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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MRIGlobal

% MARTIN J NEVSHEMAL
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
425 Volker Blvd

City or town, state or province, country, and ZIP or foreign postal code
Kansas City, MO 64110

D Employer identification number
44-0545878

E Telephone number
(816) 753-7600

G Gross receipts $ 122,040,538

F Name and address of principal officer:
THOMAS M SACK
425 VOLKER BLVD
KANSAS CITY, MO 64110

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.MRIGLOBAL.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1943

M State of legal domicile: MO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
USE SCIENCE AND TECHNOLOGY TO CREATE SOLUTIONS FOR A SAFER, HEALTHIER, MORE SUSTAINABLE WORLD.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	474
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	61,643,162	59,673,692
	9	Program service revenue (Part VIII, line 2g)	47,801,801	48,545,414
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	175,703	669,195
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,981	71,321
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	109,624,647	108,959,622
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	95,000	70,000
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	49,244,470	47,921,959
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	148,750
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶264,615		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	55,810,301	55,481,170
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	105,149,771	103,621,879
	19	Revenue less expenses. Subtract line 18 from line 12	4,474,876	5,337,743

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	93,326,926	102,952,763
	21	Total liabilities (Part X, line 26)	54,497,645	61,140,555
	22	Net assets or fund balances. Subtract line 21 from line 20	38,829,281	41,812,208

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2020-08-17
Signature of officer | Date

MARTIN J NEVSHEMAL VICE PRESIDENT, CFO,
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P00482834
Firm's name ▶ BKD LLP			Firm's EIN ▶	
Firm's address ▶ 1201 Walnut Suite 1700 Kansas City, MO 641062246			Phone no. (816) 221-6300	

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . ☑

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 37,367,181 including grants of $ 0) (Revenue $ 19,485,671)

See Additional Data

4b (Code:) (Expenses $ 46,495,081 including grants of $ 0) (Revenue $ 24,453,264)

See Additional Data

4c (Code:) (Expenses $ 2,806,033 including grants of $ 0) (Revenue $ 4,054,324)

See Additional Data

4d Other program services (Describe in Schedule O.)

(Expenses $ 869,419 including grants of $ 70,000) (Revenue $ 552,155)

4e **Total program service expenses ▶** 87,537,714

Part IV **Checklist of Required Schedules**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	**1**	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	**2**	Yes	
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**		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	**4**		No
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**		No
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**		No
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**		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	**8**		No
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**		No
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**		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	**11a**	Yes	
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**		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	**11c**		No
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**	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	**11e**	Yes	
f	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*	**11f**	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	**12a**		No
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**	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	**13**		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	**14a**	Yes	
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**	Yes	
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**		No
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**		No
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**	Yes	
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**		No
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**		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
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**		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
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	Yes	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	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		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
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	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	114			
b	Enter the number of Forms W-2G included in line 1a.*Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 474			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
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 of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16		No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*
Check if Schedule O contains a response or note to any line in this Part VI . . . ☑

Section 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	**1a** 11			
	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** 10			
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**	Yes	
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**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
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**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
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**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶MARTIN J NEVSHEMAL 425 VOLKER BLVD KANSAS CITY, MO 64110 (816) 326-5312

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

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

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, **Section A** ▶										
d Total (add lines 1b and 1c) ▶								6,025,069	0	579,668

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 89

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?*If "Yes," complete Schedule J for such person*	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BIOMEME, 1015 CHESTNUT ST SUITE 1401 PHILADELPHIA, PA 19107	RESEARCH & DVELPMENT	6,449,317
HHI CORPORATION, 49 NORTH MAIN FARMINGTON, UT 84025	RESEARCH & DVELPMENT	6,415,776
LIFE TECHNOLOGIES, 3175 STALEY ROAD GRAND ISLAND, NY 14072	RESEARCH & DVELPMENT	2,013,540
OLOGY BIOSERVICES INC, 13200 NW NANO COURT ALACHUA, FL 32615	RESEARCH & DVELPMENT	1,071,224
PERATON INC, 12975 WORLDGATE DRIVE HERNDON, VA 20170	RESEARCH & DVELPMENT	638,119

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 28

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts						
1a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e	55,508,329				
f All other contributions, gifts, grants, and similar amounts not included above	1f	4,165,363				
g Noncash contributions included in lines 1a - 1f:$ 9,000						
h **Total.** Add lines 1a-1f ▶			59,673,692			
Program Service Revenue		Business Code				
2a Research Contracts		541700	48,545,414	48,545,414		
b						
c						
d						
e						
f All other program service revenue.						
g **Total.** Add lines 2a–2f ▶			48,545,414			
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts) ▶			433,649			433,649
4 Income from investment of tax-exempt bond proceeds ▶			0			
5 Royalties ▶			0			
	(i) Real	(ii) Personal				
6a Gross rents						
b Less: rental expenses						
c Rental income or (loss)	0	0				
d Net rental income or (loss) ▶			0			
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	12,820,651	495,811				
b Less: cost or other basis and sales expenses	12,871,138	209,778				
c Gain or (loss)	-50,487	286,033				
d Net gain or (loss) ▶			235,546			235,546
8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	a	0				
b Less: direct expenses	b	0				
c Net income or (loss) from fundraising events ▶			0			
9a Gross income from gaming activities. See Part IV, line 19	a	0				
b Less: direct expenses	b	0				
c Net income or (loss) from gaming activities ▶			0			
10a Gross sales of inventory, less returns and allowances	a	0				
b Less: cost of goods sold	b	0				
c Net income or (loss) from sales of inventory ▶			0			
Miscellaneous Revenue		Business Code				
11a Miscellaneous		900099	71,321			71,321
b						
c						
d All other revenue						
e **Total.** Add lines 11a–11d ▶			71,321			
12 **Total revenue.** See Instructions. ▶			108,959,622	48,545,414		740,516

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	70,000	70,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,941,583	669,876	3,264,789	6,918
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	33,075,276	27,142,581	5,932,695	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,609,139	2,809,159	799,980	
9 Other employee benefits	4,781,525	3,785,860	991,506	4,159
10 Payroll taxes	2,514,436	1,957,102	556,898	436
11 Fees for services (non-employees):				
a Management	0			
b Legal	225,625	9,243	216,382	
c Accounting	207,458		207,458	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	148,750			148,750
f Investment management fees	16,681	16,681		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,709,106	4,006,956	1,598,088	104,062
12 Advertising and promotion	0			
13 Office expenses	1,524,051	1,295,229	228,822	
14 Information technology	514,922	423,323	91,599	
15 Royalties . .	0			
16 Occupancy	4,421,465	4,066,272	355,193	
17 Travel	1,750,142	1,538,773	211,079	290
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	230,275	161,543	68,732	
20 Interest	374,099	327,057	47,042	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization . .	3,765,932	3,487,473	278,459	
23 Insurance . . .	318,347	45,869	272,478	
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.)				
a Subcontracts	24,738,428	24,738,428		
b Non-capital equipment	3,098,875	3,081,172	17,703	
c Lab supplies	6,187,415	6,187,415		
d Equipment maintenance	874,391	838,048	36,343	
e All other expenses	1,523,958	879,654	644,304	
25 **Total functional expenses.** Add lines 1 through 24e	103,621,879	87,537,714	15,819,550	264,615
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).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		18,326,342	1	14,586,892
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	2,000,000
	4	Accounts receivable, net		7,244,481	4	10,763,002
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		181,107	7	75,000
	8	Inventories for sale or use		509,224	8	586,891
	9	Prepaid expenses and deferred charges		983,065	9	1,131,505
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 104,852,630			
	b	Less: accumulated depreciation	10b 60,866,975	41,454,964	10c	43,985,655
	11	Investments—publicly traded securities		7,048,973	11	7,565,140
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		1,809,822	13	2,163,825
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		15,768,948	15	20,094,853
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		93,326,926	16	102,952,763
Liabilities	17	Accounts payable and accrued expenses		14,108,014	17	14,095,444
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		15,247,203	20	14,113,608
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25,142,428	25	32,931,503
	26	**Total liabilities.** Add lines 17 through 25		54,497,645	26	61,140,555
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		38,829,281	27	39,189,464
	28	Temporarily restricted net assets		0	28	2,622,744
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		38,829,281	33	41,812,208
	34	Total liabilities and net assets/fund balances		93,326,926	34	102,952,763

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	108,959,622
2	Total expenses (must equal Part IX, column (A), line 25)	2	103,621,879
3	Revenue less expenses. Subtract line 2 from line 1	3	5,337,743
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	38,829,281
5	Net unrealized gains (losses) on investments	5	393,682
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	-2,748,498
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	41,812,208

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: ☐ Cash ☑ Accrual ☐ Other ________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 44-0545878
Name: MRIGlobal

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b:

SEE SCHEDULE O

Form 990, Part III, Line 4c:

ENERGY AND INFRASTRUCTURE: MRIGLOBAL'S ENERGY AND INFRASTRUCTURE PROGRAMS FOCUS ON TECHNOLOGY ASSESSMENTS FOR BOTH FOSSIL AND RENEWABLE ENERGY SOURCES AND ARE CONDUCTED FOR THE U.S. GOVERNMENT AS WELL AS COMMERCIAL CUSTOMERS. ADDITIONALLY, TRANSPORTATION PROGRAMS SUPPORT HIGHWAY DESIGN AND SAFETY STUDIES FOR THE FEDERAL HIGHWAY ADMINISTRATION AND STATE HIGHWAY AGENCIES.

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS M SACK PRESIDENT AND CEO	40.0 0.0	X		X				1,245,000	0	109,417
ALEXANDER G GARZA MD DIRECTOR	1.0 0.0	X						32,500	0	0
JAMES C SHAY TRUSTEE	1.0 0.0	X						0	0	0
JEFFERSON W TESTER PHD DIRECTOR	1.0 0.0	X						32,500	0	0
JIMMIE T STARK CPA TRUSTEE	1.0 0.0	X						0	0	0
KENT W SUNDERLAND TRUSTEE	1.0 0.0	X						0	0	0
LEO E MORTON DIRECTOR	1.0 0.0	X						32,500	0	0
MALCOLM M ASLIN DIRECTOR	1.0 0.0	X						30,000	0	0
MICHAEL BRAUDE TRUSTEE	1.0 0.0	X						0	0	0
DAVID F OLIVER DIRECTOR	1.0 0.0	X						32,500	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
STEPHEN E GOUND TRUSTEE	1.0 0.0	X						0	0	0
DAVID B DILLON DIRECTOR	1.0 0.0	X						32,500	0	0
PAMELA R BERNEKING DIRECTOR	1.0 0.0	X						32,500	0	0
DAN E ARVIZU PHD DIRECTOR	1.0 0.0	X						0	0	0
DOUGLAS A GIROD MD DIRECTOR	1.0 0.0	X						32,500	0	0
SCOTT M SMITH PE DIRECTOR	1.0 0.0	X						32,500	0	0
REACHEL A BEICHLEY VP/GENERAL COUNSEL/CORP. SECR.	40.0 0.0			X				590,326	0	47,634
ROBERT A CONKLIN VP RESEARCH OPERATIONS	40.0 0.0			X				441,475	0	38,922
RICHARD T FLEENER EXECUTIVE VP/CFO/TREASURER	40.0 0.0			X				801,639	0	83,735
ROGER K HARRIS VP SALES AND MARKETING	40.0 0.0			X				523,672	0	39,510

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEAN E GRAY DIRECTOR, RESEARCH OPERATIONS	40.0 0.0				X			224,024	0	34,675
JOSEPH A BOGAN DIRECTOR, RESEARCH OPERATIONS	40.0 0.0				X			220,742	0	13,355
KATHY E BOGGESS DIRECTOR, RESEARCH OPERATIONS	40.0 0.0				X			209,199	0	28,445
JOHN S STANLEY VP EMERGING PROG. DEVELOPMENT	40.0 0.0					X		302,014	0	37,310
ROBERT CASILLAS SENIOR SALES DIRECTOR	40.0 0.0					X		241,676	0	45,005
FRANK PENDLETON PROGRAM MANAGER	40.0 0.0					X		240,971	0	19,742
AARON M HEISS SENIOR SALES DIRECTOR	40.0 0.0					X		234,831	0	28,284
JOHN C DETTER CHIEF ADVISER - SCIENCE	40.0 0.0					X		234,546	0	18,276
ROBERT G BARTON SENIOR SALES DIRECTOR	40.0 0.0						X	224,954	0	35,358

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
MRIGlobal

Employer identification number
44-0545878

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: __________

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☑ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . ________

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**
(Complete only if you checked the box on line 5, 7, 8, or 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) . . . . | 12 |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . | 14 |

15 Public support percentage for 2017 Schedule A, Part II, line 14 . . . . | 15 |

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2018.** 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—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	60,750,645	49,656,720	36,169,892	61,643,162	59,673,692	267,894,111
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	29,613,096	34,187,534	40,103,369	47,801,801	48,545,414	200,251,214
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	90,363,741	83,844,254	76,273,261	109,444,963	108,219,106	468,145,325
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.	7,238,076	9,128,049	13,107,523	19,982,545	24,841,037	74,297,230
c Add lines 7a and 7b. .	7,238,076	9,128,049	13,107,523	19,982,545	24,841,037	74,297,230
8 **Public support.** (Subtract line 7c from line 6.)						393,848,095

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6. . .	90,363,741	83,844,254	76,273,261	109,444,963	108,219,106	468,145,325
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .	245,350	242,552	228,257	235,509	433,649	1,385,317
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	245,350	242,552	228,257	235,509	433,649	1,385,317
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .	63,456	14,230	7,895	3,981	71,321	160,883
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .	90,672,547	84,101,036	76,509,413	109,684,453	108,724,076	469,691,525

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	83.852 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	88.277 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	0.295 %
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	0.268 %

19a **331/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☑

b **33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶ ☐

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of 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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	**1**		
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).*	**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.*	**3a**		
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.*	**3b**		
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.*	**3c**		
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.*	**4a**		
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.*	**4b**		
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.*	**4c**		
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).*	**5a**		
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?	**5b**		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	**5c**		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	**6**		
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) .*	**7**		
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).*	**8**		
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.***	**9a**		
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.***	**9b**		
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.***	**9c**		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	**10a**		
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).*	**10b**		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**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**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 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**		

Section 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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
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**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	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? *Provide details in **Part VI.***	**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 Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:
Software Version:
EIN: 44-0545878
Name: MRIGlobal

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

Facts And Circumstances Test

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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 the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
MRIGlobal

Employer identification number
44-0545878

Part I 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)		
4	Aggregate value at end of year		

5 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

6 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? . . . . ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 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 Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . .	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ____________

4 Number of states where property subject to conservation easement is located ▶ ____________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ ____________

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ $ ____________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . ☐ Yes ☐ No

9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . ▶ $ ____________

(ii) Assets included in Form 990, Part X . . . . ▶ $ ____________

2 If the organization received or held works of art, historical 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:

a Revenue included on Form 990, Part VIII, line 1 . . . . ▶ $ ____________

b Assets included in Form 990, Part X . . . . ▶ $ ____________

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV **Escrow and Custodial Arrangements.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ ....

b Permanent endowment ▶ ....

c Temporarily restricted endowment ▶ ....

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI **Land, Buildings, and Equipment.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,349,104		2,349,104
b Buildings		61,202,271	31,259,389	29,942,882
c Leasehold improvements		9,563	9,563	0
d Equipment		33,682,738	26,602,220	7,080,518
e Other		7,608,954	2,995,803	4,613,151
Total. Add lines 1a through 1e.*(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				43,985,655

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Contracts in Progress	15,550,956
(2) Assets Held for Sale	2,390,443
(3) OTHER	2,153,454
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	20,094,853

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
Pension Benefit Liability	26,546,468
Long-Term Liabilities	5,170,595
Excess Billings	1,214,440
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	32,931,503

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	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**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
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:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 44-0545878
Name: MRIGlobal

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	UNCERTAIN TAX POSITIONS ARE RECOGNIZED IF IT IS MORE LIKELY THAN NOT, BASED ON THE TECHNIC AL MERITS, THAT THE TAX POSITION WILL BE REALIZED OR SUSTAINED UPON EXAMINATION. RECOGNIZE D INCOME TAX POSITIONS ARE INITIALLY AND SUBSEQUENTLY MEASURED AS THE LARGEST AMOUNT OF TA X BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON SETTLEMENT WITH A TAXING AUTHORITY THAT HAS FULL KNOWLEDGE OF ALL RELEVANT INFORMATION. THE DETERMINA TION OF WHETHER OR NOT A TAX POSITION HAS MET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHO LD CONSIDERS THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE REPORTING DATE AND IS SUBJECT TO MANAGEMENT'S JUDGMENT. NO AMOUNTS HAVE BEEN RECORDED AT SEPTEMBER 30, 2019 A ND 2018, WITH RESPECT TO UNCERTAIN TAX POSITIONS.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
MRIGlobal

Employer identification number
44-0545878

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in region	**(d)** Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for and investments in region
See Add'l Data					
3a Sub-total		10			2,588,474
b Total from continuation sheets to Part I . . .					
c **Totals** (add lines 3a and 3b)		10			2,588,474

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶

3 Enter total number of other organizations or entities . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . ☐ Yes ☑ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . ☐ Yes ☑ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . ☐ Yes ☑ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☐ Yes ☑ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . ☐ Yes ☑ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . ☐ Yes ☑ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ReturnReference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 44-0545878
Name: MRIGlobal

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA		3	PROGRAM SERVICES	RESEARCH & DEVELOPMENT	713,559
SUB-SAHARAN AFRICA		7	PROGRAM SERVICES	RESEARCH & DEVELOPMENT	1,874,915

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶Attach to Form 990 or Form 990-EZ.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
MRIGlobal

Employer identification number
44-0545878

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☑ Mail solicitations
b ☑ Internet and email solicitations
c ☑ Phone solicitations
d ☑ In-person solicitations
e ☑ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
JEFFREY BYRNE ASSOC INC	DONOR DEVELOPMENT		No		31,250	
BYRNE PELOFSKY ASSOC LLC	DONOR DEVELOPMENT		No	4,000,000	117,500	3,882,500
Total . . . . ▶				4,000,000	148,750	3,882,500

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

FL, KS, MD, MO, VA

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	**(b)** Event #2 (event type)	**(c)** Other events (total number)	**(d)** Total events (add col. **(a)** through col. **(c)**)
Revenue	**1** Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	**4** Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	**(b)** Pull tabs/Instant bingo/progressive bingo	**(c)** Other gaming	**(d)** Total gaming (add col.**(a)** through col.**(c)**)
Revenue	**1** Gross revenue				
Direct Expenses	**2** Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ **Yes** ______ % ☐ **No**	☐ **Yes** ______ % ☐ **No**	☐ **Yes** ______ % ☐ **No**	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: ____________

a Is the organization licensed to conduct gaming activities in each of these states? ☐ **Yes** ☐ **No**

b If "No," explain: ____________

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ **Yes** ☐ **No**

b If "Yes," explain: ____________

11 Does the organization conduct gaming activities with nonmembers? ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ______ and the amount of gaming revenue retained by the third party ▶ $ ______.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
MRIGlobal

Employer identification number
44-0545878

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BIONEXUS KC 30 W PERSHING RD SUITE 210 KANSAS CITY, MO 64108	43-1889037	501(C)(3)	50,000				FOSTER SCIENTIFIC EDUCATION, INNOVATION & GROWTH
(2) UNION STATION KANSAS CITY INC 30 W PERSHING RD SUITE 400 KANSAS CITY, MO 64108	43-1890025	501(C)(3)	20,000				FOSTER SCIENTIFIC EDUCATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 2

3 Enter total number of other organizations listed in the line 1 table . . . . ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	MRIGLOBAL MONITORS ITS GRANTS THROUGH ACTIVE PARTICIPATION AND/OR AS PART OF THE INSTITUTIONAL GOVERNANCE OF THE RECEIVING ORGANIZATION TO ENSURE THE GRANTS ARE USED FOR PROPER PURPOSES.
SCHEDULE I, PART II, LINE 1, COLUMN H	FOSTER SCIENTIFIC EDUCATION, INNOVATION & GROWTH

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
MRIGlobal

Employer identification number
44-0545878

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☑ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? . .	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	ROGER K. HARRIS TOOK FIRST CLASS TRAVEL ON BUSINESS TRIPS. THIS WAS NOT TREATED AS TAXABLE COMPENSATION TO THE EMPLOYEE.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT: ROGER K. HARRIS $ 100,378

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	THE FOLLOWING AMOUNTS WERE ACCRUED OR PAID TO A 457(F) PLAN: ACCRUED PAID REACHEL A. BEICHLEY $ 28,315 $ - RICHARD T. FLEENER $ 45,394 $ 23,424 ROGER K. HARRIS $ 13,398 $ - THOMAS M. SACK $ 83,789 $ 36,034 ROBERT A. CONKLIN $ 15,258 $ -

Return Reference	Explanation
SCHEDULE J, PART I, LINE 7	INCENTIVE COMPENSATION AWARDS ARE PAYABLE IF THE MRIGLOBAL BOARD-APPROVED ANNUAL OPERATING PLAN OBJECTIVES ARE ACHIEVED. TOTAL ANNUAL INCENTIVE COMPENSATION IS AWARDED TO INDIVIDUAL PARTICIPANTS AND IS BASED ON ORGANIZATIONAL PERFORMANCE AND INDIVIDUAL PERFORMANCE. THE INCENTIVE COMPENSATION PARTICIPANTS ARE CATEGORIZED IN TWO PLANS WITH ASSIGNED RANGES OF TARGET INCENTIVE PERCENTAGES. PARTICIPANTS' TARGET INCENTIVE IS A PERCENTAGE OF THEIR BASE PAY. PARTICIPANTS ARE ELIGIBLE TO RECEIVE 100% OF THEIR TARGET INCENTIVE COMPENSATION IF THE ANNUAL OPERATING PLAN OBJECTIVES ARE ACHIEVED. IF THE OBJECTIVES ARE NOT ACHIEVED BUT RESEARCH OPERATIONS REALIZES THE OBJECTIVES WERE PARTIALLY MET, PARTICIPANTS WILL RECEIVE A PRO RATA PORTION OF THEIR TARGET INCENTIVE. IF OBJECTIVES ARE EXCEEDED, PARTICIPANTS ARE ELIGIBLE TO RECEIVE INCENTIVE PAYMENTS RANGING FROM 1 TO 1.5 TIMES THEIR TARGET INCENTIVE.

Additional Data

Software ID:
Software Version:
EIN: 44-0545878
Name: MRIGlobal

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B)(i) Base Compensation	(B)(ii) Bonus & incentive compensation	(B)(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
REACHEL A BEICHLEY VP/GENERAL COUNSEL/CORP. SECR.	(i)	300,359	288,980	987	42,705	4,929	637,960	0
	(ii)	0	0	0	0	0	0	0
ROBERT A CONKLIN VP RESEARCH OPERATIONS	(i)	232,100	207,193	2,182	20,128	18,794	480,397	0
	(ii)	0	0	0	0	0	0	0
RICHARD T FLEENER EXECUTIVE VP/CFO/TREASURER	(i)	373,307	400,978	27,354	64,173	19,562	885,374	23,424
	(ii)	0	0	0	0	0	0	0
ROGER K HARRIS VP SALES AND MARKETING	(i)	248,962	170,690	104,020	27,590	11,920	563,182	0
	(ii)	0	0	0	0	0	0	0
THOMAS M SACK PRESIDENT AND CEO	(i)	492,623	708,875	43,502	89,874	19,543	1,354,417	36,034
	(ii)	0	0	0	0	0	0	0
JOHN S STANLEY VP EMERGING PROG. DEVELOPMENT	(i)	268,928	29,229	3,857	18,964	18,346	339,324	0
	(ii)	0	0	0	0	0	0	0
ROBERT CASILLAS SENIOR SALES DIRECTOR	(i)	210,521	29,072	2,083	20,226	24,779	286,681	0
	(ii)	0	0	0	0	0	0	0
FRANK PENDLETON PROGRAM MANAGER	(i)	216,777	22,843	1,351	3,368	16,374	260,713	0
	(ii)	0	0	0	0	0	0	0
AARON M HEISS SENIOR SALES DIRECTOR	(i)	192,766	41,120	945	13,490	14,794	263,115	0
	(ii)	0	0	0	0	0	0	0
JOHN C DETTER CHIEF ADVISER - SCIENCE	(i)	223,725	10,096	725	10,741	7,535	252,822	0
	(ii)	0	0	0	0	0	0	0
DEAN E GRAY DIRECTOR, RESEARCH OPERATIONS	(i)	194,352	28,693	979	12,077	22,598	258,699	0
	(ii)	0	0	0	0	0	0	0
JOSEPH A BOGAN DIRECTOR, RESEARCH OPERATIONS	(i)	202,000	18,101	641	11,952	1,403	234,097	0
	(ii)	0	0	0	0	0	0	0
KATHY E BOGGESS DIRECTOR, RESEARCH OPERATIONS	(i)	179,939	26,419	2,841	12,884	15,561	237,644	0
	(ii)	0	0	0	0	0	0	0
ROBERT G BARTON SENIOR SALES DIRECTOR	(i)	189,592	33,296	2,066	10,328	25,030	260,312	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization
MRIGlobal

Employer identification number
44-0545878

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	MISSOURI DEVELOPMENT FINANCE BOARD	43-1387649		08-26-2015	18,745,000	REFUND 2007 BONDS. NOTE IN PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	4,545,000			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	18,745,000			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	0			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	0			
11	Other spent proceeds	18,745,000			
12	Other unspent proceeds	0			
13	Year of substantial completion	2010			

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?	X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?								
c	No rebate due?	X							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider	0							
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider	0							
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?	X							
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART I, LINE A, COLUMN (F)	REFUND THE SERIES 2007 BONDS (ORIGINALLY ISSUED 3/28/2007).

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3, COLUMN A	IN ACCORDANCE WITH THE INSTRUCTIONS TO SCHEDULE K, EARNINGS DEPOSITED IN THE ESCROW FUND FOR THE REDEMPTION OF THE SERIES 2007 BONDS HAVE NOT BEEN REPORTED. ALL EARNINGS DEPOSITED IN THE ESCROW FUND FROM THE INVESTMENT OF BOND PROCEEDS WERE USED TO REFUND THE SERIES 2007 BONDS.

Return Reference	Explanation
SCHEDULE K, PART II, LINE 11, COLUMN A	THE BONDS WERE ISSUED TO ADVANCE REFUND THE SERIES 2007 BONDS. THE ESCROW FUND WAS FUNDED WITH PROCEEDS OF THE BONDS AND PRIOR MONEY IN THE DEBT SERVICE FUND AND DEBT SERVICE RESERVE FUND FOR THE SERIES 2007 BONDS. OF THE AMOUNT REPORTED $18,741,899.61 OF BOND PROCEEDS DEPOSITED INTO THE ESCROW FUND WAS USED TO ADVANCE REFUND A PORTION OF THE SERIES 2007 BONDS, AND $3,100.39 WAS USED TO PAY INTEREST ON THE BONDS. ALL EARNINGS DEPOSITED IN THE ESCROW FUND FROM THE INVESTMENT OF BOND PROCEEDS WERE USED TO REFUND THE SERIES 2007 BONDS.

Return Reference	Explanation
SCHEDULE K, PART III, LINE 3C, COLUMN A	RESEARCH AGREEMENTS IN FORCE DURING THE REPORTING PERIOD RELATING TO WORK PERFORMED IN SPACE ALLOCABLE TO THE PORTION OF FACILITIES FINANCED BY THE BONDS ARE NOT TREATED AS RESULTING IN NON-QUALIFIED USE PER REGULATIONS SECTION 1.141-3(B)(6) AND REVENUE PROCEDURE 2007-47.

Return Reference	Explanation
SCHEDULE K, PART III, LINE 3D, COLUMN A	MRIGLOBAL USES THE STANDARDS SET FORTH IN THE TAX COMPLIANCE AGREEMENT EXECUTED AT THE TIME THE BONDS WERE ISSUED AS WELL AS IT'S TAX-EXEMPT FINANCING COMPLIANCE PROCEDURE TO DETERMINE WHETHER ANY RESEARCH AGREEMENT HAS THE POTENTIAL TO RESULT IN NONQUALIFIED USE OF THE BOND-FINANCED FACILITIES. AS A RESULT, MRIGLOBAL HAS NOT HAD A NEED TO CONSULT WITH BOND COUNSEL TO REVIEW ITS RESEARCH AGREEMENTS.

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C, COLUMN A	INSTALLMENT COMPUTATION COMPLETED AS OF NOVEMBER 1, 2017.

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 6, COLUMN A	BOND PROCEEDS DEPOSITED INTO THE ESCROW FUND FOR THE SERIES 2007 BONDS WERE INVESTED AT A YIELD LESS THAN BOND YIELD.

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
MRIGlobal	44-0545878

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	The Institute was established with the underlying purpose of "promot[ing] pure and applied sciences." Initially, as stated in the original Articles of Incorporation, this purpose w as carried out through activities focused on the Midwest region and included specific prov isions that the Institute would "improve and assist industry, agriculture and livestock pr oduction by the application of science," "conduct scientific investigations and industrial research for industry and agriculture,"foster the exchange of technical experience and re search results among producers, manufacturers, agriculturists, and all others who may be b enefited by the application of pure science." Over the years, while its underlying purpose has not changed, the Institute has evolved from a regionally focused scientific research and development organization to one of national and international scope. The purposes note d below reflect the broader scope of the current and foreseeable activities of the Institu te. The Institute is organized exclusively for charitable, educational and scientific purp oses within the meaning of Sections 501(c)(3) of the Internal Revenue Code of 1986, as ame nded, or the corresponding section or sections of any future United States Internal Revenu e Law (the "Code"), including, for such purposes, the making of distributions to organizat ions that qualify as exempt organizations under Section 501(c)(3) of the Code. The Institu te's purposes shall include the carrying on of scientific research and the utilization of scientific methods for the public interest; scientific research for cures for disease; sci entific research for local, state, federal and international governments; scientific resea rch which contributes to the development of the Kansas City region; scientific research fo r the benefit and education of humankind; and, in general, the promotion of basic (pure) a nd applied science and technology including, without limitation, the following specific ac tivities: A. improve and assist industry by the application of science and technology, the conduct of scientific investigations and the conduct of industrial research; B. foster th e exchange of technical experience and research results among producers, manufacturers, go vernmental agencies, educational organizations and all others who may benefit by the appli cation of pure science; C. assist manufacturers, producers, and all others in the developm ent of more efficient and scientific methods of production; D. advance defense locally, re gionally, federally and internationally; E. advance the use of natural resources and other potential sources of energy by the application of science and technology; F. aid in the a cquisition and dissemination of knowledge; G. collaborate with universities and educationa l institutions (through the awarding of scholarships, fellowships and grants or otherwise) to aid in the advancement of scientific education, to foster and encourage education and learning in science, to coordi

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	nate and develop experimental scientific and industrial research, and to promote liberal a nd practical education in the pursuit of scientific and industrial careers; and H. facilit ate the introduction of scientific discoveries to the marketplace for the public benefit. To enable the Institute to carry out such purposes, it shall have the power to do any and all lawful acts and to engage in any and all lawful activities, directly or indirectly, al one or in conjunction with others, that might be necessary, proper or suitable for the att ainment of any of the purposes for which the Institute is organized.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	Security and Defense (S&D): S&D is primarily involved in research and development, engineering, and program management in the areas of Countering Weapons of mass destruction; chemical and biological agent and explosive test, evaluation, and engineering; mobile laboratory design, fabrication, deployment, staffing, and support; forensic and source attribution analysis, independent instrumentation test and evaluation; and rapid prototyping. S&D supports field monitoring and forensics analysis programs in support of chemical, biological, radiological, nuclear, and explosives (Cbrne) missions. projects focused on the development of national security systems include mobile laboratory analytical systems, chemical containment systems, robotics systems and chemical sensors. The U.S. Government funds the majority of mriglobal's S&D work.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	Global Health and Security (GHS): ghs conducts bio-surveillance, biosafety, and biosecurity programs for the u.s. government. GHs's work depends on mriglobal's ability to work with regulated substances requiring high levels of oversight and certification. ghs is also involved in research and development in product development, repository management, diagnostics, medical countermeasures, pharmaceutical and vaccine development, and agriculture and food safety. The largest client sector is the u.s. government. ghs performs studies that target the development of therapeutics and vaccines under federally-mandated preparedness programs and in support of the pharmaceutical industry. ghs conducts analysis programs for biological pathogens and supports test and evaluation of emerging biotechnologies and clinical diagnostics. ghs also conducts programs to assess agriculture products requiring registration under epa's requirements. nih-sponsored programs for Niehs AND NCI are among GHS's largest clients. The focus of these research and development programs is chemical characterization, preparation of study articles, and repository management to support toxicology and pre-clinical studies.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	MRIGLOBAL'S OTHER PROGRAMS ARE ANCILLARY TO AND USUALLY COMPLEMENT THE SKILLS AND RESOURCES WITH S&D, GHS, AND ENERGY AND INFRASTRUCTURE. THE PRIMARY CUSTOMERS ARE AGENCIES OF THE U.S. GOVERNMENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	GOVERNING BODY AND MANAGEMENT THE GOVERNING BODY HAS DELEGATED AUTHORITY TO ACT ON ITS BEHALF TO AN EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE MAY EXERCISE ANY AND ALL POWERS OF THE BOARD OF DIRECTORS SUBJECT TO THE PARAMOUNT POWER OF THE BOARD. THE EXECUTIVE COMMITTEE MAY CONVENE BETWEEN BOARD MEETINGS TO MAKE DECISIONS THAT CANNOT BE DELAYED UNTIL THE NEXT BOARD MEETING. THE EXECUTIVE COMMITTEE MEMBERS ARE ALL VOTING DIRECTORS. SPECIFICALLY, THE EXECUTIVE COMMITTEE IS COMPRISED OF THE CHAIR OF THE BOARD, VICE CHAIRS OF THE BOARD, CHAIR OF THE FINANCE AND AUDIT COMMITTEE, CHAIR OF THE NOMINATING AND GOVERNANCE COMMITTEE, CHAIR OF THE COMPENSATION AND HR COMMITTEE, AND THE MOST RECENT PAST CHAIR OF THE BOARD OF DIRECTORS, SO LONG AS HE OR SHE IS STILL A MEMBER OF THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BUSINESS AND FAMILY RELATIONSHIPS MALCOM M. ASLIN AND STEPHEN GOUND HAVE A BUSINESS RELATIONSHIP. DAVID B. DILLON AND JAMES C. SHAY HAVE A BUSINESS RELATIONSHIP.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	REVIEW OF 990 PRIOR TO FILING THE 990 IS REVIEWED BY MRIGLOBAL STAFF, INCLUDING THE CFO, CONTROLLER, AND GENERAL COUNSEL. A FINAL DRAFT VERSION IS ALSO REVIEWED BY MRIGLOBAL'S FINANCE AND AUDIT COMMITTEE. EACH MEMBER OF THE BOARD OF DIRECTORS RECEIVES A FINAL DRAFT VERSION OF THE 990 PRIOR TO THE APPLICABLE BOARD OF DIRECTORS' MEETING. ANY UPDATES RESULTING FROM THE REVIEW BY THE FINANCE AND AUDIT COMMITTEE ARE PRESENTED TO THE BOARD OF DIRECTORS AT THIS MEETING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	MONITORING AND ENFORCEMENT OF BOARD INDEPENDENCE THE OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES OF MRIGLOBAL ARE REQUIRED TO COMPLETE A DISCLOSURE STATEMENT ON AN ANNUAL BASIS . THE DISCLOSURES SET FORTH ON THE STATEMENTS ARE PRESENTED TO THE FINANCE AND AUDIT COMMI TTEE OF THE MRIGLOBAL BOARD OF DIRECTORS BY THE MRIGLOBAL COMPLIANCE OFFICER. THE FINANCE AND AUDIT COMMITTEE DISCUSSES THE DISCLOSURE STATEMENTS TO DETERMINE IF ANY POTENTIAL CONF LICT OF INTEREST SITUATIONS EXIST WITH RESPECT TO THE OFFICERS, DIRECTORS, TRUSTEES AND KE Y EMPLOYEES OF MRIGLOBAL. AT THE FOLLOWING MRIGLOBAL BOARD MEETING, AN EXECUTIVE SUMMARY O F THE DISCLOSURE STATEMENTS IS PRESENTED TO THE DIRECTORS AND THE FINANCE AND AUDIT COMMIT TEE REPORTS THE OUTCOME OF ITS DISCUSSION TO THE DIRECTORS. THE DIRECTORS ARE PRESENTED TH E OPPORTUNITY TO DISCUSS THE FINANCE AND AUDIT COMMITTEE'S FINDINGS OR ANY OTHER POTENTIAL CONFLICT OF INTEREST ISSUES PRESENTED IN THE EXECUTIVE SUMMARY. ULTIMATELY, THE BOARD OF DIRECTORS WILL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS WITH RESPECT TO ANY OFFICER , DIRECTOR, TRUSTEE OR KEY EMPLOYEE OF MRIGLOBAL. THE FINANCE AND AUDIT COMMITTEE'S FINDIN GS AND THE DIRECTORS' DISCUSSION OF POTENTIAL CONFLICT OF INTEREST SITUATIONS ARE RECORDED IN THE MINUTES OF THE BOARD MEETING, INCLUDING DETERMINATION OF WHETHER A CONFLICT OF INT EREST EXISTS, THE NAMES OF THE INDIVIDUALS INVOLVED, THE NATURE OF THE POTENTIAL CONFLICT, THE ACTION TAKEN AND THE BASIS ON WHICH THE BOARD REACHED ITS DECISION. MRIGLOBAL HAS CER TAIN PROCEDURES WITH RESPECT TO ADDRESSING A CONFLICT OF INTEREST TRANSACTION. ANY ACTION TO BE TAKEN BY MRIGLOBAL INVOLVING OR PERTAINING TO AN INDIVIDUAL, ENTITY OR CIRCUMSTANCE WITH RESPECT TO WHICH AN OFFICER, DIRECTOR, TRUSTEE OR KEY EMPLOYEE (EACH, A COVERED PERSO N) HAS A CONFLICTING INTEREST WILL BE DISCUSSED AND VOTED ON BY THE BOARD OF DIRECTORS. TH E COVERED PERSON WILL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRA NSACTION OR ARRANGEMENT THAT MAY RESULT IN A CONFLICT OF INTEREST. IN CONSIDERING ANY SUCH ACTION TO BE TAKEN, THE BOARD WILL UNDERTAKE APPROPRIATE DUE DILIGENCE AND INFORM ITSELF OF ALL MATERIAL INFORMATION REASONABLY AVAILABLE TO IT AND EXPLORE ALL REASONABLE ALTERNAT IVES TO THE PROPOSED ACTION THAT WOULD NOT INVOLVE THE CONFLICT OF INTEREST. THE STANDARD FOR THE DETERMINATION OF WHETHER TO UNDERTAKE THE PROPOSED ACTION IS WHETHER SUCH ACTION I S, BASED ON A REASONABLE GOOD-FAITH BELIEF, (I) IN MRIGLOBAL'S BEST INTEREST, (II) FOR ITS OWN BENEFIT, AND (III) FAIR AND REASONABLE TO MRIGLOBAL. THE BOARD WILL DOCUMENT WHETHER OR NOT THE CONFLICT OF INTEREST TRANSACTION WAS APPROVED, THE NAMES OF THE PERSONS PRESENT FOR THE DISCUSSION AND VOTE, THE CONTENT OF THE DISCUSSION, WHETHER ALTERNATIVES WERE DIS CUSSED THAT DID NOT INVOLVE A CONFLICT OF INTEREST, THE BASIS FOR THE DETERMINATION THAT T HE TRANSACTION WAS (I) IN MRIGLOBAL'S BEST INTEREST, (II) FOR ITS OWN BENEFIT, AND (III) F AIR AND REASONABLE TO MRIGLOBA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	L, AND THE RECORD OF THE VOTE TAKEN WITH RESPECT TO WHO VOTED TO APPROVE THE TRANSACTION. IF THE BOARD HAS REASONABLE CAUSE TO BELIEVE THAT A COVERED PERSON HAS FAILED TO DISCLOSE A CONFLICT OF INTEREST SITUATION, IT WILL AFFORD THE COVERED PERSON AN OPPORTUNITY TO EXPL AIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE RESPONSE OF THE COVERED PERSON AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED UNDER THE CIRCUMSTANCES, THE BOA RD DETERMINES THAT THE COVERED PERSON HAS IN FACT FAILED TO DISCLOSE A CONFLICT OF INTERES T SITUATION, IT WILL TAKE APPROPRIATE CORRECTIVE ACTION. THE MRIGLOBAL CONFLICT OF INTERES T POLICY REQUIRES THAT THE OFFICERS, DIRECTORS, TRUSTEES AND EMPLOYEES OF MRIGLOBAL DISCLO SE ANY POTENTIAL CONFLICT OF INTEREST SITUATION TO THE APPROPRIATE PARTY, INCLUDING AN EMP LOYEE'S SUPERVISOR, A REPRESENTATIVE OF HUMAN RESOURCES, THE COMPLIANCE OFFICER, THE BOARD OF DIRECTORS OR THE MRIGLOBAL ETHICS HOTLINE, UPON AWARENESS THAT A CONFLICT OF INTEREST MAY EXIST. POTENTIAL CONFLICT OF INTEREST SITUATIONS ASSOCIATED WITH EMPLOYEES (OTHER THAN OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES) ARE HANDLED BY THE MRIGLOBAL COMPLIANCE OFFICER, IN COLLABORATION WITH THE EMPLOYEE'S SUPERVISOR AND MRIGLOBAL EXECUTIVE MANAGEMEN T, AS APPROPRIATE. ALL MRIGLOBAL EMPLOYEES ARE REQUIRED ON AN ANNUAL BASIS TO COMPLETE A C OMPLIANCE QUESTIONNAIRE, WHICH AFFORDS THEM THE OPPORTUNITY TO DISCLOSE ANY POTENTIAL CONF LICT OF INTEREST SITUATIONS THAT HAVE NOT ALREADY BEEN REPORTED OR TO CERTIFY THAT THEY AR E NOT AWARE OF ANY POTENTIAL CONFLICT OF INTEREST SITUATIONS. FAILURE TO DISCLOSE A POTENT IAL CONFLICT OF INTEREST SITUATION MAY RESULT IN CORRECTIVE ACTION TO THE EMPLOYEE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A & 15B	COMPENSATION OF OFFICERS, DIRECTORS, KEY EMPLOYEES MRIGLOBAL'S COMPENSATION AND HR COMMITTEE (COMMITTEE) OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR REVIEWING AND APPROVING EXECUTIVE COMPENSATION IN ALL AREAS. ON AN ANNUAL BASIS, THE COMMITTEE REVIEWS AND APPROVES COMPENSATION FOR EXECUTIVE OFFICERS OF THE INSTITUTE. THE COMMITTEE REVIEWS AND APPROVES THE CEO'S PERFORMANCE EVALUATIONS AND COMPENSATION RECOMMENDATIONS FOR THE EXECUTIVES. THE COMMITTEE IS INFORMED OF SUMMARY DATA ON THE INSTITUTE'S EMPLOYEE POPULATION (E.G. TOTAL PERSONNEL COSTS, EMPLOYEE DIVERSITY, TURNOVER, ETC.). THE COMMITTEE UTILIZES COMPENSATION SURVEY DATA, PROVIDED BY AN OUTSIDE PARTY, TO BENCHMARK COMPENSATION AGAINST SIMILARLY-SITUATED COMPANIES. THE COMMITTEE'S MINUTES DOCUMENT THE DECISIONS AND BASIS USED FOR MRIGLOBAL'S EXECUTIVE COMPENSATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS MRIGLOBAL'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. MRIGLOBAL'S CONFLICT OF INTEREST POLICY IS NOT MADE AVAILABLE TO THE PUBLIC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS PENSION ADJUSTMENT $ (6,281,970) EQUITY IN EARNINGS OF ALLIANCE LLC 3,535,560 IMPAIRMENT LOSS (2,088) ----------- $ (2,748,498)

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
MRIGlobal

Employer identification number
44-0545878

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MRIGLOBAL - KANSAS LLC 2005 RESEARCH PARK CIRCLE MANHATTAN, KS 66502 44-0545878	R & D	KS	0	0	MRIGLOBAL
(2) K STATE-MRI BIODEFENSE RESEARCH COALITIO 2005 RESEARCH PARK CIRCLE MANHATTAN, KS 66502 44-0545878	R & D	KS	0	0	MRIGLOBAL
(3) BIOAGRO SECURITY ALLIANCE LLC 425 VOLKER BLVD KANSAS CITY, MO 64110 44-0545878	R & D	KS	0	0	MRIGLOBAL

Part II **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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No

Part III 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	**1a**		
b Gift, grant, or capital contribution to related organization(s)	**1b**		
c Gift, grant, or capital contribution from related organization(s)	**1c**		
d Loans or loan guarantees to or for related organization(s)	**1d**		
e Loans or loan guarantees by related organization(s)	**1e**		
f Dividends from related organization(s)	**1f**		
g Sale of assets to related organization(s)	**1g**		
h Purchase of assets from related organization(s)	**1h**		
i Exchange of assets with related organization(s)	**1i**		
j Lease of facilities, equipment, or other assets to related organization(s)	**1j**		
k Lease of facilities, equipment, or other assets from related organization(s)	**1k**		
l Performance of services or membership or fundraising solicitations for related organization(s)	**1l**		
m Performance of services or membership or fundraising solicitations by related organization(s)	**1m**		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**		
o Sharing of paid employees with related organization(s)	**1o**		
p Reimbursement paid to related organization(s) for expenses	**1p**		
q Reimbursement paid by related organization(s) for expenses	**1q**		
r Other transfer of cash or property to related organization(s)	**1r**		
s Other transfer of cash or property from related organization(s)	**1s**		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	**(b)** Primary activity	**(c)** Legal domicile (state or foreign country)	**(d)** Predominant income (related, unrelated, excluded from tax under sections 512-514)	**(e)** Are all partners section 501(c)(3) organizations?		**(f)** Share of total income	**(g)** Share of end-of-year assets	**(h)** Disproprtionate allocations?		**(i)** Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	**(j)** General or managing partner?		**(k)** Percentage ownership
				Yes	**No**			**Yes**	**No**		**Yes**	**No**	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference	Explanation