 239,033.07 119,033 07 120,000.00 Supplies b 34,228.13 32,133 46 2,094.67 Communication Costs 126,000 00 126,000.00 Equipment (182,535.52) (182,535 52) All other expenses

Total functional expenses. Add lines 1 through 24e 5,120.97 132 07 4,970 75 25 1,165,432.94 326,258.43 364,031 36 475,143.15 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 following SOP 98-2 (ASC 958-720)

Form 990 (2012)

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing . . . 1 (8,378 79) 459,696 83 2 Savings and temporary cash investments . 2 251,548.59 359,692.86 Pledges and grants receivable, net . . . 3 3 4 4 187,699 22 29,433.04 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. Assets 7 300,000 00 7 300,000.00 8 Inventories for sale or use . . . R 9 Prepaid expenses and deferred charges 9 38,344.41 39,193.70 Land, buildings, and equipment: cost or Å. other basis. Complete Part VI of Schedule D 10a 981,756.68 10b Less: accumulated depreciation . . 10c b 981,756.68 681,556.17 11 Investments—publicly traded securities 11 12 12 Investments—other securities. See Part IV, line 11 13 Investments-program-related. See Part IV, line 11 460,017.00 13 460,105.00 14 Intangible assets 14 15 Other assets. See Part IV, line 11 . . . 15 21,619.00 21,619.00 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,040,549.87 16 1,561,596 16 17 Accounts payable and accrued expenses 378,021 74 17 469,776.87 18 Grants payable 18 Deferred revenue . . 19 19 354,834 37 251,470.53 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors. 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 29,328 90 25 32,842.09 Total liabilities. Add lines 17 through 25 . 26 26 762,185 01 754,089 49 Organizations that follow SFAS 117 (ASC 958), check here ▶ **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 1,278,364 86 807,506 67 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 Total net assets or fund balances 33 1,278,364 86 33 807,506 67 34 Total liabilities and net assets/fund balances 2,040,549 87 1,561,596 16

_	-	
Page		1

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)		694,4	186 75
2	Total expenses (must equal Part IX, column (A), line 25)		1,165,4	132.94
3	Revenue less expenses. Subtract line 2 from line 1		(470,9	46.19)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		1,278 <u>,</u> 3	364.86
5	Net unrealized gains (losses) on investments			88.00
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		807,5	506 67
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>		
			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other	- 4		, ,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	۱ (-	, *	- '
	Schedule O		, , , , , , , , , , , , , , , , , , ,	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .	2a	<u> </u>	1
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled o	ſ	' «	
	reviewed on a separate basis, consolidated basis, or both:	ŀ	1	,
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	1	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	i .	*1	
	separate basis, consolidated basis, or both		1/4	×
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh			1
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		-	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in) · -	,	
	Schedule O	<u> </u>		
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	↓	1
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	1	1

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Employer identification number

			mmercialization								17143	
Pa			-	rity Status (All orga						nstructio	ons.	
_	_		-	ation because it is: (Fo		_		-		_		
1				hes, or association of			ed in sec	tion 170(b)(1)(A)(i).		
2				170(b)(1)(A)(ii). (Attac		•						
3				spital service organiza							= · ·	
4	L		_	on operated in conjun	ction with	a nospit	ai descrii	oea in se	ction 1/0	J(b)(T)(A)	(III). Enter t	.he
_	_	•	ne, city, and stat						L			
5	L		on operated for)(1)(A)(iv). (Com	the benefit of a college	ge or uni	versity of	wnea or	operated	by a go	vernmen	tal unit des	scribea in
	_			•	مام فيصيدات	ممائمه		470/6\/4	VAV			
6 7				nment or government receives a substantia						ut or from	n tha aana	ماطيم امد
•	V			(A)(vi). (Complete Par		its suppt	יונטווי זוכ	a governi	nemai ui	iit or iroi	ii the gene	rai public
۰				n section 170(b)(1)(A		naloto De	o d 11 \					
8	\vdash	_				-			h		alain Kana	
9	<u> </u>			receives: (1) more that d to its exempt funct								
				ent income and unre								
				after June 30, 1975. Se						511 10	ix) iroini bi	33111C33C3
10	г		=	operated exclusively					•	4)		
11	\vdash			nd operated exclusive							or to cam	v out the
				olicly supported organ								
				describes the type of								
		a 🗌 Type i	b 🗌 Type	II c 🗌 Type II	I–Functio	nally inte	arated	d 🗆	Type III-N	lon-funct	tionally inte	arated
е		By checking the	his box, I certify	that the organization		•	_					
				ers and other than one								
		or section 509	(a)(2).									
f		If the organization	ation received a	a written determination	on from t	the IRS 1	that it is	a Type	I, Type I	ll, or Typ	e III supp	orting
		organization, of	check this box									🗆
g		Since August following pers		he organization acce	oted any	gift or co	ontributio	n from a	ny of the	•		
				ndirectly controls, eith				persons	describe	d in (ii) ai	nd	Yes No
			-	ody of the supported	-						11g(i)	
			·	on described in (i) abo							11g(ii)	
			-	a person described in							11g(iii)	
h				ion about the support	- -							
(1)		ne of supported rganization	(îı) EIN	(III) Type of organization (described on lines 1–9		rganization sted in your		rou notify nization in		s the son in col	(vii) Amount supp	
		94		above or IRC section		document?	col (i)	of your port?	(i) organi	zed in the	Jupi	,O11
				(see instructions))	Yes	No	Yes	No	Yes	No	4	
					163	- "	163	110	103	140	 	
(A)									1			
								 	-		-	
B)												
(C)												
<u></u>												
D)												
								 			 	
E)												
_			t in the second	MARINE AND	1. N. S.	大方纹		13.68	How			
Γota	!			物理をようしてもなる	\$ 3 T	日本學學發	FERRE	r Per Andr	100			

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 gualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total grants, contributions, Gifts. membership fees received (Do not include any "unusual grants.") 1.747.473 2.049.727 2,329,358 1.002.512 427,237 7,547,307 revenues levied organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 1,747,473 2,049,727 2,329,358 1,002,512 427,237 7,547,307 The portion of total contributions by (other than each person governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . Public support. Subtract line 5 from line 4. 7,547,307 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Amounts from line 4 1,747,473 2,049,727 2,329,358 1,002,512 427,237 7,547,307 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 32,760 21,151 46,058 26,534 24,795 151,298 Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 11 7,698,605 Gross receipts from related activities, etc (see instructions) 12 12 3,032,148 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2011 Schedule A, Part II, line 14 15 15 98 0534 331/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization $\overline{\mathbf{Z}}$ b 331/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only	if you checked the box of	on line 9 of Part I or if the organization failed to o	qualify under Part II.
If the organizati	on fails to qualify under t	he tests listed below, please complete Part II.)	

Secti	on A. Public Support			7 (
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						1
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge			ļ			<u> </u>
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)	* '	f 1	* * * *		, v	
Secti	on B. Total Support						<u> </u>
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,					'	
	payments received on securities loans, rents,						1
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		<u> </u>				ļ
_	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or		1				-
12	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 the	ne organizatio	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a secti	on 501(c)(3)
	organization, check this box and stop he	ere					▶ 🗆
Secti	on C. Computation of Public Support	rt Percentaç	je				
15	Public support percentage for 2012 (line		-			15	%
16	Public support percentage from 2011 Sc			<u> </u>	···········	16	%
	on D. Computation of Investment In					1.5	
17	Investment income percentage for 2012		• •	-			%
18	Investment income percentage from 201					18	%
19a	331/3% support tests—2012. If the organ						
a_	17 is not more than 331/3%, check this box		=			-	_
b	331/3% support tests – 2011. If the organia line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d		_				
20	constant in the organization of	HOL DI IOON D	. JUN 011 11110 14	,	STICON HING DOX	WING 200 HISH	uodona 🚩 📋

chedule A (F	Form 990 or 990-EZ) 2012	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
·		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047 2012

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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

- 00	011011 001(0)(0) 019411124110110				inploto t art ii B
		that have NOT filed Form 5768 (election			
	•	s," to Form 990, Part IV, line 5 (Proxy	Tax) or Form 990-E	Z, Part V, line 35c (Proxy T	ax), then
	ection 501(c)(4), (5), or (6) orga of organization	anizations Complete Part III		Employer ider	ntification number
	-			Zinpioyer idei	
	an Technology Commercia	e organization is exempt und	or coation FO1/s	a) or io a coation 507	37-1417143
		the organization's direct and indire			organization.
1	•	-		_	
2			• • •		
3	Volunteer hours		• • • •		
Part	Complete if the	e organization is exempt und	er section 5016	2)(3)	
1		excise tax incurred by the organiza			
2	-	excise tax incurred by organization			
3	•	ed a section 4955 tax, did it file Fo	•		Yes No
4a	_		-		Yes No
b	If "Yes." describe in Part				
Part		e organization is exempt und	er section 501(c), except section 501	(c)(3).
1		ly expended by the filing organiz			· / · / · · · · · · · · · · · · · · · ·
	activities			▶ \$	
2	Enter the amount of the	filing organization's funds contrib	uted to other org	anizations for section	
	527 exempt function acti	ıvıtıes		▶ \$	
3	Total exempt function e	expenditures Add lines 1 and 2	. Enter here and	on Form 1120-POL,	
	line 17b			▶ \$	
4	Did the filing organization	n file Form 1120-POL for this year	? .		. Yes No
5	Enter the names, address	ses and employer identification nui	mber (EIN) of all se	ection 527 political organi	zations to which the filing
		ents. For each organization listed,			
	•	ontributions received that were pro			-
	as a separate segregated	fund or a political action committe	ee (PAC) If additio	nal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If
					none, enter -0-
(1)					
(2)					
					
(3)					
·-,					
(4)					
(5)					
(6)					

_			•
Pa	30	e	4

Par	II-A	Complete if the organizati	on is exempt u	ınder section 50	01(c)(3) and file	d Form 5768 (ele	ction under
		section 501(h)).					
A (Check ▶	☐ If the filing organization b					oup member's
_		name, address, EIN, exp				•	
B (Check ▶	☐ If the filing organization of			rol" provisions a	 	
		The term "expenditures" (bying Expendit		١	(a) Filing organization's totals	(b) Affiliated group totals
10	Total I	bbying expenditures to influence		-		1	9.000
1a b		bbying expenditures to influence			0,		
C		obbying expenditures (add lines	•	dy (direct lobbying	9)		
d		exempt purpose expenditures .					
e		xempt purpose expenditures (a		d)			-
f		ng nontaxable amount Enter		•			
	colum	is.				1	
	If the a	nount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amoun	t is:		
	Not ove	r \$500,000	20% of the an	nount on line 1e		* ',* ,	. '**
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000	No. 1. 1.	* 2.
		,000,000 but not over \$1,500,000		10% of the excess		, , , , , , , ,	, , ,
	-	,500,000 but not over \$17,000,000		5% of the excess o	ver \$1,500,000		,
		7,000,000	\$1,000,000			** , ,	
9		oots nontaxable amount (enter t	,				
h		ct line 1g from line 1a If zero or ct line 1f from line 1c If zero or				-	
;		e is an amount other than zer		1h or line 1; dic	 Lithe organization	file Form 4720	
,		ng section 4911 tax for this year			ŭ		Yes No
		4-1		Period Under Sec	tion 501(b)		
		(Some organizations that n			``	plete all of the five	•
		columns below	. See the instru	ctions for lines 2a	through 2f on pa	age 4.)	
		Lobbyii	ng Expenditures	During 4-Year Av	veraging Period	<u></u>	
	Cale	ndar year (or fiscal year	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
		beginning in)					
2 a		ng nontaxable amount					
b		ng ceiling amount of line 2a, column (e))			* * *	* * * * * * * * * * * * * * * * * * * *	
c	Total le	obbying expenditures					
c		oots nontaxable amount					
€		oots ceiling amount of line 2d, column (e))					
f	Grassi	oots lobbying expenditures					

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	5768	
For	each "Yes," response to lines 1a through 1ı below, provide in Part IV a detailed	(a)		(b)
	ription of the lobbying activity.	Yes	No	Ап	nount
1	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:	* * *	*		
a b	Volunteers?	/	✓		
С	Media advertisements?		1		
d	Mailings to members, legislators, or the public?		1		
е	Publications, or published or broadcast statements?		1		
f	Grants to other organizations for lobbying purposes?		✓		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	✓	<u> </u>		500.00
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u> </u>	/		
i	Other activities?	130	/		
j	Total. Add lines 1c through 1i			2	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	4 2 4	✓		
þ	If "Yes," enter the amount of any tax incurred under section 4912	3000			
ç	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?	-33	ļ		,
d	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	1/51	Or so	ction	
rai	501(c)(6).	,,(J),	01 56	Cuon	
	30 (10)(0)			T	Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?	_		1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes.") Par		line 3, is
1 2	Dues, assessments and similar amounts from members	s of	1		
а	Current year		2a	1	
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb		,		
	and political expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information		•		
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5 Part II-A, line 2; and Part II-B, line 1 Also, complete this part for any additional information	Part	II-A (a	ffiliated	group
					**

	m 990 or 990-EZ) 2012	Page 4
Part IV	Supplemental Information (continued)	
		·

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Employer identification number Name of the organization Michigan Technology Commercializaton Corporation 37-1417143 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) . 2 Aggregate grants from (during year) . . . 3 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 charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose 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 education)
 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. Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

b Assets included in Form 990, Part X .

-	Da	2
	rade	~

Part										
3	Using the organization's acquisition, collection items (check all that apply)	acces	sion, and oth	ner recor	ds, chec	k any of th	e follov	wing that are a	significa	nt use of its
а	☐ Public exhibition			d [Loan	or exchang	ge prog	rams		
b	☐ Scholarly research			е [☐ Other	,				
С	☐ Preservation for future generations	3								
4	Provide a description of the organization	tion's	collections a	nd expla	in how th	hey further	the org	ganızatıon's exe	empt pur	pose in Part
	XIII.									
5	During the year, did the organization assets to be sold to raise funds rather									
Boss										Yes No
Part	line 9, or reported an amoun	t on I	Form 990, P	art X, III	ne 21.					J, Part IV,
1a	Is the organization an agent, trustee									
h	included on Form 990, Part X? If "Yes," explain the arrangement in Page 1.						•		□ '	Yes 🗌 No
b	if tes, explain the arrangement in F.	arı All	ii and comple	te the lo	nowing ta	able.		T	Amount	
С	Beginning balance						10	:		
d	Additions during the year						10	1		
e	Distributions during the year .						16	•		
f							11	F		
2a	Did the organization include an amoun	nt on	Form 990, Pa	rt X, line	21?		<u> </u>		. 🗆 '	Yes 🗌 No
b	If "Yes," explain the arrangement in P.					n has been	provid	ed in Part XIII		
Par	Endowment Funds. Compl	ete ıf	the organiza	ation an	swered	"Yes" to f	orm 9	90, Part IV, Iır	ne 10.	
		(a)	Current year	(b) Pro	or year	(c) Two yea	rs back	(d) Three years ba	ck (e) Fo	our years back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses					<u>-</u>			_	
g	End of year balance	Ĺ							_	
2	Provide the estimated percentage of t				e (line 1g	, column (a	a)) held	as		
а	Board designated or quasi-endowment			. %						
b	Permanent endowment ►	%								
С	Temporarily restricted endowment ▶		%							
_	The percentages in lines 2a, 2b, and 2									
3a	Are there endowment funds not in the	e pos	session of the	e organi:	zation tha	at are held	and ac	iministered for	the	
	organization by								<u> </u>	Yes No
	(i) unrelated organizations	•			•			• • •	. 3a(
	(ii) related organizations	!a.					•		3a(i	
b	If "Yes" to 3a(II), are the related organ Describe in Part XIII the intended uses								. 3b	
4 Pari							 -			
Fair		men					(-)	Annual Internal	(-N. D.	
	Description of property		(a) Cost or oth			or other basis ther)	ď	Accumulated lepreciation	(a) B	ook value
1a	Land						1.00			
ь	Buildings						ļ			
C	Leasehold improvements									
d	Equipment			8,750.43				918,750.43		00 00
<u>e</u>	Other			3,006 25	<u></u> _	(D) (' :	24.11	63,006.25		00 00
Total.	Add lines 1a through 1e (Column (d) r	nust e	equal Form 99	ιυ, Part)	, column	1 (B), line 10	U(c).)	<u>▶</u>		00.00

Part VII	Investments – Other Securities.	. See Form 990, Part X, I	ine 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financia	al derivatives			
(2) Closely-	-held equity interests			
(3) Other		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I) T-1-1-(O-1)	(A)			
	(b) must equal Form 990, Part X, col (B) line 12) ► Investments—Program Related	See Form 990 Part Y	line 13	
Part VIII	(a) Description of investment type	(b) Book value	(c) Method of va	Justion
		(b) Book value	Cost or end-of-year m	
	% common share ownership in start up			
	d Irability corporation Pasteurization	400 405 00		
	ologies LLC	460,105.00	Fair value measurement as detern	ninea by FASB
(4) (E)			No. 157.	
(5)				
<u>(6)</u> (7)				
(8)				
(9)	-			
(10)				
	(b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Pa	art X, line 15.	<u> </u>	
		a) Description		(b) Book value
(1) Secur	ity Deposits			21,619 00
(2)		_		
(3)				
(4)				
_(5)				
(6)				
_(7)				
_(8)				
(9)				
(10)	to an a february and a sound for more 2000. Don't V. a	al (D) line 15 \		
	umn (b) must equal Form 990, Part X, c		. ▶	<u> </u>
Part X	Other Liabilities. See Form 990, (a) Description of liability	(b) Book value	Ī	
	al income taxes	(b) Dook value	,	
		22.042.00		· ',
(3) Secur	ity Deposits	32,842.09	, ,	*
(4)				* * .
(5)			-	
(6)				, , , , , , , , , , , , , , , , , , ,
(7)			, ,	1,37
(8)			1	,
(9)			,	,
(10)			1	
(11)			-	•
	n (b) must equal Form 990, Part X, col (B) line 25)		-	r
	ASC 740) Footnote. In Part XIII, provide the	text of the footnote to the ord	I janization's financial statements the	t reports the organization's
	uncertain tax positions under FIN 48 (ASC 7			

Page	4

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents \	With Revenue per l	Retu	rn
1	Total revenue, gains, and other support per audited financial statements			1	694,574 75
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	88.00		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-		
ė	Add lines 2a through 2d			2e	88 00
3	Subtract line 2e from line 1			3	694,486.75
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ĺ			00-1/100:70
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	694,486 75
	XII Reconciliation of Expenses per Audited Financial Statem			-	
1	Total expenses and losses per audited financial statements			1	1,165,432.94
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				1/190/102.01
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c		,	
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	1,165,432 94
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			,	1,100,402 54
a .	Investment expenses not included on Form 990, Part VIII, line 7b	4a		į	
b	Other (Describe in Part XIII.)	4b		é.	
c	Add lines 4a and 4b		-	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18)	·	5	1,165,432.94
	XIII Supplemental Information		· · · · · · · · · · · · · · · · · · ·		1,103,432.34
	lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b ation.				
Part X	, Line 2d, Other - Rental expenses from Form 990, Part VIII, Line 6B - 198,818 4	6			
Part X	l, Line 2d, Other - Rental expenses from Form 990, Part VIII, Line 6B - 198,818 4	16			

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
		•
		
-		
		·

		-++

SCHEDULE J (Form 990)

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Michiga	an Technology Commercialization Corporation 37-	1417143		
Part I				
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in F 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	orm	i 4	*
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence	1.	8, 3, 4	1 . 4
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees	1	*	ķφ.
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)	** * ,	. *>	≤, <}
		~ }		* '
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payn	nent	`.	,
_	or reimbursement or provision of all of the expenses described above? If "No," complete Part II		`	
	explain	1b		
			§ < ₹	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all office		<u> </u>	
_	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	. 2		
			3	
•	Indicate which, if any, of the following the filing organization used to establish the compensation of the] 3.**	1 1 1	
3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used b	, a 🖑	* * * * * * * * * * * * * * * * * * * *	1
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	y a [* *	Ba 3000	,
				350
	☐ Compensation committee ☑ Written employment contract		· ,	1. 4
	☐ Independent compensation consultant ☐ Compensation survey or study		J- 😲 ;	\$ 1/P
	Form 990 of other organizations Approval by the board or compensation committee	e k		13
	D	} ∧ ` ^ '		, 134 (c)
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling			1
	organization or a related organization			
a	Receive a severance payment or change-of-control payment?	. 4a	ļ	✓
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	. 4b		V
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		/
	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.		1 1	2
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	, '9.2'		1 24 14
	compensation contingent on the revenues of:	- #EZ/6: 4	A 48-14 A 43 A	-
а	The organization?	. 5a		
b	Any related organization?	. 5b		
	If "Yes" to line 5a or 5b, describe in Part III.		100	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	·		, 4, ,
	compensation contingent on the net earnings of		13	, , , ,
а	The organization?	. 6a		1
b	Any related organization?	6b		1
_	If "Yes" to line 6a or 6b, describe in Part III	**	, 5 9	-
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-f	xed	 -	
	payments not described in lines 5 and 6? If "Yes," describe in Part III			✓
8	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 Regulations section 53.4958-4(a)(3)? If "Yes," described in Regulations section 53.4958-4(a)(3)?			
	in Part III			/
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure describe		+	
3	Regulations section 53.4958-6(c)?			

Schedule J (Form 990) 2012

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

For each individual whose compensation must be reported 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.

(F) Compensation reported as deferred in prior Form 990 249,739.16 334,325.86 Note. The sum of columns (B)(I)—(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. 328,809.81 285,520.33 (E) Total of columns (B)(i)–(D) 25,940.55 50,641.27 (D) Nontaxable benefits 10,579.78 15,768.54 (C) Retirement and other deferred compensation (III) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation (ii) Bonus & incentive compensation 249,000.00 262,500.00 (i) Base compensation EE ≘ EE ΞΞ Ξ **EEE** ΞΞ 2 E EEEE e e e e ΞΞ Ξ ≘ ≘ 1 James A. Richter, President (A) Name and Title 2 Andrew C. Taylor ო 2 9 œ 6 우 5 7 F 14 15 9

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012 Day III Sunnlamental Information	Page 3
100 🗎	or Part II
All clubeds	m 990) 201

SCHEDULE L (Form 990 or 990-EZ)

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

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Michi	igan Technology Comп									37-	<u> 14171</u>	43		
Par	t Excess Bene	fit Transaction	s (section 501	(c)(3) :	and secti	ion 501(c)(4	1) org	anizations only). 5a or 25b, or For	rm 99	0-F7	Part '	V line	40h	
	<u> </u>		(b) Relationship be				110 20					-	(d) Con	ected?
1	(a) Name of disqualified	person		organiz				(c) Description	n of trai	nsactio	า		Yes	No
(1)						i								
(2)														
(3)														
(4)														
(5)								<u></u>						
(6)							L						L	
2	Enter the amount under section 4958		by the orgar	nizatio	n manag	-	qualif	ied persons du	rıng t	he ye . I	ar ► \$	6		
3	Enter the amount o	f tax, if any, on	line 2, above,	reımb	oursed by	the organi	zatioi	n		. 1	▶ \$	<u> </u>		
Par	t I Loans to and	or From Inter	ested Person	<u> </u>										
rai					Form 990	0-EZ, Part	V, line	38a or Form 99	90, Pa	ırt IV,	line 2	6: or	f the	
	organization r	eported an amo	ount on Form 9	990, P	art X, line	e 5, 6, or 22	2.		,					
(a) I	Name of interested person	(b) Relationship	(c) Purpose of	(4)	oan to or	(e) Origin		(f) Balance due	(a) In (default?	(h) An		(4) 14/	
(a) i	varie of interested person	with organization	loan	fro	om the	principal arr		(i) Dalarice due	(9)	Jerauli,	by bo	proved pard or	(i) Wi	
				orga	nization?			İ			comn	nittee?		
				То	From				Yes	No	Yes	No	Yes	No
(1)				<u> </u>	<u> </u>			<u> </u>			L	ļ		
(2)												ļ		
(3)												ļ		
(4)									ļ			ļ		
(5)		 							-		<u></u>	<u> </u>		
(6)		 							-	1	ļ	 	-	
(7)		-								<u> </u>		 	<u> </u>	
(8)									 			├		
(9)									1				-	
(10) Tota			<u> </u>					\$ \$	de vida		EAST-		Sidney.	A Loca
Par	t III Grants or Ass	sistance Bene ne organization	fiting Interest answered "Ye	ed Pe	rsons. Form 990	0, Part IV, I			- A-C 246		16000	*	niews	en in the second
(a	a) Name of interested person		ship between inter and the organization		(c) Amount	of assistance		(d) Type of assistance	e	(e) Purpo	ose of a	ssistan	ce
(1)														
(2)			<u>-</u>											
(3)														
(4)														
(5)														
(6)														
(7)														_
(8)														
(9)										<u> </u>				
(10)														

Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions).	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organia rever	zatıo
Owned by Robert Law, Director Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions).	rategic Federal Affairs Inc	Entity more than 35%	150 000 00	Vendor - Lobbying		'
Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions).	ategie i ederai Airairs, ine		100,000 00	vendor coopynig		
Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions).	***************************************			· · · · · · · · · · · · · · · · · · ·		一
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).		Director	· · · · · · · · · · · · · · · · · · ·			
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).			·			 - -
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).						T
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).						
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).						T
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).						Γ
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).						Γ
			·			

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2012

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection

Employer identification number

Michigan Technology Commercialization Corporation	37-1417143
Form 990, Part VI, Section B, Line 11a: A copy of Form 990 is available upon request to each director f	or review prior to submission
Form 990, Part VI, Section B, Line 12c: Management periodically reviews the policy with it's employee	5.
Form 990, Part VI, Section B, Lines 15a and 15b: Compensation is approved by the Board of Directors	and is also benchmarked with others of
similar responsibilities and capabilities	
Form 990, Part VI, Section C, Line 19: The information is available upon request	
······································	······
······	

Schedule O (Form 990 or 990-EZ) (2012)		Page ∠
Name of the organization	Employer identification number	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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 For

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eparate II	
▶ See s	
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2012

OMB No 1545-0047

Open to Public Inspection

Employer identification number 37-1417143 Identification of Disregarded Entities (Complete If the organization answered "Yes" to Form 990, Part IV, line 33.) Michigan Technology Commercialization Corporation Partl

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(9)					ı
(4)					
(9)					
(9)					
Part II Identification of Related Tax-Exempt Organizations (Complete one or more related tax-exempt organizations during the tax year.)	izations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had during the tax year.)	inswered "Yes" to	Form 990, Part	IV, line 34 beca	iuse it had
(a) Name, address, and EIN of related organization Prim.	(b) (c) Primary activity or foreign counity)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
					Yes No
(1)					
(2)					
(6)					
(4)					
(5)					
(9)					
(2)					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Cat	Cat No 50135Y		Schedule	Schedule R (Form 990) 2012

Schedule R (Form 990) 2012													Page 2
Part III Identification of F	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)	ons Taxable	as a Partner treated as a p	rship (Cor	nplete if the during the	e organiza e tax year.)	ion answer	ed "Yes	s" to Form 990), Part	IV, line	34	
(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 sections 512-514)	(e) Predominant Income (related, unrelated, excluded from tax under ections 512-514)	Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(I) General or managing partner?		(k) Percentage ownership
								Yes	No	χ.	Yes No		İ
Natural Therapeutics, LLC W. Morgan Road, Ann Arbor,	Product Sales	Ξ	N/A	3	Unrelated	None	None	60	>	None	`		None
(2)												_	
(6)										!			
(4)													
(5)													
(9)													
(2)											-		
Part IV Identification of F line 34 because it	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ons Taxable	as a Corpor ations treated	ation or 1	Frust (Com poration or	plete if the trust durir	organizatio g the tax ye	n answ ear.)	ered "Yes" to	Form	990, P	art IV,	
(a) Name, address, and EIN of related organization	ed organization	(b) Primary activity	y Legal or for	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(C corp, S corp, or trust)	entity Sha	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage is ownership	tage Si	(I) Section 512(b)(13) controlled entity?	2(b)(13) led <i>/?</i>
-												Yes	å
(1)													
(2)													
(6)													
(4)													
(5)													
(9)													
(2)		:											
			_				-			Schedule R (Form 990) 2012	le R (Fo	rm 990) 2012

Schedule R (Form 990) 2	orm 990) 2012
Part V	actions With Rela

Involved	amount	Method of determining	Amount involved	Transaction type (a-s)	Name of other organization
nvolved	amount	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a–s)	(a) Name of other organization
holds.	n thres	inships and transaction	luding covered relation	implete this line, inc	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				r Other transfer of cash or property to related organization(s)
>	5				Heimbursement paid by related organization(s) for expenses
>	a ;	· · · · · · · · · · · · · · · · · · ·			p Reimbursement paid to related organization(s) for expenses
>	9				o Sharing of paid employees with related organization(s)
>	£.				n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
>	1 m				
>	=				
>	*				k Lease of facilities, equipment, or other assets from related organization(s)
>	1j				Lease of facilities, equipment, or other assets to related organization(s)
>	;=				
>	£				
>	1g				g Sale of assets to related organization(s)
>	14				Dividends from related organization(s)
>	1e	· · · · ·			e Loans or loan guarantees by related organization(s)
>	₽				d Loans or loan guarantees to or for related organization(s)
>	10				c Gift, grant, or capital contribution from related organization(s)
>	p				b Gift, grant, or capital contribution to related organization(s)
/	1a				a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity.
		ts II–IV?	ınizations listed ın Par	or more related orga	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?
Yes No	_				Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Unrelated Organizations Taxable as a Partnership (Complete of 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.

מו פוספס וכיניוות את זכו חומת המשוב	gamzamon: occ		in a second		5		3	3	3	3
(a) Name address and FIN of entity	(b) Primary activity	(c)	(d) Predominant	(e) Are all partners			(n) Disproportionate	Code V—UBI		(n) Percentage
ממופי מתקפפי מות בווע פו פוועל	, , , , , , , , , , , , , , , , , , ,	(state or foreign	income (related.	section	total income	end-of-year	allocations?	amount in box 20		ownership
		country)	unrelated, excluded	501(c)(3)				of Schedule K-1	partner?	
			section 512-514)	organizations				(200)		
			,	Yes No			Yes No		Yes No	ļ
(1)	·			:=						
(2)										
(6)										
(4)										
(5)										
(9)										
(2)										
(8)										
(6)									-	
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
								Sche	dule R (For	Schedule R (Form 990) 2012