

, 990 Form

Return of Organization Exempt From Income Tax

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

2017

Department of the Treasury Internal Revenue Service

Department of the Treasury Internal Revenue Service

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

Open to Public

inter		nue Service	GO to www.iis.gov/Fo/misso for instructions and the late			mapection			
<u>A</u> _	For the	e 2017 cale	ndar year, or tax year beginning , 2017, and er	ding		, 20			
В	Check if	f applicable	C Name of organization Michigan Technology Commercialization Corporation		D Employer	r identification number			
	Address	s change	Doing business as Michigan Research Institute		37-1417143				
	Name c	hange	Number and street (or P O box if mail is not delivered to street address) Roon	n/suite	E Telephone number				
	Initial re	eturn	401 West Morgan Road			734-353-4398			
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code						
	Amende	ed return	Ann Arbor, MI 48108		G Gross rec	eipts \$ 231,331 49			
$\overline{\Box}$		tion pending	F Name and address of principal officer	H(a) Is this a		bordinates? Yes No			
_	Applicat	tion pending	401 West Morgan Road, Ann Arbor, MI 48108			included? Yes No			
-						ist (see instructions)			
<u> </u>		empt status	\[\sum 501(c)(3) \] \[\sum 501(c) \(\) \] \[\sum (insert no) \sum 4947(a)(1) or \sum \sum \frac{1}{2} \) \[\]	/					
7	Website	· · · · · · · · · · · · · · · · · · ·			exemption n				
_			Corporation	mation 2001	IN State o	f legal domicile MI			
_ F	art I	Summ			1				
	1		escribe the organization's mission or most significant activities: Pro						
Activities & Governance		sciences 1	hroughout Southeast Michigan and to promote educational opportunities for o	graduates and ur	dergraduate	es in Michigan			
Ē									
Ķ	2		is box $ ightharpoonup \square$ if the organization discontinued its operations or dispose	ed of more than	725% of it	s net assets.			
Ĝ	3	Number	of voting members of the governing body (Part VI, line 🔞 . 🙃 🕻	EIVEL	7013	3			
∘ಕ	4		of independent voting members of the governing body (Part VI, line	fb)	19214	2			
ë.	5	Total nur	nber of individuals employed in calendar year 2017 (Part 🎖 📶 ine 2a) 🕻	27 2018	1 5	2			
٤	6		nber of volunteers (estimate if necessary)	127 2010	126	0			
Ą	7a	Total unr	elated business revenue from Part VIII, column (C), line 1 🔼		- 7a	0			
	b	Net unrel	ated business taxable income from Form 990-T, line 34	DEN. U	Zb	0			
Revenue				Prior Y	ear	Current Year			
	8	Contribu	tions and grants (Part VIII, line 1h)	3	58,000 00	6,320 92			
	9		service revenue (Part VIII, line 2g)						
e ve	10	_	nt income (Part VIII, column (A), lines 3, 4, and 7d)		24,133 34	24,610 32			
ď	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1	82,941 57	200,400 25			
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		65,074 51	231,331 49			
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)						
	14		paid to or for members (Part IX, column (A), line 4)						
	1		other compensation, employee benefits (Part IX, column (A), lines 5-10)	4	31,705 30	(404,875 63)			
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)		31,70000	(10 1,01 0 00)			
ĕ	lua				-				
菡	b		draising expenses (Part IX, column (D), line 25)	(6	3,885 37)	292,099 03			
	''		penses (Part IX, column (A), lines 11a-11d, 11f-20eC CF V	<u> </u>	67,819 93	(112,776 60			
	18		penses. Add lines 13–17 (must equal Part X, column A), line 25)	1001					
	19	Revenue	less expenses Subtract line 18 from line 12		97,254 98	344,108 09			
Assets or Balances		-		Beginning of C		End of Year			
sset	20		ets (Part X, line 16)	1 4	35,390 66	3,493,258 67			
Net A	21	Total liab	ulities (Part X, line 26)	 	97,210 22	3,410,970 25			
_		Net asse	ts or fund balances. Subtract line 21 from line 20 GDEN: U	(26	1,819 67)	82,288 42			
P	art II	Signa	ture Block						
			ry, I declare that I have examined this return, including accompanying schedules and s			y knowledge and belief, it is			
tru	ie, correc	ct, and comp	ete Declaration of preparer (other than officer) is based on all information of which prepared	parer has any know	leage				
			K Rietter						
Sig	gn	Sign	ature of officer	Da	ite / a	/			
He	ere		ames A Richter Hesident		10/9/	12018			
		Туре	or print name and title						
Pa	id	Print/Ty	pe preparer's name Preparer's signature	Date	Check	7 of PTIN			
		ar			self-emple				
	epare		ame ►	Firs	n's EIN ▶				
US	se On	עויו עויי	ddress ►		one no				
Ma	y the II		s this return with the preparer shown above? (see instructions)			Yes No			
				at No. 11282Y		Form 990 (2017)			
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rart			is a response or note to any line in the	is Part III	\square
1	Briefly describ	e the organization's r	nission:	:	<u> </u>
	Promote basic a	and applied research in t	he medical sciences throughout southeaste	rn Michigan and to provide educationa	al opportunities for
	graduates in Mi	chigan			
					
2	Did the organi	ization undertake any	significant program services during th	ne year which were not listed on t	ho
-	prior Form 990	0 or 990-EZ?	· · · · · · · · · · · · · · · · · · ·		□ Yes ✓ No
		ribe these new service			
3	Did the organ	nization cease condi	ucting, or make significant changes		
	services? .				☐ Yes 🗹 No
	If "Yes," descr	ribe these changes or	n Schedule O.		
4			m service accomplishments for each of		
			01(c)(4) organizations are required to re any, for each program service reported		illocations to others
	the total expe	rises, and revenue, ii	any, for each program service reported	•	
4a	(Code.) (Expenses \$	155,916 10 including grants of \$	00 00) (Revenue \$	00 00)
	(3323)				
			· 		
4b			including grants of \$		
				••••	
4c	(Code.) (Expenses \$	including grants of \$) (Revenue \$)
	•				
	••••				
			·		
				•••••	
<i>A</i> ~ 1	Other progres	n senuces (Describe ::	2 Schadula (C.)		
4d	(Expenses \$	n services (Describe ii includ	n Schedule 0.) Ing grants of \$) (Reve	nue \$	
40	Total program	Senice evpenses	/ (Neve	, j	

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Part	V Checklist of Required Schedules			
	*	,	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		~
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? <i>If "Yes," complete Schedule C, Part II</i>	4	~	
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		,
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		,
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? <i>If "Yes," complete Schedule D, Part III </i>	8		~
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		,
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		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
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		,
	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		V
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	~	
	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	7	V
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete Schedule D, Parts XI and XII</i>	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		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	, , , ,	14a		~
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 other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		~
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		>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
			. aan	

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Part	Checklist of Required Schedules (continued)		Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	163	110
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	 	1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		-
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	- -		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		V
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 25a	24a	ľ	~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		~
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		~
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			l
	current or former officers, directors, trustees, key employees, highest compensated employees, or			١,
	disqualified persons? If "Yes," complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			ļ
	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			,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		V
-	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete</i>			Ť
	Schedule L, Part IV	28b		/
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		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		~
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			
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	24	'	
250		34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
U	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	- COD		<u> </u>
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	~	

	0 (2017)		y. 1.		Page :
Part		en r			_
	Check if Schedule O contains a response or note to any line in this Part V	-445	• •	Yes	. L
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	· 图:2		64. F
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (
	Did the organization comply with backup withholding rules for reportable payments reportable gaming (gambling) winnings to prize winners?		1c		53
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		#22°s	影響	£1 975
	Statements, filed for the calendar year ending with or within the year covered by this return	2a (1
b	If at least one is reported on line 2a, did the organization file all required federal employment		2b	₩	202
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst		2000	H2015	47.3
За	Did the organization have unrelated business gross income of \$1,000 or more during the year	•	3a	X.5. 7	1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in So		3b		
'4a	At any time during the calendar year, did the organization have an interest in, or a signature over, a financial account in a foreign country (such as a bank account, securities account, account)?	or other authority	4a		,
b	If "Yes," enter the name of the foreign country				7
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fi (FBAR).	nancial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	r transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		ļ
6a b	Does the organization have annual gross receipts that are normally greater than \$100,0 organization solicit any contributions that were not tax deductible as charitable contributions If "Yes," did the organization include with every solicitation an express statement that such	?	<u>6a</u>		V
_	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				*4
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and and services provided to the payor?	partly for goods	7a		7
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property required to file Form 8282?		7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	No.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b	enefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	fit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m	aintained by the	100000000000000000000000000000000000000	\$ 18 B	
_	sponsoring organization have excess business holdings at any time during the year?		8	ASTALL A	acore - i
9	Sponsoring organizations maintaining donor advised funds.				2
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related persection 501(c)(7) organizations. Enter:	son?	9b	. 4/i	8087
10 a	Initiation fees and capital contributions included on Part VIII, line 12	10a		25.24 25.24	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	180		
11	Section 501(c)(12) organizations. Enter:			1000 T	100
a	Gross income from members or shareholders	11a	100		3
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu		12a		ASTRACTA-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .	12b		(M.)	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			100 mg	To A
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
b	Note. See the instructions for additional information the organization must report on Schedul Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	e O. 13b			

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year? **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

13b

13c

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See_ins	truct	ions.
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		. 🗸
Section	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	(**	\$1.55°) (Alar)
Ia	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 2	7.00		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	_ 5		8
6	Did the organization have members or stockholders?	6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		~
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l '		
8	stockholders, or persons other than the governing body?	7b		
•	The governing body?	8a	√	2 200
a b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		Ť	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	ode.)	1
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		~
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		24	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u>, </u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	~	
13	Did the organization have a written whistleblower policy?	13	<u> </u>	ļ
14	Did the organization have a written document retention and destruction policy?	14	√	2482400
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	機能に	\$3.74 \$4.74	
a	The organization's CEO, Executive Director, or top management official	15a	-	ļ
b	Other officers or key employees of the organization	15b	√	1.5
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	Baller Core	を放送さ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
C = +1	organization's exempt status with respect to such arrangements?	16b	l	<u> </u>
Secti	on C. Disclosure 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 available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and red James A. Richter, 401 West Morgan Road, Ann Arbor, MI. 48108, 734 353-4398	cords	: >	

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Form	990	(201	7

Part VII	Compensation of Officers, Directo	s, Trustees,	Key Employees	, Highest C	Compensated I	Employees,	and
	Independent Contractors						

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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.

(4) Name and Title Postson (do not check more than one box, unless passon is both an official and organizations below dotted for gamzation (bine) and a director/include of the check more than one box, unless passon is both an officiant and a director/include of the check more than one box, unless passon is both an officiant and a director/include of the check more than one box, unless passon is both an officiant and a director/include of the check more than one box, unless passon is both an officiant and a director/include of the check more than one box, unless passon is both an officiant and a director/include of the check more than one box, unless passon is both an officiant and a director/include of the check more than one box, unless passon is both an officiant and a director/include of the check more than one box, unless passon is both an officiant and a director/include of the check more than one box, unless passon is both an officiant and a director/include of the check more than one box, unless passon is both an officiant and a director/include of the check more than one box, unless passon is both an officiant and a director/include of the check more than one box, unless passon is both an officiant and a director/include of the check more than one box, unless passon is both an officiant and a director/include of the check more than one box, unless passon is both an officiant and a director/include of the check more than one box, unless passon is both an officiant and a director/include of the check more than one box, unless passon is both an officiant and a director/include of the check more than one box, unless passon is both an officiant and a director/include of the check more than one box, unless passon is both an officiant and a director/include of the check more than one passon is both an officiant and a director of the check more than one passon in the companies of the check more than one passon in the check more than one passon in the check more than one passon in the check more than one passon	Check this box if neither the organization no	r any relate	d orga	aniz			ompe	nsa	ated any curren	t officer, director	r, or trustee.
Name and Title					•	•					
Name and Title	(A)	(B)	,	-4 -1					(D)	(E)	(F)
Compensation Comp		1							Reportable		Estimated
10 Robert DeMattia 10 10 10 10 10 10 10 1											
Case			우중	ins	₽	ě	먪	Ę,			
(1) Robert DeMattia		related	dra	훒	icer	en	ploy] me	organization	(W-2/1099-MISC)	from the
(1) Robert DeMattia			or La	Ş		탕	8 8	"	(W-2/1099-MISC)		
(1) Robert DeMattia			rust	쿨	1	yee	agr.				
(1) Robert DeMattia			8	stee			nsat				
Charman			_	_			8	ļ.,			
Chairman	(1) Robert DeMattia	10									
Secretary & Treasurer			-		~			!			
(3) James A Richter	(2) Robert C Law	10									
President	Secretary & Treasurer		~		~						
(4) Andrew C Taylor 40 0 Vice President 2 (5) 31,750 00 (6) (7) (7) (8) (9) (10) (11) (12) (13) (14)	(3) James A Richter	40 0									
Vice President V 31,750 00 9,333 90 (6) (7) (8) (9) (10) (11) (12) (13)			•		~			1	34,000 00		25,110 71
(6) (7) (8) (9) (10) (11) (12) (13)	(4) Andrew C Taylor	40 0									
(6) (7) (8) (9) (10) (11) (12) (13) (14)	Vice President		<u> </u>		~				31,750 00		9,333 90
(6) (7) (8) (9) (10) (11) (12) (13) (14)	(5)	<u> </u>									
(7) (8) (9) (10) (11) (12) (13)											
(8) (9) (10) (11) (12) (13)	(6)	ļ	Į								
(8) (9) (10) (11) (12) (13)				L				<u> </u>			
(9) (10) (11) (12) (13)	(7)	ļ				ļ					
(9) (10) (11) (12) (13)		ļ			_			<u> </u>			
(10) (11) (12) (13)	(8)										
(10) (11) (12) (13)				_	<u> </u>	ļ		<u> </u>			<u> </u>
(11) (12) (13)	(9)	ļ									
(11) (12) (13)				ļ	<u> </u>		ــــــ	<u> </u>			
(12)	<u>(10)</u>	ļ				1					
(12)			ļ	<u> </u>		<u> </u>		<u> </u>			
(13)	(11)							ļ		1	
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(14)	(12)										
(14)	440	<u> </u>		├	-			├	 		
(14)	(13)	+	ł								
	(4.4)		-	\vdash	+-	\vdash	-	┼	 		
	(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees (c	continued)
The	Average hours per week (list any	box, ι	unles	Pos eck s pe	rson	than one that the theorem of the the	an tee)	(D) Reportable compensation from	(E) Reportable compensation fro related		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-M	ns compensation
(15)						_					
(16)						-					
(17)								-		-	
(18)								-			
(19)											
(20)											
(21)							-				
(22)											
(23)											
(24)											
(25)											
1b c	Sub-total	VII, Sectio						> >	65,750 00 65,750 00		34,444 6 ⁻
d 2	Total number of individuals (including but reportable compensation from the organic							e) w		ore than \$10	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc							ployee, or high		
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	portal an \$	ble 150,	con ,000	npei)? <i>I</i> :	nsatio	n a	and other comp	ensation fro	om the
5	Did any person listed on line 1a receive of for services rendered to the organization										
	on B. Independent Contractors										0400 000 (
1	Complete this table for your five highest compensation from the organization. Repyear.										
	(A) Name and business address								(B) Description of s	ervices	(C) Compensation
	None										
								\perp			
								├-			-
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab	ove) who	

Part	VIII	Statement of Reve						•	
		Check if Schedule O	contains	a resp	onse or note to	o any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts t	1a	Federated campaigns	3	1a.	1			_	
ra i	b	Membership dues .		1b					
s, Grants Amounts	С	Fundraising events .		1c				•	,
ii ii	d	Related organizations		1d	,	_			
% <u>E</u>	е	Government grants (con		1e				Experimental formation of the first of the f	annininininininini 12 T
lributions, Giff Other Similar	f	All other contributions, g						,	,
를 를		and similar amounts not inc		1f	6,320 92				,
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions include	ded in lines 1a	-1í: \$		6.3 percent many	. **	- #2(-2000)(4)-9200+1 // 1 A A/	2.AMMAMAMAMAMAY 4.45 - 1.
Cont and	h	Total. Add lines 1a-1	f		>	6,320 92			•
4		· · · · · · · · · · · · · · · · · · ·			Business Code	A	4 Adjusted to the finding of the control of the con		
ven	2a			[
æ	b								
/ice	С								
Sen	d								
E (е								
Program Service Revenue	f	All other program ser	vice revenu	ıе.					
ď	g	Total. Add lines 2a-2					. 15.	*	
	3	Investment income							
		and other similar amo	•			24,610 32			
	4	Income from investmen	t of tax-exe	mpt bo	nd proceeds ▶				
	5	Royalties	(ı) Real						
	_	_			(ii) Personal	in the second	- bibel - allibindilled minimalitikisisiin Lidoo a minimaminini ise a sa saasi		ministration (2007) (1907)
	6a	Gross rents		32 74		Gamas , we am contraminant	appropriate magazine and safe	ananan panan anananan kesa sera	William Managhan and Managhan Chambara
	b	Less rental expenses		32 49			, 49 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JA, KIB IDA KIMIDA (IO KIMIKAAA AA AA AA	www.commonwer.commonwer.com
	C	Rental income or (loss)		00 25		200,400 25	# K With 10 14880	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OF THE PROPERTY OF THE PROPERT
	d 7a	Net rental income or a Gross amount from sales of	(IOSS) .	ies .	(ii) Other	200,400 25	/	# / = < \$	ransana mahamantantanisiranga digas
	'a	assets other than inventory	(1) 0000111		(1) 0110				* *!
	b	Less: cost or other basis						.f.,	•
		and sales expenses .				1. v.	0	amagan i yawamana sa anin	mm, 2 2 22, 1
	С	Gain or (loss)	-			•			·
	d	Net gain or (loss) .			•	·			<u></u>
	_			٠ .		,	··	····	1
ine	8a	Gross income from fu	ındraısıng			-			• •
venue		events (not including \$,	
		of contributions reporte	ed on line 1	c).		the construction of	***	ነ 3 ፣ ነ ነ ነ ነው ሳ	(0,644 0,850,800,000,000,000,40,700,000,40,40,40,40,40,40,40,40,40,40,40,
e		See Part IV, line 18 .		· a				,	a .
Other R.e	b	Less: direct expenses	s	. b					
		Net income or (loss) f		~ .	events . ►				
	9a	Gross income from ga				,	·.	*	
		See Part IV, line 19 .		· a					
		Less: direct expenses				man and military and the first	**************************************	23. A 2	uningsomming and a second by many many or a
		Net income or (loss) f			vities ▶				
	10a	Gross sales of in				•	-		-
		returns and allowance			-				
	ľ	Less: cost of goods s		b			<u> </u>		ulliania Warishanda a di
	С	Net income or (loss) f		ot inve	entory . Business Code				
	44-	MISCEIIANEOUS F	revenue		pusiness Code	ļ 	<u></u>	<u> </u>	,
	11a								
	b							_	
	C	All other revenue					 		
	d	All other revenue .							, , ,
	12	Total revenue See u				231 331 49		-	٠, ٠,

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se or note to any li			
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22 \dots				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			, , ,	
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	(439,314 19)	(197,000.00)		(242,314 19)
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7 8	Other salaries and wages				
9 10	Other employee benefits	34,438 56	9,333 90	(6 05)	25,110.71
11 a	Fees for services (non-employees): Management	65,750 00	31,75000		34,000 00
c	Legal	46,608 25 9,964 08		46,608 25 9,964 08	
d e	Lobbying		, 6, 2 , 1 g		
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	7,593 20		7,593 20	
12 13 14	Advertising and promotion				
15 16 17	Royalties	187,837 79 1,464 44		187,837 79 1,464 44	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,404 44		1,404 44	
19 20 21	Conferences, conventions, and meetings . Interest	17,812 78		18,81278	
22 23	Depreciation, depletion, and amortization . Insurance	2,986 13	von vinge Salt Sar adiativ sites	2,986 13	மார் ட்டி வரவ ் நிறும் றுய வடி அள்ள தேர் சிரவர்
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	Comment of the second of the s	A second		
a b	Communication Costs	(63,000.0	2)		(63,000 00)
c d e 25	All other expenses Total functional expenses. Add lines 1 through 24e	15,082 36 (112,776 60)	(155,916 10)	14,882 36 289,142 98	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)		,		

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Form 990 (2017) Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) i (B) End of year Beginning of year 47,125 93 1 237,790 22 Cash-non-interest-bearing Savings and temporary cash investments 2 3 3 5.645 71 12,126 22 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L. 6 Assets 300.000 00 300,000 00 7 8 Prepaid expenses and deferred charges . . 9 28,078 09 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 3,831,756 68 **b** Less: accumulated depreciation 10b 1.000.025 90 10c 2,831,730 78 Investments—publicly traded securities 11 11 12 12 Investments-other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 13 14 14 83,533 36 15 82,619 02 15 Other assets. See Part IV, line 11 435,390 66 16 3,493,258 67 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 44,452 29 Accounts payable and accrued expenses . . . 670,663 93 17 17 18 18 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability, Complete Part IV of Schedule D. 21 21 Loans and other payables to current and former officers, directors, 22 iabilities 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 3,366,517 96 Unsecured notes and loans payable to unrelated third parties . . . 24 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 26,546 60 **25** 26 Total liabilities. Add lines 17 through 25 . 697,210 33 3,410,970 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets (261,819 67) 27 82,288.42

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and

Total net assets or fund balances

Total liabilities and net assets/fund balances . . .

complete lines 30 through 34.

3,493,258 67 Form 990 (2017)

82.288 42

28 29

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(261,819 67)

435,390 66 **34**

	Pa	ge 12
	231,33	21 40)
	112,7	
	344,10	
		19 67
	201,0	17 07
		
		
	(82,28	38 42)
	-	
	Yes	No
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2a		<u> </u>
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		.
-2b		المنا

Ferm 9	90 (2017)			Pa	ge 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	(231,3	31 49)
2	Total expenses (must equal Part IX, column (A), line 25)	2	(112,7	76 60)
3	Revenue less expenses. Subtract line 2 from line 1	3	(344,10	<u>08 09)</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		261,8	19 67
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		(82,2	38 42)
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			·····	Yes	No
1	Accounting method used to prepare the Form 990				1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	ıplaın ın		٠.	1
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or		¥	1
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			دئد	است
b	Were the organization's financial statements audited by an independent accountant?		2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a		*	
	separate basis, consolidated basis, or both:			,	' - I
	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 or				
	of the audit, review, or compilation of its financial statements and selection of an independent according		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, e	kplain in		١.	1
	Schedule O.				لنــــا
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und			1	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ludits	3b		
			For	m 990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Michigan Technology Commercialization Corporation

Employer identification number 37-1417143

IVIICIII	yan	rechnology commercialization co	iporation				3/4/5	+17173
Pai	tΙ	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.
The	orga	nization is not a private founda	ition because it i	s: (For lines 1 through	12, che	ck only or	ne box.)	\sim
1	_	A church, convention of church		,		-		
2	_							
3		A hospital or a cooperative hospital		·				/ /
4		A medical research organization		•				(iii). Enter the
	_	hospital's name, city, and state	•					
5	\Box	An organization operated for		college or university	owned o	r operate	ed by a government	tal unit described in
_	ш	section 170(b)(1)(A)(iv). (Com		comogo or annorom,	• • • • • • • • • • • • • • • • • • • •	· opolati	ou o, a government	
6		A federal, state, or local govern		mental unit described	i in secti	on 170/h	\(1\(\ \(\)	
7		An organization that normally						n the general nublic
•	ك	described in section 170(b)(1)			port non	i a gover	minorital and or nor	ii tiic general public
				· ·	Dort II \			
8		A community trust described in						
9	Ш	An agricultural research organi						
		or university or a non-land-gra university	nt college of agr	iculture (see instruction	ons). ⊏nte	r the nan	ne, city, and state of	i the college or
10		An organization that normally r		o than 221,00% of its si	innort fro	m contri	hutions membershi	n fooe and groce
10	ш	receipts from activities related	to its exempt fu	nctions—subject to c	ertain exc	ceptions.	and (2) no more tha	in 331/3% of its
		support from gross investment	t income and uni	related business taxal	ble incom	ne (less s	ection 511 tax) from	businesses
	_	acquired by the organization a						
11		An organization organized and	•	•	-			
12	Ш	An organization organized and						
		of one or more publicly suppo	•					
		Check the box in lines 12a thro	ugh 12d that des	scribes the type of sur	porting o	organizati	on and complete line	es 12e, 12t, and 12g.
а		Type I. A supporting organ	•	•	-			
		the supported organization					the directors or trust	ees of the
		supporting organization. Ye		·				
b		Type II. A supporting organ						
		control or management of t				persons	that control or man	age the supported
		organization(s). You must	complete Part I	V, Sections A and C.	•			
С		Type III functionally integ						ally integrated with,
		its supported organization(s) (see instructio	ns). You must comp	lete Part	IV, Secti	ions A, D, and E.	
d		Type III non-functionally i						
		that is not functionally integ						nd an attentiveness
		requirement (see instruction	ns). You must c	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.	
е		Check this box if the organ	zation received	a written determination	on from th	ne IRS th	at it is a Type I, Type	e II, Type III
		functionally integrated, or T	ype III non-func	tionally integrated sur	porting o	organızat	ion.	
f	E	nter the number of supported o	organizations .					
g		rovide the following information						
	(ı) N	Name of supported organization	(ii) EIN	(III) Type of organization	(iv) is the c	rganization		
				(described on lines 1–10 above (see instructions))		ir governing ment?	support (see instructions)	other support (see instructions)
				20070 (300 #131/401/01/3)				in a district,
					Yes	No		
(A)								
B)								
								<u> </u>
C)								
								
D)								
E)							}	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	616,440	394,934	859,680	358,000	0	2,229,054
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	616,440	394,934	859,680	358,000	0	2,229,054
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4					11776 1277-3-0 x161731 1888 1848 11-4-6-7-1-6-7	2,229,054
Secti	on B. Total Support	A MASTER MANAGEMENT TO MA	The second secon	March 2007 10 201 201 201	L		
$\overline{}$	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	616,440	394,934	859,680	358,000	0	2,229,054
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	24,459	24,333	24,533	24,133	24,610	122,068
9	Net income from unrelated business activities, whether or not the business is regularly carried on			-			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						-
11	Total support. Add lines 7 through 10			经帐级明显 5.38	的排布的控制的	的學術的學樣	2,351,122
12	Gross receipts from related activities, etc					12	0
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<u>· · · · · · · · · · · · · · · · · · · </u>	<u>· · · · · · · · · · · · · · · · · · · </u>	<u></u>	<u> </u>
	on C. Computation of Public Suppor						
14	Public support percentage for 2017 (line		_			14	94 80810 % 95,60011 %
15 160	Public support percentage from 2016 Sci						
IVa	331/3% support test—2017. If the organ box and stop here. The organization qua						
h	33 ¹ / ₃ % support test—2016. If the organi						
-	this box and stop here. The organization						
17a	•	•	• • •	_			_
	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part VI how the organization of supported organization	ation meets the meets the "fact	e "facts-and-c s-and-circums	ircumstances' stances" test.	' test, check t The organization	this box and son on qualifies as	top here.
18	Private foundation. If the organization di						_
	instructions		-				

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

				- '			
	on A. Public Support				_		
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						7
•	received. (Do not include any "unusual grants.")		ļ. <u> — —</u>				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities				1 1		
	furnished in any activity that is related to the				1		
_	organization's tax-exempt purpose		<u> </u>		ļ	/	<u> </u>
3	Gross receipts from activities that are not an		1			,	
	unrelated trade or business under section 513						·
4	Tax revenues levied for the						
	organization's benefit and either paid to	į			/		
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the			,	./ 1		
_	organization without charge	<u> </u>		<u> </u>			
6	Total. Add lines 1 through 5			<u> </u>	 		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	!					
	·	<u> </u>		 /			<u> </u>
b	Amounts included on lines 2 and 3		1	/			
	received from other than disqualified persons that exceed the greater of \$5,000			/			
	or 1% of the amount on line 13 for the year	1	1	,		ľ	
С	Add lines 7a and 7b				 		
8	Public support. (Subtract line 7c from	Wystellerkellerkeller	100000000000000000000000000000000000000	SAMPATASA.		The later of the	
	line 6.)						ī
Secti	on B. Total Support	SECTIONS AND PALABORATION	Jares William Manager Co.	WWW. 40000000000000000000000000000000000	Mers (4184/187 databases 7.62)	1888 3-2277 1 1 -402.271	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	(5) = 5 : 5	/	107-01-0	\	<u> </u>	(7)
10a	Gross income from interest, dividends,	j	7				
	payments received on securities loans, rents,		ŀ				
	royalties, and income from similar sources .			•			
b	Unrelated business taxable income (less			 .			
	section 511 taxes) from businesses		ļ				
	acquired after June 30, 1975		l				
C	Add lines 10a and 10b						-
11	Net income from unrelated business	/					_
	activities not included in line 10b, whether	1] .]]	
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets]]				
	(Explain in Part VI.)				<u> </u>		
13	Total support. (Add lines 9, 10c, 11,	1		7			
	and 12.)	<u></u>	1 - 4 -	-1 AL: -1 C			- 504/:3/03
14	First five years. If the Form 990 is for the	_			-		
24	organization, check this box and stop he			· · · · ·	<u>.,</u>	<u> </u>	
	on C. Computation of Public Suppor			2 column (6)		15	0/
15 16	Public support percentage for 2017 (line 8					16	<u>%</u> %
16 Section	Public support percentage from 2016 Schon D. Computation of Investment In				· · · · ·	110	
17	Investment income percentage for 2017 (v line 13 colur	mn (fl)	17	
18	Investment income percentage for 2017 (18	
19a	331/3% support tests—2017. If the organ						
100	17 is not more than 331/3%, check this box						
ь	331/3% support tests – 2016. If the organiz						
5	line 18/is not more than 331/3%, check this						
20	Private foundation of the organization de						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

			
		Yes	No
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Schedi	die A (Form 990 of 990-EZ) 2017	raye 🔾
Part	Supporting Organizations (continued)	
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	Yes No
b		11b
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
Sect	ion B. Type I Supporting Organizations	Ta. 12
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	Yes No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Sect	ion C. Type II Supporting Organizations	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	Yes No
Sect	ion D. All Type III Supporting Organizations	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	Yes No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3
Secti	ion E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions). 📑
a b c	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity. 	(see instructions)
2	Activities Test. Answer (a) and (b) below.	Yes No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard.	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	HUMBURE TO THE	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	Transfer of the second	
4 Enter greater of line 2 or line 3.	4		<u></u>
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	Г		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	y in	tegrated Type III supporting	organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish	exempt purposes					
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted				
	organizations, in excess of income from activity						
	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	anizations				
 4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)		 				
							
<u>-6</u>	Other distributions (describe in Part VI). See instructions.	· · · · · · · · · · · · · · · · · · ·					
	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is res	sponsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2017 from Section C, line 6			<u></u>			
10	Line 8 amount divided by line 9 amount						
		(i)	(ii)	(iii)			
S	ection E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable			
			Pre-2017	Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2017						
a							
<u></u>	From 2013						
c	From 2014						
d	From 2015						
	From 2016		1920/07/00/07/05/04/05/07/07/07/07/07/07/07/07/07/07/07/07/07/				
<u>e</u> f	Total of lines 3a through e	SPACIONE REPORT OF A TOMOREST VICE	PLIE AND CONTROL OF THE PROPERTY OF THE PROPER	TOPPER CONTRACTOR STREET			
	Applied to underdistributions of prior years		Names for activities one professional structures				
<u>g</u> h	Applied to Underdistributions of prior years Applied to 2017 distributable amount	ANTER TO CASE AND THE STREET OF THE STREET O	0.000.000.000.000.000.000.000.000.000.	SPECIAL PROPERTY CONTRACTOR STATES AND			
<u>''</u>			nors y secretarial de la composição de l	receptably construction			
_ ! _	Carryover from 2012 not applied (see instructions)	SECTION OF THE PROPERTY OF THE	TERREST PROPERTY PROP				
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	hosoparalalieng.Chi.wCrobbber.Belerkopiakobbb.	The Property of the spirit of the trial of t				
4	Distributions for 2017 from						
	Section D, line 7:	THE STREET STREET OF THE STREET PART THE		The state of the s			
a	Applied to underdistributions of prior years		Wan to Bucharabees a part final configuration of the second expects				
<u>b</u>	Applied to 2017 distributable amount			Dominion of the state of the st			
c	Remainder. Subtract lines 4a and 4b from 4.	man a processing and a september of the parameters					
5	Remaining underdistributions for years prior to 2017, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2017. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2018. Add lines 3j		Machini Markan	THE STATE OF THE			
	and 4c.						
8	Breakdown of line 7:						
a	Excess from 2013			daning daggi ding dagga pangga adaptengga kangga pangga daga			
b	Excess from 2014			拉尼克斯森巴巴尔拉耳伯 爾			
С	Excess from 2015						
d	Excess from 2016						
e	Excess from 2017						

Schedule A (Form 990 or 990-EZ) 2017

Pärt VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	······································
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

► Complete if the organization is described below. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on 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.

ii uie c	rganization answered res	s, on Form 550, Fart IV, line 4, or Fu	iiii 990-LZ, Fait Vi,	inte 47 (Lobbying Activities	y, then
		that have filed Form 5768 (election un		-	· · · ·
• Se	ction 501(c)(3) organizations	that have NOT filed Form 5768 (election	on under section 501	(h)) Complete Part II-B. Do i	not complete Part II-A.
	organization answered "Yes ee separate instructions), t	s," on Form 990, Part IV, line 5 (Prox hen	y Tax) (see separat	e instructions) or Form 990	-EZ, Part V, line 35c (Prox)
• Se	ection 501(c)(4), (5), or (6) orga	anizations. Complete Part III.			
Name o	of organization			Employer ider	ntification number
Michiga	an Technology Commercializ	ation Corporation			371417143
Part	I-A Complete if the	e organization is exempt und	er section 501(c) or is a section 527	organization.
1		f the organization's direct and in			
2		ty expenditures (see instructions)			;
3_		cal campaign activities (see instru			
Part	-B Complete if the	<u>e organization is exempt unc</u>	ler section 501(<u>c)(3).</u>	·
1	Enter the amount of any	excise tax incurred by the organiz	ation under sectio	n 4955 ▶ \$	}
2	Enter the amount of any	excise tax incurred by organizatio	n managers under	section 4955 🕨 💲	}
3	If the organization incurre	ed a section 4955 tax, did it file Fo	orm 4720 for this ye	ear?	Yes No
4a	Was a correction made?				Tyes No
b	If "Yes," describe in Part	IV.			
Part		e organization is exempt und	ler section 501(c), except section 501	(c)(3).
1	Enter the amount direct	ly expended by the filing organi			<u> </u>
	activities		• • • • •		
2		filing organization's funds contribities	_		
3	·	expenditures. Add lines 1 and 2			
4		n file Form 1120-POL for this year		•	Yes No
5	Enter the names, address organization made payme the amount of political co	ses and employer identification nuents. For each organization listed, ontributions received that were profund or a political action committed.	mber (EIN) of all so enter the amount emptly and directly	ection 527 political organi paid from the filing organi delivered to a separate p	zations to which the filing zation's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)			-		
(3)					
(4)			-		
(5)					
(6)					

Page	2

P	art II-A		Complete if the organizate section 501(h)).	ation	is exempt	under section 5	01(c)(3) and file	d Form 5768 (el	ection under
A	Check	>	If the filing organization be address, EIN, expenses, a					liated group memb	per's name,
В	Check	>	If the filing organization of				rovisions apply.		
			Limits on L (The term "expenditures		ing Expendit ans amounts)	(a) Filing organization's totals	(b) Affiliated group totals
	1a Tot	al lo	bbying expenditures to influe						
			bbying expenditures to influe						•
			bbying expenditures (add line		•		•.		
			exempt purpose expenditures		=				
			xempt purpose expenditures						
		bуı	ng nontaxable amount. Ent	•		•			
	If th	e an	nount on line 1e, column (a) or (l	b) is:	The lobbying	nontaxable amoun	t is:		
	_		\$500,000			nount on line 1e			
	Ove	\$50	00,000 but not over \$1,000,000		\$100,000 plus	15% of the excess	over \$500,000		
	Ove	\$1,	000,000 but not over \$1,500,000		\$175,000 plus	10% of the excess	over \$1,000,000.		
	Ove	\$1,	500,000 but not over \$17,000,00	0	\$225,000 plus	5% of the excess o	ver \$1,500,000.		
	Ove	\$17	7,000,000		\$1,000,000.				
	g Gra	ssr	oots nontaxable amount (ente	r 25%	of line 1f)				
	h Sub	tra	ct line 1g from line 1a. If zero	or les	s, enter -0-			•	
	i Sub	trad	ct line 1f from line 1c. If zero c	or less	, enter -0-				
	-		e is an amount other than z ng section 4911 tax for this ye			1h or line 1, did	_		Yes No
	(S	ome	e organizations that made a	sect	ion 501(h) el	Period Under sec ection do not have ructions for lines	e to complete all	of the five colum	ns below.
			Lobby	ying E	xpenditures	During 4-Year Av	veraging Period	1	
	C	aler	ndar year (or fiscal year beginning in)		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2	2a Lob	byıı	ng nontaxable amount						
			ng ceiling amount of line 2a, column (e))						
	c Tota	ai lo	bbying expenditures						
	d Gra	ssrc	oots nontaxable amount						
			oots ceiling amount of line 2d, column (e))						
	f Gra	ssrc	oots lobbying expenditures						
			_: · ·				1	0 - t - dod- 0 /5	900 or 990-E71 2017

Schedule C (Form 990 or 990-EZ) 2017

Part	(election under section 501(h)).	llea	rorn	15/68		
For i	each "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed	(;	a)		(b)	
	option of the lobbying activity.	Yes	No	A	moun	t
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:					1
а	Volunteers?		1			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	~				
С	Media advertisements?		"			
d	Mailings to members, legislators, or the public?		~			
е	Publications, or published or broadcast statements?		~			
f	Grants to other organizations for lobbying purposes?		~			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	~	-			00 00
h	Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		~	ļ		
į	Other activities?	.co.ean	√ 94.53 5 55		 ;	
J	ja sa	2350	****	S. 165 245	5 3.2246	00 00
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	131362	emate.			
. p	If "Yes," enter the amount of any tax incurred under section 4912					
c d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		1.00	2012.2		ver en
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5). c	or se	ction	Filestree	5522700 ABIT
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		•	1	<u> </u>	
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 campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			3	<u> </u>	L
rait	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," OF answered "Yes."				line :	3, is
1	Dues, assessments and similar amounts from members	•	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of		- 		
а	Current year		_2a			
b	Carryover from last year		2b			
C	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 the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbyed and political expenditure next year?	ing	4	l		
5	Taxable amount of lobbying and political expenditures (see instructions)		5			-
Pari						
Provid	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou instructions); and Part II-B, line 1. Also, complete this part for any additional information.	•				and
				-		-
	······································	•	•••			
		·				
			<u>.'</u>			······································
	ť	•				

Schedule C (Foi	rm 990 or 990-EZ) 2017 Supplemental Information (continued)	Page 4
Part IV	Supplemental Information (continued)	
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SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization Michigan Technology Commercialization Corporation Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . 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 conferring impermissible private benefit? Conservation Easements. Part II Complete if the organization answered "Yes" on 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 a historically important land area ☐ Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a 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) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 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 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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" on Form 990, Part IV, line 8. 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. 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: 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: Assets included in Form 990, Part X .

_			^
Pа	а	е	_

Par 3	Using the organization's acquisition,								
	collection items (check all that apply):	,		•	•		J	•	
а	☐ Public exhibition		d	Loan	or exchang	e proc	ırams		
b	Scholarly research								
C	Preservation for future generations	<u>.</u>	•						
4	Provide a description of the organizat		and expla	in how t	hev further	the or	ganization's exe	empt purpose in	Part
•	XIII.		and onpic	,			gaa		
5	During the year, did the organization	solicit or receive	donation	s of art.	historical tre	easure	s, or other sim	ılar	
•	assets to be sold to raise funds rather								Nο
Par	Escrow and Custodial Arra								
	Complete if the organization 990, Part X, line 21.	answered "Yes							
1a									No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	flowing to	able				
								Amount	
С	Beginning balance					10	>		
d	Additions during the year					10	1		
е	Distributions during the year					16	•		
f	Ending balance					11			
2a	Did the organization include an amour	nt on Form 990, Pa	art X, line	21, for e	scrow or cu	stodia	ıl account liabili	ty? 🗌 Yes 🔲	No
b	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the ex	planatio	n has been j	provid	ed on Part XIII	<u> </u>	
Par	t V Endowment Funds.								
	Complete if the organization								
		(a) Current year	(b) Prid	or year	(c) Two years	back	(d) Three years ba	ck (e) Four years ba	ıck
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the	he current vear en	d balanc	e (line 1a	column (a)) held	as:		
a	Board designated or quasi-endowmen			· (,,	,			
b	Permanent endowment ▶		' '						
c	Temporarily restricted endowment ▶	· %							
•	The percentages on lines 2a, 2b, and 2		00%.						
3a	Are there endowment funds not in the			ation tha	at are held a	and ad	ministered for t	he	
	organization by:	, , , , , , , , , , , , , , , , , , , ,	J						10
	(i) unrelated organizations							3a(i)	<u>:-</u>
	(ii) related organizations			•		•		3a(ii)	—
b	If "Yes" on line 3a(ii), are the related or			ed on Sc	hedule R?	• •		3b	
4	Describe in Part XIII the intended uses					• •			—
Part									—
T and	Complete if the organization		' on For	n 990 F	Part IV line	11a	See Form 990	Part X line 10	
	Description of property	(a) Cost or ot			or other basis		Accumulated	(d) Book value	<u> </u>
	Description of property	(investme			ther)		epreciation	(d) Dook value	
10	Land			·					
1a	Land	2 05	50,000 00				18,269	2,831,	731
b	Buildings	2,00	,0,000 00				10,209	2,031,	- 3 1
C	Leasehold improvements		018 750				019 750		_
d	Equipment		918,750 63,007	=			918,750		- 0
e Total	Other	ust equal Form 00		column	(R) line 10	- 1	63,007	2,831;	
ıvıdı.	evid nues la lunguan le luggianni (a) III	usi cuudi i Ullii 33	JU. I GILA	. carattill				: ا رن ر _ا م	

Part VII	Investments—Other Securities Complete if the organization ans		rm 00	0 Part IV lin	e 11h See Forn	n 000 Part Y line 12
	(a) Description of security or category) Book value		thod of valuation
	(including name of security)	,	") Dook value		d-of-year market value
(1) Financial	derivatives					
(2) Closely-h	neld equity interests					•
(3) Other						
(A)				<u></u>		
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	b) must equal Form 990, Part X, col (B) line 12)		J		-	
Part VIII	Investments—Program Related		rm 00	Λ Port IV lin	o 11a Sao Earn	n 000 Part V June 12
	Complete if the organization ans	wered tes on ro		-		ethod of valuation
	(a) Description of investment		(D) Book value		d-of-year market value
(1)						
(2)			<u> </u>		<u> </u>	
(3)						····
(4)			-		-	1
(5)			-			
(6)		· -	+			- -
(8)			<u> </u>		+	
(9)			 			
	b) must equal Form 990, Part X, col (B) line 13)	- -				•
Part IX	Other Assets.					
	Complete if the organization ans	wered "Yes" on Fo	rm 99	0, Part IV, lin	e 11d. See Forn	n 990, Part X, line 15.
		a) Description				(b) Book value
(1) Interest	Receivable - Natural Therapeutics					83,533
(2)						
(3)						
(4)		_				
(5)	····					ļ
(6)	··					
_(7)						
(8)		•				
(9)	To the sound of the second Court V of	ol (D) (no 15)				
	mn (b) must equal Form 990, Part X, c	or (b) line 15.) .		• •	<u> </u>	<u> </u>
Part X	Other Liabilities. Complete if the organization ans line 25.	wered "Yes" on Fo	rm 99	0, Part IV, lin	e 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value				
(1) Federal ır						
(2) Security			20,142			
(3)						
(4)						
(5)	-	 -				
(6)					,	
(7)	,				?	
(8)					4	
(9)				l. .		•
Total. (Column ((b) must equal Form 990, Part X, col (B) line 25) ▶			_ *		^
2. Liability for	r uncertain tax positions. In Part XIII, prov					
organization'	s liability for uncertain tax positions unde	r FIN 48 (ASC 740). Ch	eck her	e if the text of t	the footnote has be	en provided in Part XIII 🔃

Part	XI Reconciliation of Revenue per Audited Financial Statem		Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	_{ _
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
Ь		4b	-
	Add lines 4a and 4b		4c
5 Dort	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part			er neturn.
	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements		
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1
2		20	
a		2a 2b	(3.14)
b	Prior year adjustments		-
G	Other (Describe in Part XIII.)	 	
d e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i	Head .
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		
Part	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional ii	nformation.

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Schedule D (For	m 990) 2017	Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer Identification number

Michigan Technology Commercialization Corporation	37-1417143
Form 990, Part VI, Sectiom B, Line 11a A copy of Form 990 is available on request to each director for review	prior to submission
w:th Form 990, Part VI, Section B, Line 12c Management periodically reviews the policy outsuit's employees.	
Form 990, Part VI, Section B, Lines 15a and 15b Compensation is approved by the Board of Directors and is	also benchmarked with others
of sımılar responsibilities and capabilities	
Form 990, Part VI, Section C, Line 19 The information is available on request	
	
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SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Michigan Technology Commercialization Corporation

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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OMB No 1545-0047

Inspection

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

37-1417143

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Employer identification number

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2017 ŝ (f) Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Yes (f)
Direct controlling entity (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section (c)
Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) (b) Primary activity (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a)Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization Part Part II € <u>(S</u> 9 8 ල € (2) 8 ල E 9 2

Cat No 50135Y

Schedule R (Form 990) 2017

(i) Section 512(b)(13) controlled entry? (k) Percentage None ŝ ownership 7 Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Yes (j) General or managing partner? ŝ (h) Percentage ownership Yes 7 None (I)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) None end-of-year assets (9) Share of (h)
Disproportionate
allocations? ž 7 None Share of total Yes псоте (9) Share of end-of-None (e)
Type of entity
(C corp, S corp, or trust) None (f) Share of total income Ccorp (d)
(Direct controlling entity Unrelated (e)
Predominant
income (related,
unrelated,
excluded from sections 512-514) tax under ۲ (c)
Legal domicile
(state or foreign country) (d)
Direct controlling
entity ≌ ۲ Research & Design Primary activity (c) Legal domicile (state or foreign country) Σ Research & Development (b) Primary activity (a)
Name, address, and EIN of related organization (1) Natural Therapeutics, LLC 401 W Morgan, Ann Arbor, MI 401 W Morgan, Ann Arbor, Mi (a) Name, address, and EIN of related organization (1) Gravikor, Inc Part III Part IV 3 E 2 ପ <u>(2</u>) 9 2 ල € 9 E 3

Schedule R (Form 990) 2017

City, grant, or capital contribution from related organization(s) Leave to the augmentates to related organization(s) Sale of assets to related organization(s) Sale of assets to netated organization(s) Sale of assets to netated organization(s) Sale of assets to related organization(s) Leave of assets from related organization(s) Exchange of assets from related organization(s) Leave of facilities, equipment, or other assets to related organization(s) Leave of facilities, equipment, or other assets to methed organization(s) Leave of facilities, equipment, or other assets with related organization(s) Performance of services or membership or fundrations solutions for related organization(s) Performance of services or membership or fundrations solutions for related organization(s) Performance of services or membership or fundrations solutions for related organization(s) Performance of services or membership or fundrations and related organization(s) Performance of services or membership or fundrations and related organization(s) The answer to any of the above is "Vess," see the instructions for information on who must complete this line, including covered relationships and transcut minematical and transcut or intended organization(s) Name of related organization(s) Name of related organization(s) Name of related organizations for information on who must complete this line, microding covered relationships and transcut memberships are transcut memberships.
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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on 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.

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(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all pa	artners	(f) Share of	(g) Share of	(h) Disproportional	e Code V—UBI	(I) General or	(k) Percentage
		(state or foreign country)	8	section 501(c)(3)	- G	total income	-	allocations?	amount in box 20	managing partner?	ownership
			from tax under	organiza	tions?				(Form 1065)		
			sections 512-514)	Yes No	ş			Yes No	,-	Yes No	-
(1)											
(2)											
(3)											
(4)					ļ						
(5)											
(9)											
(<u>u</u>)	,										
(8)											
(6)											
(10)											
(11)	•										
(12)	- <u>·</u>								<u> </u>		
(13)							 				
(14)											
(15)											
(16)											
			·						Sche	dule R (Fo	Schedule R (Form 990) 2017

Schedule ` R (F	Form 990) 2017	Page 5
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.	
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