	90	Return of Org	anization Exe	mpt From I	ncome	Tax	OMB No 1545-0047
		Under section 501(c), 527, or 4	1947/a)/1) of the Internal	Payanua Cada la	voont nrivat	a foundations)	2019
(Rev Janua	iry 2020)		, ,				
	of the Treasury enue Service		I security numbers on t ov/Form990 for instruc			3/41/	Open to Public Inspection
		o / ([C	, 20				
	if applicable	dar year, or tax year beginning C Name of organization Michigan		, 2019, and end		D Employ	er identification number
	s change	Doing business as Michigan Re		anzation Corpora	10011		37-1417143
☐ Name (- 1	Number and street (or P O box if		et address)	Room/suite	E Telepho	one number
nitial re	-	401 West Morgan Road				1	734-3534398
\equiv	turn/terminated	City or town, state or province, co	ountry, and ZIP or foreign po	stal code			
=		Ann Arbor, MI 48108	,			G Gross r	eceipts \$ 12,409,358.1
Applica	ation pending	F Name and address of principal of	ficer		H(a) Is		subordinates? Yes No
					H(b) A	re all subordinate:	s included? 🗌 Yes 🔲 No
I Tax-ex	empt status	✓ 501(c)(3) 501(c) () ◀ (insert no) 4	947(a)(1) or 🔲 527	' If	"No," attach a list	(see instructions)
J Websit	te: ►				H(c) G	roup exemption n	umber ▶
	forganization 🗹	Corporation Trust Associa	ition ☐ Other ►	L Year of for	mation 20	01 M State o	f legal domicile MI
Part I	Summa					<u></u>	
1	•	cribe the organization's miss					earch in the medical
Activities & Commance Activities & Commance Activities & Commance	sciences th	roughout Michigan and to pro	mote educational oppo	rtunities for stude	ents in Mich	igan.	
e .	Ob1. 4b	L					
2		box ▶ ☐ if the organization				1 1	
3		voting members of the gove independent voting member					
se 5		per of individuals employed in			υ,	5	
		per of volunteers (estimate if	<u></u>			6	
₹5 7a		ated business revenue from	• • • • • • • • • • • • • • • • • • • •			. 7a	
Revenue 8 9 10 11		ted business taxable income				7b	
			0 11 1	117/0-	Pric	or Year	Current Year
₀ 8	Contributio	ons and grants (Part VIII, line	1h) recal	1.1.11.70	20	1,144,103 03	750,000 00
Revenue		ervice revenue (Part VIII, line					11,721,253 22
8 10	Investment	t income (Part VIII, column (A), lines 3, 4, and 7d)			24,434.19	24,794.02
⁴ 11	Other rever	nue (Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, a	ınd 11e)		56,942.25	(86,689.08
12	Total reven	ue-add lines 8 through 11 (n	nust equal Part VIII, co	lumn (A), line 12)		1,225,479.47	12,409,358, 16
13	Grants and	l similar amounts paid (Part I	X, column (A), lines 1-	3)			
14	Benefits pa	aid to or for members (Part IX	(, column (A), line 4)				
ဖ္စ 15		her compensation, employee	•		<u> </u>	1,450,699.60	<u>1,026,725.82</u>
Expenses 16a b		al fundraising fees (Part IX, c					
ğ b		aising expenses (Part IX, col			• • • • • • • • • • • • • • • • • • •		<u> </u>
17		enses (Part IX, column (A), line				159,192.11	11,116,325.22
18	-	nses. Add lines 13-17 (must				1,609,891 71	12,143,051 04
19	Hevenue le	ess expenses. Subtract line 1	8 from line 12	<u> </u>	10.	(384,412.24)	266,307.12
ts or	T-4-1	- (Dart V. Ivan d.C)				of Current Year	End of Year
Net Assets or Fund Balances 72 1 22		,				4,195,959.96	5,954,640 53
폴립 21		ties (Part X, line 26)				4,498,083.78	5,990,457.23
		or fund balances. Subtract li	ne 21 from line 20			(302,123.82)	35,816.70
Part II		re Block I declare that I have examined this r	otura policina accessor	una sobedulas and at	atomosts ===	to the best of	knowledge and helicif
		Declare that I have examined this reparer (other than					knowledge and beller, It is
	1	0 D: H		<u></u>		<u> </u>	
Sign	Signat	ure of officer		_		Date	
Here		Tomas A Right	ter treat	ant		11-	10-2020
-	Type or	r print name and title	116716	-* 			
Daid		preparer's name	Preparer's signature		Date	Check	I of PTIN
Paid						self-emplo	
Prepare	Cania anam	ne 🕨	<u> </u>			Firm's EIN ▶	
Use On	Firm's add					Phone no	
May the I	RS discuss t	his return with the preparer s	shown above? (see ins	tructions)			. Yes No
For Paper	work Reducti	ion Act Notice, see the separat	te instructions.	Cat	No 11282Y		Form 990 (2019)



Form 99	90 (2019) Page 2
Part	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: Promote basic and applied research to support federal and state programs Provide educational opportunities for graduates in Michigan
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$ 240,369 29 including grants of \$) (Revenue \$ 903,660 21) Supporting State of Michigan Initiatives: The Michigan Research Institute supports in this area by providing a business incubator for advanced technology startup companies including supporting services. Michigan Research Institute also promotes application of research and development to Michigan defense companies providing solutions to the Department of Defense. Revenue total is a combination of the State of Michigan grant (\$750,000.00) and the incubator tenant gross rents (\$153,680 21).
4b	(Code:) (Expenses \$ 12,080,281 43 including grants of \$) (Revenue \$ 11,721,253 22) Supporting federal programs: The Michigan Research Institute identifies basic research and development that can be matched to high priority Department of Defense needs throughout the services including the Army, Marine Corps, Navy, Air Force and National Guard. This includes military vehicles, aircraft and general medical requirements.
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	, (Locality grains of Control of
	Other program convect (Departs on Schodulo O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 12,320,650.72
4e	Total program service expenses ► 12,320,650,72

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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	1	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		√
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		√
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		\
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		√
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		✓

Part	Checklist of Required Schedules (continued)			,
			Yes	No
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	✓
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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	1	
Part	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 b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamping (gampling) winnings to prize winners?	10		l

² art	Statements Regarding Other IRS Filings and Tax Compliance (continued)			,
			Yes	No
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	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	√	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		3	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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,			ĺ.,
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	LASH OTHER	/
b	If "Yes," enter the name of the foreign country ▶			16.0
	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		/
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			No.
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		7
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<u> </u>		<u> </u>
·	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	A THE	1,41%	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	100	松麗	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	Ľ.		
а	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	1 7997 35	TENL B. V
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]		Ϋ́,	
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
а	<u>├───</u>			
b	Gross income from other sources (Do not net amounts due or paid to other sources			i i
l2a	against amounts due or received from them.)	12a	1207	SEG-18
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	3.×527m	P/25%	######################################
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	134055555	CONTRACT PO
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓.
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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?	15	CREATURES.	.crneco×××
	If "Yes," see instructions and file Form 4720, Schedule N.		is hall in	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	LP/MASSKO I:	√
	If "Yes," complete Form 4720, Schedule O.	器數學		

Part	VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ii	nstruc	
Secti	on A	. Governing Body and Management			
••			Firm w. era	Yes	No
٠1a		er the number of voting members of the governing body at the end of the tax year	4 10	i e	
٠,,	ıf th	ere are material differences in voting rights among members of the governing body, or e governing body delegated broad authority to an executive committee or similar mittee, explain on Schedule O.			
b	Ente	er the number of voting members included on line 1a, above, who are independent . 1b			117
.2.	Dıd any	any officer, director, trustee, or key employee have a family relationship or a business relationship with other officer, director, trustee, or key employee?	2		√
3	'supe	the organization delegate control over management duties customarily performed by or under the direct ervision of officers, directors, trustees, or key employees to a management company or other person? .	3	ļ 	1
4		the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	ļ	 √
,5 6		the organization become aware during the year of a significant diversion of the organization's assets? .	5	-	1
6		the organization have members or stockholders?	_6_	 - -	-
7a	one	the organization have members, stockholders, or other persons who had the power to elect or appoint or more members of the governing body?	7a		1
b	stoc	any governance decisions of the organization reserved to (or subject to approval by) members, kholders, or persons other than the governing body?	7b	NEW\$1006581	√
8	the	the organization contemporaneously document the meetings held or written actions undertaken during year by the following:			
· L		governing body?	8a 8b	V	3
ъ 9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD		l'
. '		organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		1
Secti		. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)
				Yes	No
10a		the organization have local chapters, branches, or affiliates?	10a		1
þ	affilia	es," did the organization have written policies and procedures governing the activities of such chapters, ates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	√	4.
ь		cribe in Schedule O the process, if any, used by the organization to review this Form 990	2002		
, 12a		the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
· b		officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓_	
'C	desc	the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," cribe in Schedule O how this was done	12c	1	ļ
13 14		the organization have a written whistleblower policy?	13	V	-
15		the process for determining compensation of the following persons include a review and approval by		V	
	ınde	pendent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			3
a b		organization's CEO, Executive Director, or top management official	15a 15b	1	
D		es" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
16a	Dıd	the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement a taxable entity during the year?	16a	123	7
b		es," did the organization follow a written policy or procedure requiring the organization to evaluate its			
, "	parti	cipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the nization's exempt status with respect to such arrangements?	16b		
Secti		. Disclosure			
17		the states with which a copy of this Form 990 is required to be filed ▶ None			
18		ion 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 only) available for public inspection. Indicate how you made these available. Check all that apply.	Γ (Sec	tion	501(c)
		Own website Another's website Upon request Other (explain on Schedule O)			
<u>,</u> 19		cribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of financial statements available to the public during the tax year.	f inter	est p	olicy,
20		e the name, address, and telephone number of the person who possesses the organization's books and re	cords	>	
	Jame	es A. Richter, 401 West Morgan Road, Ann Arbor, MI: 734 353-4398			

Pa	_	. 7

Form		

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

Check this box if neither the organization not	r any relate	d org	anız	atic	on c	ompe	ensa	ited any current (officer, director,	or trustee.	
				(·	C)						
(A)	(B)	l			ition			(D)	(E)	(F)	
Name and title	Average hours per week	box,	unles er and	s pe	rson	s than on the second se	n an tee)	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organizations and related organizations	
(1) James A. Richter	40	,				1					
President	 	-	-	✓			-	656,250.00	r	33,693.1	
(2) Robert A. DeMattia Secretary	1	1		✓				0.00			
(3) Charles A. Fiedler Treasurer	5	/		✓				8,800.00			
(4) Andrea B. Darden	1										
Director		✓						0 00			
(5) Andrew C. Taylor	40					1		402,500.00		10,905.72	
(6) Robert C. Law	40					<u>✓</u>		232,000.08		10,300.77	
(7)					_			232,000.08			
(8)											
(9)										-	
(10)											
(11)											
(12)											
(13)						_					
(14)											

Part	VII Section A. Officers, Directors,	Trustees,	Key	Em	plo	yee	s, ar	nd <u>F</u>	lighest Compe	nsated Emplo	yees (conti	nued
					•	C)							
	(A)	(B)	Position (do not check more than of						(D)	(E)		(F)	
	Name and title	Average					e than i i is both		Reportable	Reportable	Estima	ated an	nount
		hours	office				or/trus		compensation	compensation		f other	
		per week (list any	역 코	ਤ	Q	~	ĝΞ	77	from the organization	from related organizations		pensat	
		hours for	d š	l≨	Officer	e e	물물	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	l .	uzation	
		related	ect	I 🗟	4	ă	ye st	æ	(,	(related		
		organizations	Individual trustee or director	Institutional trustee	ł	Key employee	Š	1					
		dotted line)	ste	<u>Ş</u>		%	Pen						
		501100 11110,	•	ê			Highest compensated employee			·			
				L	<u> </u>	<u> </u>	ă	1					
(15)		ļ	ļ		l								
				<u> </u>		<u></u>	L						
(16)											1		
(17)													
			1				1				}		
(18)				-									
32.27			1										
(19)				\vdash			ļ	十一				•	
7.137		<u> </u>	ł					İ					
(00)			ļ	├—		-		╂					
(20)			ł								į		
				<u> </u>	<u> </u>	_	 	├					
(21)		ļ						İ					
(22)		1											
		[l									
(23)													
3											}		
(24)						_				_			
35.7/								1					
(25)								 					
(23)													
		l	l					Ļ					
1b	Subtotal		٠	•	•		•	•	1,299,550 08			44,	598.84
C	Total from continuation sheets to Part			•	•		•						
d	Total (add lines 1b and 1c)							<u> </u>	1,299,550.08			44,598 84	
2	Total number of individuals (including but	not limited	i to th	ose	lıst	ed :	above	e) w	ho received more	e than \$100,000	of		
	reportable compensation from the organi	zation 🕨							3				
										.		Yes	No
3	Did the organization list any former of	officer dire	ector	tru	stee	e k	ev e	mol	ovee or highes	t compensated			,
•	employee on line 1a? If "Yes," complete S										3		1
4	For any individual listed on line 1a, is the								nd other comper	antion from the	·		<u> </u>
4	organization and related organizations												i '
	individual	greater the	ап фі	50,	000	'' ''	16.	3,	complete Sched	iule a loi sucii			
_			•	٠.			•	•			4	✓	
5	Did any person listed on line 1a receive of									ion or individual			
	for services rendered to the organization	If "Yes," c	ompl	ete	Sch	iedu	ile J f	for s	uch person .		5		✓
Secti	on B. Independent Contractors												
1	Complete this table for your five high	est compe	ensate	ed i	ınde	eper	ndent	co	ntractors that re	eceived more t	han \$	100,00	JO 01
	compensation from the organization Repo	ort compen	satior	for	the	cal	lenda	r ye	ar ending with or	within the organ	ızatıon'	s tax	year.
	(A)								(B)		(C)	_	
	Name and business add	ress							Description of serv	ices (Compens	ation	
			•					T -					
	None					_		\vdash					
	None							 					
								\vdash	· · · · · · · · · · · · · · · · · · ·				
													
		<u>,</u>								, 			
2	Total number of independent contracto							th.	ose listed above	e) who			
	received more than \$100,000 of compens	ation from t	he or	ganı	ızatı	on I	<u> </u>		None				

Par	VIII	Statement of Rev Check if Schedule			esnor	ise or note to :	any line in this P	art VIII	•	
	-	Orican il correduie	0 00	THUILD UT	<u> </u>	ise of flote to t	(A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under sections 512–514
इ इ	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b					
2,5	С	Fundraising events			1c					
Gifts, ilar An	ď	Related organization			1d					
2, <u>i</u> E	e	Government grants			1e	750,000.0	0			
Sir	f	All other contribution								
ž ž		and similar amounts no			1f					
걸	g	Noncash contribution	ons in	icluded in	١					
Contributions, and Other Sim	_	lines 1a-1f			1g					
	h	Total. Add lines 1a-	-		· ·	Business Code	750,000 00			Secretary and a photos
ě	2a	Federal Programs				Business Code	11,721,253.22	i Britishi dekeler beter ilizin. Yuketi	01.551.85188-21.95 (\$1-0-2-1)-152-2	Lifter for safety for the second
<u> </u>	а						11,721,253.22			
Se	C									
gram Ser Revenue	d				•••••					
Program Service Revenue	e									
P.	f	All other program se	ervice	revenue						
	g	Total. Add lines 2a-	<u>-2</u> f .	<u></u>		. •	11,721,253.22	CONTRACTOR CONTRACTOR		
	3	Investment income	•	udıng dıvı	dends	s, interest, and	1	iii		
		other similar amounts)					24,794.02			
	4		nent c	of tax-exen	npt bo	nd proceeds >	·			
	5	Royalties	<u> </u>		<u></u>		T ENSE OF SA PAGE 20 ENGINEERING	BOOK BY COMPRESSED BY COURSE	enismun, das viekreperroriessen	PESSAGENS PARTICULARING ACTION LOOKS
	C-	0		(i) Rea		(ii) Personal	45576666			
	6a b	Gross rents	6a 6b		680.21					
	C	Rental income or (loss)	6c	(240,3	89 08)					
	d	Net rental income of			09 00)	•	(86,689 08)	i Bradistindeskaliniesumotin bosa	Tababas Samer of or an analysis of the same same	Tend Company personal researchings
	7a	Gross amount from	1,000	(i) Secun	ties	(II) Other				eranarieran sen
	/ a	sales of assets								
		other than inventory	7a							
<u>⊕</u>	b	Less: cost or other basis								
Revenue		and sales expenses	7b							
ě	С	Gain or (loss)	7c							
<u> </u>	d	Net gain or (loss)	•		·	<u></u> ▶	A 300 000 77 000 000 000 000 000 000 000			
Othe	8a	Gross income from		ndraising	İ					
0		events (not including								
		of contributions rep 1c). See Part IV, line		on line	0-					
	.	Less: direct expense			8a 8b					
	b	Net income or (loss)		fundraisin		nts 🕨	12303255426055873./F*8858852546		PERSONAL PROPERTY AND PROPERTY OF THE PERSONAL	THE STREET STATE OF THE PERSON NAMED AND THE PERSON NAMED AND THE PERSON NAMED AND THE PERSON NAMED AND THE PE
	9a	Gross income fi		gaming	9 000					
	34	activities. See Part I			9a					
	b	Less: direct expense			9b					
	С	Net income or (loss)			ctivitie	s >				
	10a	Gross sales of in	vento	ory, less						
		returns and allowand			10a					
	b	Less: cost of goods sold 10b								
	C	Net income or (loss)	from	sales of ir	vento	ory ▶	JELD INDIAN MUNICIPALITY NA. NO. 1906 EN	ALTERNATION AND THE PROPERTY AND THE PRO	ADDRES SERVICES AND LESSON SET AND SET	EARL LES WHE VI HENRY SPREAGHT
sn						Business Code	KOMPLEMBA			
Miscellaneous Revenue	11a						 			
scellaneo Revenue	b						 	-		
ec.	C	All akhan nama					 			
Mis	d	All other revenue	 _442			<u> </u>	 			rollog galangangan
	e	Total revenue See			• •	<u>-</u>	12 400 250 16		你你我们的我们。"阿尔特的的人	

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp			must complete col	umn (A).
	Check if Schedule O contains a respons			· · · · · ·	
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		1		
	and domestic governments See Part IV, line 21 .	10,911,821.25	10,911,821 25		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			•	
	trustees, and key employees	826,380 19	800,000.19	26,380 00	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				-
	section 401(k) and 403(b) employer contributions)	110,000 00	110,000.00		
9	Other employee benefits	44,598 84	42,679 44	1,919.40	
10	Payroll taxes	45,746 79	43,645 88	2,100.91	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	17,719.17	1,916.06	15,803.11	
C	Accounting	881.65		881 65	
d	Lobbying	-		Labell's Battle (Septiment Section 8), H1	
e	Professional fundraising services See Part IV, line 17			HENCH PROPERTY VIOLES	
f	Investment management fees				<u> </u>
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	111 002 64	105 000 00	6 002 64	
12	Advertising and promotion	111,992.64	105,000.00	6,992 64	
13	Office expenses				-
14	Information technology				
15	Royalties				
16	Occupancy	58,921.86		58,921.86	
17	Travel	. 60,245.83			i e
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	, , , , , , , , , , , , , , , , , , , ,			
19	Conferences, conventions, and meetings .				
20	Interest	93,302 93		93,302.93	-
21	Payments to affiliates	00/00=00			
22	Depreciation, depletion, and amortization .	73,076.88		73,076 88	
23	Insurance	7,740.13		7,740 13	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а					
b			-		-
C					
d	All all and an arrangement of the second of				
e	All other expenses 10,925 89	10,925.89			
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	12,383,420.33	12,080,281.43	303,138.90	-
20	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)				

P	art X						`
	,	Check if Schedule O contains a response or	r note	to any line in this Pa	1		<u> U</u>
					(A) Beginning of year		- (B) End of year
	1	Cash-non-interest-bearing			131,883.97	1	659,377.53
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			896,357.29	4	2,176,487 84
	5	Loans and other receivables from any current of trustee, key employee, creator or founder, subst					
	6	controlled entity or family member of any of thes Loans and other receivables from other disqua	lified	persons (as defined		5	Teorie de Calendario de Calendario
		under section 4958(f)(1)), and persons described	ın se	ction 4958(c)(3)(B) .		6	,
ţ	7	Notes and loans receivable, net			300,000 00	7	300,000.00
Assets	8	Inventories for sale or use				8	•
Ÿ	9	Prepaid expenses and deferred charges			1,398.10	9	1,398 10
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D					
	ь	Less: accumulated depreciation	10b		2,758,653 90	10c	2,685,577.02
	11	Investments—publicly traded securities				11	
	12	Investments-other securities. See Part IV, line 1	11 .			12	
	13	Investments-program-related. See Part IV, line		13			
	14	Intangible assets				14	•
	15	Other assets. See Part IV, line 11			107,666 70	15	131,800.04
	16	Total assets. Add lines 1 through 15 (must equa	al line	33)	4,195,959 96	16	5,954,640 53
_	17	Accounts payable and accrued expenses .			1,259,156.04	17	2,882,695.48
•	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete f	Part I	/ of Schedule D		21	
Liabilities	22	Loans and other payables to any current or trustee, key employee, creator or founder, subst controlled entity or family member of any of thes	tantıal	contributor, or 35%		22	
Lia	23	Secured mortgages and notes payable to unrela			3,238,827.74	 	3,107,761.75
,	24	Unsecured notes and loans payable to unrelated			3,200,027.74	24	
	25	Other liabilities (including federal income tax,		•			
	23	parties, and other liabilities not included on lines of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			4,498,083 78	26	5,990,457 23
seou		Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.	ck he	ere ▶ □			
ā	27	Net assets without donor restrictions			(302,123 82)	27	
ĕ	28	Net assets with donor restrictions				28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 98 and complete lines 29 through 33.	58, cl	neck here ▶ □			
9	29	Capital stock or trust principal, or current funds			-	29	
ets	30 -	Paid-in or capital surplus, or land, building, or ed		ent fund		30	
SS	31	Retained earnings, endowment, accumulated inc				31	
X A	32	Total net assets or fund balances			(302,123 82)	32	(35,816.70)
ž	33	Total liabilities and net assets/fund balances .	<u>.</u> .	<u></u> .	4,195,959.96		5,954,640.53
_							Form 990 (2019)

_	4	
Page	ı	4

r Oilli 3	30 (2013)			Fa	ge 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12	2,409,3	58.16
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,383,4	20 33
3	Revenue less expenses. Subtract line 2 from line 1	3		266,3	07 12
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		(302,81	16 <u>.70)</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		(35,81	16.70)
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u></u>	
	<u> </u>			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," e	explain	ın		
	Schedule O.		7.236		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		1 22 40 1 4	4/21 35 3	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	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	463 N. (MM)	(28 1.358cel
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted on	а		
	separate basis, consolidated basis, or both:				wa
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov				
	the audit, review, or compilation of its financial statements and selection of an independent account		E. 41 494	SST 14 × Ea	reich ter
	If the organization changed either its oversight process or selection process during the tax year, e	xplain (on Pier	1274 14 14 1274 144	
_	Schedule O.		2115634	interiore .	1.4.201
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in tl	I .		,
L	Single Audit Act and OMB Circular A-133?		3a	 	<u> </u>
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a		he 3b		
	required addit of addits, explain why on schedule of and describe any steps taken to undergo such a	iudits .		n 990	
			Forr	n 990	(2019)

SCHEDULE A (Form 990 or 990-EZ)

· Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

Employer identification number

Mich	gan Technology Commercialization	Corporation				37-14	1/143			
Par							ns.			
The o	organization is not a private founda									
1	A church, convention of church									
2										
3	A hospital or a cooperative hos						····			
4										
E	hospital's name, city, and state		college or university	owned o	r operate	nd by a government	al unit described in			
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 7										
8	☐ A community trust described in			Part II.)						
9	An agricultural research organi				erated in	conjunction with a l	and-grant college			
	or university or a non-land-gra university.	nt college of agr	culture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or			
10	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fuil income and uni	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ie (less si	and (2) no more tha ection 511 tax) from	n 33 ¹ / ₃ % of its			
11	An organization organized and									
12	An organization organized and						rry out the purposes			
	of one or more publicly suppo									
	Check the box in lines 12a thro						_			
а										
	the supported organization					the directors or trust	ees of the			
	supporting organization. You									
b	☐ Type II. A supporting orgal control or management of									
	organization(s). You must		-		persons	that control of man	age the supported			
С	Type III functionally integ	rated. A support	ting organization oper	rated in c			ally integrated with,			
	• • • • •		•				orted arrangements as (a)			
d	Type III non-functionally integrated that is not functionally integrated.									
	requirement (see instruction						d an attentiveness			
е		•	•				e II. Type III			
·	functionally integrated, or						s II, Type III			
f	Enter the number of supported of	organizations .								
g		about the supp	orted organization(s).							
	(i) Name of supported organization	(n) EIN	(III) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of			
			(described on lines 1–10 above (see instructions))		ir governing ment?	support (see instructions)	other support (see instructions)			
						,				
				Yes	No					
(A)										
(B)					<u> </u>					
(C)										
(D)										
——— (E)										
Tota				-		-				

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016_	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	859,680	358,000	0	1,144,103	12,471,253	14,833,036
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	859,680	358,000	0	1,144,103	12,471,253	14,833,036
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)				,		0
6	Public support. Subtract line 5 from line 4						14,833,036
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	859,680	358,000	0	1,144,103	12,471,253	14,833,036
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	24,533	24,133	24,610	24,434	24,794	122,504
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						14,955,540
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	-			_		
Conti	on C. Computation of Public Suppor			• • • • •	· · · · ·		<u> </u>
14	Public support percentage for 2019 (line 6	<u>_</u>		1 column (fl)		14	99 18088 %
15	Public support percentage for 2019 (line of Public support percentage from 2018 Sch		•			15	95 76057 %
16a	331/3% support test—2019. If the organi						
	box and stop here. The organization qual						
b	331/3% support test—2018. If the organization						ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts- facts-and-circi	and-circumsta	ances" test, ch st. The organi	ieck this box a zation qualifies	and stop here.	. Explain in
b 18	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization is supported organization in the organization distribution. If the organization distribution is supported organization.	ition meets the neets the "fact 	e "facts-and-c s-and-circums box on line 13,	ercumstances' stances" test. . 16a, 16b, 17a	' test, check to the organization of the organization of the check	this box and son qualifies as	stop here. a publicly
	instructions				<u></u>		. 🕨 🗆

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	on A. Public Support		,				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b			,	,		
Secti	on B. Total Support				l .		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6					·	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	-	n's first, secon				
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8		-	13, column (f))		15	%
16	Public support percentage from 2018 Sch					16	%
Secti	on D. Computation of Investment In-					<u>, , , , , , , , , , , , , , , , , , , </u>	
17	Investment income percentage for 2019 (ımn (f))	17	%
18	Investment income percentage from 2018						%
19a	331/3% support tests-2019. If the organ						
b	17 is not more than 33½%, check this box 33½% support tests—2018. If the organiz						
	line 18 is not more than 331/3%, check this l	box and stop h	nere. The organ	ızatıon qualıfıes	as a publicly s	upported orgar	nization 🕨 🗌
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 📙

Part IV Supporting Organizations

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

Sect	ion	A.	All	Suppo	rting	Organization	s
------	-----	----	-----	-------	-------	--------------	---

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

		Yes	No
ng			
by			
Uy			
	1		
us			_
ed			
	່		
	2		L
er		a-144	
	3a		
nd			
he			
16	ا ا		
	3b		
(B)			
	3с		
lf			<u> </u>
II	-		
	4a		
gn			
on			
J.,	41		
	4b		<u> </u>
on			
ed			
(B)			
_,	١. ا		
	4c		
s, "			
IN			
n,			
on			
	5a		
dy			
,	FL	~	
	5b		
	5c		
to		, ,	
ed			
or			
J.			
	6		
or			
ıty			
٠٠,	_	٠.	
	_7		
7?	ار ا	<u>, </u>	
	8		
re			_
ed			
	9a		
ch :			
	9b		
.f.+	70		
efit			
	9c		
on			
ed			
-	اءدا	-	
	10a		
to			
	10b		
		L	

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
	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		
Secti	on 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	•	
Secti	on C. Type II Supporting Organizations			
	<u>.</u>		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		۰٬	
	the supported organization(s)	1_		
Secti	on 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	τ,		
	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	_		
J	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	ction	s)
а	☐ 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 (s	see in		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	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.	a 10000		
		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.	26		
_		2b	<u> </u>	
3	Parent of Supported Organizations <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	·	
		Ja		
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 Org	jani	zations					
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).		•					
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-functionall	y int	egrated Type III supporti	ng organization (see				
instructions).							

Part	Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)	rage I
	on D-Distributions	, capperang <u>erg</u> ani		Current Year
Secu			,	
1_	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	_
4	Amounts paid to acquire exempt-use assets	-		
	Qualified set-aside amounts (prior IRS approval required)	<u></u>		
<u>6</u>	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to whice	h the evaporation is rec		
8 	(provide details in Part VI). See instructions.	es	porisive	
9	Distributable amount for 2019 from Section C, line 6	·		
10	Line 8 amount divided by line 9 amount			
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			· · · · · · · · · · · · · · · · · · ·
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions	- β		•
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7 \$	•		
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		•	
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c			
8	Breakdown of line 7			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			 "
d	Excess from 2018			
<u>e</u>	Excess from 2019			

Page	8

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.)
	
•••••	
	·
	<u>. </u>
•••••	·
•••••	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Tax) (s	ee separate instructions), t	hen			
• Se	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III.			
Name	of organization			Employer ide	ntification number
Michig	an Technology Commercia				37-1417143
Part	I-A Complete if the	e organization is exempt und	er section 501	c) or is a section 527	organization.
1		f the organization's direct and ii	ndirect political ca	impaign activities in Pai	t IV. (see instructions for
	definition of "political car				•
2		y expenditures (see instructions)			\$
3		cal campaign activities (see instru			
		e organization is exempt und			\$
1		excise tax incurred by the organize excise tax incurred by organization			φ ¢
2 3	-	ed a section 4955 tax, did it file Fo			∏Yes ∏ No
3 4a	•		•		Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt und	er section 501	c), except section 50	1(c)(3).
1		ly expended by the filing organi			
-	activities	• • • • • • •			\$
2	Enter the amount of the	filing organization's funds contri	buted to other org	janizations for section	
	527 exempt function acti	vities			<u> </u>
3	Total exempt function e	expenditures. Add lines 1 and 2	2. Enter here and	on Form 1120-POL,	
					}
4		n file Form 1120-POL for this yea			
5		ses and employer identification nu			
		ents. For each organization listed, ontributions received that were pro			
		fund or a political action committe			
		·	T		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization
					If none, enter -0-
	_				
(1)]		
(2)			.]		
(2)					
(3)					
			-		
(4)					
				ļ.	
(5)					
				 	
(6)		<u> </u>			
		1	1		

Page	2

Par	t II-A Complete if the or section 501(h)).	ganization	is exempt i	under section 5	01(c)(3) and file	d Form 5768 (ele	ction under
A C	Check ► ☐ If the filing organiz address, EIN, exp					liated group memb	er's name,
вС	Check 🕨 🗌 if the filing organiz	ation checke	ed box A and '	'lımıted control" p	rovisions apply.		
	Lim (The term "expen		ing Expendit ans amounts		.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures	to influence i	oublic opinion	(grassroots lobby	ring)		
	b Total lobbying expenditures to influence a legislative body (direct lobbying)						
С			-				
d	Other exempt purpose exper	nditures					
е	-						
f	Lobbying nontaxable amou				g table in both		
	If the amount on line 1e, column	n (a) or (b) is:	The lobbying	nontaxable amour	nt is:		
	Not over \$500,000			nount on line 1e.			
	Over \$500,000 but not over \$1,0	00,000	\$100,000 plus	15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1		\$175,000 plus	10% of the excess	over \$1,000,000.	,	- * <u>.</u>
	Over \$1,500,000 but not over \$1	7,000,000	\$225,000 plus	5% of the excess of	over \$1,500,000		-
	Over \$17,000,000		\$1,000,000				
g	Grassroots nontaxable amou	ınt (enter 25°	% of line 1f)				·
h	Subtract line 1g from line 1a.	If zero or les	ss, enter -0-				
i	Subtract line 1f from line 1c.	If zero or les	s, enter -0-				
j	If there is an amount other	than zero	on either line	1h or line 1i, die	d the organization	file Form 4720	
	reporting section 4911 tax for	or this year?				<u></u> . [Yes No
	(Some organizations that	made a sec See the	tion 501(h) ele separate inst	ructions for lines	ve to complete all 2a through 2f.)	of the five column	ns below.
		Lobbying	Expenditures	During 4-Year A	veraging Period	Т	
	Calendar year (or fiscal year beginning in)		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a	Lobbying nontaxable amoun	t	٠				
b	Lobbying ceiling amount (150% of line 2a, column (e))			-			
c	Total lobbying expenditures						
d	Grassroots nontaxable amou	int					
е	Grassroots ceiling amount (150% of line 2d, column (e))			-		,	
f	Grassroots lobbying expend	tures		1			

Schedule C (Form 990 or 990-EZ) 2019

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled	Form	า 5768	ı	
For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(6	3)	_	(b)	
	uption of the lobbying activity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			-		,,,,
а	Volunteers?		~			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	~				
С	Media advertisements?		1	<u> </u>		
d	Mailings to members, legislators, or the public?		~	 		
e	Publications, or published or broadcast statements?		<u> </u>			
f	Direct contact with legislators, their staffs, government officials, or a legislative body?					500 00
9 h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		~			
i	Other activities?		~			
j	Total. Add lines 1c through 1i				Ę	500 00
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			_	_	
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<i>(</i> C)		-4:		
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(၁), (or se	Ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the					
Part	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF answered "Yes."				line 3	3, is
1	Dues, assessments and similar amounts from members	•	1	-		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
a	Current year	•	2a			
b	Carryover from last year	•	2b 2c			
с 3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	•	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	the			_	
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5			
Pari						
	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounstructions); and Part II-B, line 1 Also, complete this part for any additional information.	ısıl qı	t); Pai	rt II-A, I	ines 1	and
2 (366						
				-	· · · · · · · · · · · · · · · · · · ·	
					· • • • • • • • • • • • • • • • • • • •	

Schedule C (For	m 990 or 990-EZ) 2019	Page 4
Part IV	m 990 or 990-EZ) 2019 Supplemental Information (continued)	
		·····
		•••••
		······

SCHEDULE D (Form 990)

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Name o	of the or	ganization		Employer identification number
Michig	jan Teo	chnology Commercialization Corporation		37-1417143
Par	t l	Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	s or Accounts.
		Complete if the organization answered "		
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2		egate value of contributions to (during year) .		
3		egate value of grants from (during year)		
4		egate value at end of year		
-		·		
5	funds	he organization inform all donors and donor as are the organization's property, subject to the	organization's exclusive legal control	? 🗌 Yes 🗌 No
6	only '	he organization inform all grantees, donors, ar for charitable purposes and not for the benefi erring impermissible private benefit?	t of the donor or donor advisor, or for	r any other purpose
Par		Conservation Easements.		
r at		Complete if the organization answered "	Ves" on Form 990 Part IV line 7	
1	Durn	ose(s) of conservation easements held by the conservation		· · · · · · · · · · · · · · · · · · ·
,		eservation of land for public use (for example, recre	-	f a historically important land area
		, , , ,	·	· ,
	_	otection of natural habitat	☐ Preservation of	f a certified historic structure
_		reservation of open space		
2		olete lines 2a through 2d if the organization hel	d a qualified conservation contribution	
		ment on the last day of the tax year.		Held at the End of the Tax Year
а				
b		acreage restricted by conservation easements	_	
С		per of conservation easements on a certified hi	• •	
d		per of conservation easements included in (fic structure listed in the National Register	c) acquired after 7/25/06, and not o	n a . 2d
3		per of conservation easements modified, trans	ferred, released, extinguished, or term	<u> </u>
4		per of states where property subject to conserv	vation easement is located ▶	
5	Does	the organization have a written policy regions, and enforcement of the conservation eas	arding the periodic monitoring, inspi	
6		and volunteer hours devoted to monitoring, inspec		
6	Stall	and volunteer hours devoted to monitoring, inspec	ting, nationing of violations, and emorcing	conservation easements during the year
_	A			
7	Amou ▶\$	ınt of expenses incurred ın monitorıng, inspectınç	g, nandling of violations, and enforcing c	onservation easements during the year
8	Does and s	each conservation easement reported on line 2 section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of s	ection 170(h)(4)(B)(i)
9		rt XIII, describe how the organization reports co ice sheet, and include, if applicable, the text of		•
	orgar	nization's accounting for conservation easemer	nts.	
Part		Organizations Maintaining Collections	of Art, Historical Treasures. or C	Other Similar Assets.
		Complete if the organization answered "		
12	If the	organization elected, as permitted under FASI		e statement and balance sheet works
ıa	of art	t, historical treasures, or other similar assets be, provide in Part XIII the text of the footnote to	held for public exhibition, education,	or research in furtherance of public
b	If the	organization elected, as permitted under FAS istorical treasures, or other similar assets held	B ASC 958, to report in its revenue st	tatement and balance sheet works of
	provi	de the following amounts relating to these item	s:	
	(i) Re (ii) As	evenue included on Form 990, Part VIII, line 1 sets included in Form 990, Part X		> \$
2	If the	organization received or held works of art,	historical treasures, or other similar a	assets for financial dain, provide the
4		ving amounts required to be reported under FA		2000.0 Tot intariolal gain, provide the
•		nue included on Form 990, Part VIII, line 1		▶ \$
a b				
		s included in Form 990, Part X		
ror ra	pei WOI	ik neugction Act Notice, see the instructions for I	Om 350. Cat NO 52283D	Schedule D (Form 990) 2019

Part	Organizations Maintaining Co	ollections of A	Art, His	torical T	Treasures,	or Ot	her Similar As	sets (con	tinued)
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and otl	her reco	rds, chec	k any of the	e follov	ving that make s	ignificant u	se of its
а	☐ Public exhibition		d	Loan	or exchange	e progr	am		
b	☐ Scholarly research		е	Other	•				
С	☐ Preservation for future generations								
4	Provide a description of the organization XIII.	n's collections a	and expl	ain how t	hey further t	the org	ganization's exen	npt purpos	e in Part
5	During the year, did the organization so assets to be sold to raise funds rather that								☐ No
Par	IV Escrow and Custodial Arrang	gements.							
	Complete if the organization ar 990, Part X, line 21.	nswered "Yes'	on For	m 990, f	Part IV, line	9, or	reported an am	nount on F	orm
1a	Is the organization an agent, trustee, cuincluded on Form 990, Part X?							ot 🗌 Yes	☐ No
b	if "Yes," explain the arrangement in Part	XIII and comple	ete the fo	ollowing to	able:				
	D					-		mount	
C	Beginning balance					10			
d	Additions during the year					10			
e	Distributions during the year					1e			
f	Ending balance							2 🗆 Vaa	
2a h	If "Yes," explain the arrangement in Part								
	V Endowment Funds.	All. Offect fiere		Apianatio	II IIas Deeli į	provide	ed On Fart Alli .	· · · ·	<u> </u>
	Complete if the organization ar	nswered "Yes"	' on For	m 990 F	Part IV line	10			
		(a) Current year		or year	(c) Two years		(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance	· · · · · · · · · · · · · · · · · · ·					···	 ` 	
b	Contributions						_		
С	Net investment earnings, gains, and losses								
d	Grants or scholarships							 	
е	Other expenditures for facilities and programs			-			 		
f	Administrative expenses								
g	End of year balance							 	
2	Provide the estimated percentage of the	current year en	d balanc	e (line 1g	, column (a)) held a	 as.	· -	
а	Board designated or quasi-endowment	•	%						
b	Permanent endowment ▶	%	•						
С	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and 2c	should equal 10	00%.						
3a	Are there endowment funds not in the po	ossession of the	e organi	zation tha	at are held a	and ad	ministered for the	е	
	organization by:							Y	s No
	(i) Unrelated organizations							3a(i)	
	(,							3a(ii)	
b	If "Yes" on line 3a(ii), are the related orga		•					3b	
4	Describe in Part XIII the intended uses of		n's endo	wment fu	ınds.				
Part				200 5				5	
	Complete if the organization an								
	Description of property	(a) Cost or oth		· ·	r other basis ther)		Accumulated epreciation	(d) Book va	alue
1a	Land								
b	Buildings	2,85	0,000.00				164,423	2	685,577
C	Leasehold improvements								
d	Equipment	ļ <u>.</u>	918,750				918,750		0
<u>e</u>	Other	<u>, </u>	63,007				63,007		0
Total.	Add lines 1a through 1e, (Column (d) mus	τ equal Form 99	iu. Part)	t. column	า (ช). Iine 10d	2.)	•	2.	.685.577

Part VII	Investments - Other Securities.			· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		hod of valuation -of-year market value
(1) Financial	derivatives			
	eld equity interests			
(3) Other		ļ		
(A)				
		ļ. — <u>—</u> ———	·	
(C)				
(D)			<u> </u>	·
(E)				
(F)		<u> </u>		
(G)		·		
(H)	mn (b) must equal Form 990, Part X, col (B) line 12.) . ▶	ļ		······································
Part VIII	Investments—Program Related.	<u>. </u>		·· ···
	Complete if the organization answered "Yes" on For	rm 990. Part IV. lin	e 11c. See Form	990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Meth	nod of valuation of-year market value
(1)				
_(2)				
(3)				
(4)				
(5)		 		
(6)		<u> </u>		
(8)		 -		
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.) .		,	
Part IX	Other Assets.	<u> </u>	<u> </u>	
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1) Interest	Receivable		<u> </u>	107,667
_(2)				
(3)				
(4)			<u> </u>	
(5)				
(6)				
(7)		·-		
(8)				
	mn (b) must equal Form 990, Part X, col. (B) line 15)			107,667
Part X	Other Liabilities.	<u> </u>		
	Complete if the organization answered "Yes" on For line 25.	m 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal in	come taxes			
(2)				
(3)				
(4)				
(5)	·			
(6)				<u></u>
_(7)				
(8)	<u></u>			
(9)	(1)			
	mn (b) must equal Form 990, Part X, col (B) line 25.)		>	-A- Ab -A 4: 11
	uncertain tax positions. In Part XIII, provide the text of the footnote lightly for uncertain tax positions under FASE ASC 740. Check			
organization's	s liability for uncertain tax positions under FASB ASC 740. Check	chere ii the text of the	loothole has been p	provided in Part XIII . L

Part			Return.
	Complete if the organization answered "Yes" on Form 990, I		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		,
а	Net unrealized gains (losses) on investments	2a	<u>_</u> \
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c]]
d	Other (Describe in Part XIII.)		- sear formation A
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:		,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		wayaadaan.
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990, I		
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	1, ' `
b	Prior year adjustments	2b	<u> </u>
C.	Other losses	2c	 `.
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		2e 3
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a	5, 2, x
а	investment expenses not included on Form 330, Fart viii, line 70	74	<u> </u>
	Other (Describe in Bart VIII.)	4h	
b	Other (Describe in Part XIII.)		4c
b	Add lines 4a and 4b		4c
b c 5	Add lines 4a and 4b		4c 5
b c 5 Part	Add lines 4a and 4b	e 18.)	5
b c 5 Part	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
b c 5 Part	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line

Schedule D (Fo	m 990) 2019 Supplemental Information	Page 5
Part XIII	Supplemental Information	(continued)
		······································
		······································
		······································
		······································
		······
		······································
		·

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" 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

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Part	Questions Regarding Compensation				
				Yes	No
1a		ovided any of the following to or for a person listed on Form 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 indemnification and gross-up payments	Health or social club dues or initiation fees			
	☐ Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	or reimbursement or provision of all of the ex	the organization follow a written policy regarding payment spenses described above? If "No," complete Part III to			
	explain		1b		
2	directors, trustees, and officers, including the CE	or to reimbursing or allowing expenses incurred by all O/Executive Director, regarding the items checked on line			
	1a? . /		2		nie
3	Indicate which, if any, of the following the organiza	ation used to establish the compensation of the			
	organization's CEO/Executive Director. Check all t related organization to establish compensation of	hat apply. Do not check any boxes for methods used by a 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 organization or a related organization:), Part VII, Section A, line 1a, with respect to the filing			
а	Receive a severance payment or change-of-control	ol payment?	4a		340.000.000
b	Participate in, or receive payment from, a supplem		4b		
c,	Participate in, or receive payment from, an equity-		4c	A. M. 47784	No. 1/200
	If "Yes" to any of lines 4a-c, list the persons and p	rovide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) of				
5	For persons listed on Form 990, Part VII, Sect compensation contingent on the revenues of:	tion A, line 1a, did the organization pay or accrue any			
а	The organization?		5a		
b	, ,		5b	1372 04 242	
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Sect	tion A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the net earnings of:				
a			6a		
b	Any related organization?		6b		gg (6
7	For persons listed on Form 990 Part VIII Septim	on A, line 1a, did the organization provide any nonfixed			SEE
•		' describe in Part III	7		
8		paid or accrued pursuant to a contract that was subject			
	•	Regulations section 53.4958-4(a)(3)? If "Yes," describe	1		ĺ
	ın Part III		8	18 400 1 300	anchorus d
•	16 604 and 1 and 1 and 20 alicely the second	Harris the make that he are seen as a second or other than			
9		llow the rebuttable presumption procedure described in	9		

Schedule J (Form 990) 2019

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II 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 aren't 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.

Note: The suff of columns (b)(I)(I) for each issent listed individual must equal the total amount of Form 350, Fair VII, Section A, line is, applicable column (b) and (c) amount of the line is applicable.	ag ag	n listed individual mu	st edual the total allic	Julit OI FOILI 330, Fo	III VII, OCCIIOII A, IIIIG	a, applicable coluil	1 (D) and (L) announce	o lor mar maindialair.
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred on pnor Form 990
	=	656,250.00			55,000.00	33,693 12	744,943 12	
1James A Richter, President	(E)							
	(1)	402,500.00			55,000.00	10,905.72	468,405 72	•
2Andrew C. Taylor, Operations	Ξ							
	(9)	8,800.00					8,800 00	
3Charles A. Fiedler, Director	(ii)							
	(1)	232,000.08					232,000 08	
4Robert C. Law, Development	€							
-	6							
S	€	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 6 6 6 6 6 6 6 6 6 7 1 1 1 1 1 1 1	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	8							
9	Ξ						1	
	ε							
7	€	0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		: 0 0 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	1
	8							
8	€	* 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6						
	8					į		
o	<u>e</u>			***************************************				
	()							
10	(ii)							
	(1)							
11	(ii)							
	=							
12	€							
	(3)						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
13	▣							
	=							
14	(ii)							
	(8)			•				
15	Ξ							
	=			,				
16								•

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019	
•	
•	-
	,
tion, 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 ormation.	Provide the information, explanation, or any additional information.
Part III Supplemental Information	Part III Supplemental Information

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047
2019

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

37-1417143 Michigan Tecnology Commercialization Corporation Form 990, Part VI, Section B, Line 11a: Acopy of Form 990 is available on request to each director for review prior to submission Form 990, Part VI, Section B, Line 12c Management periodically reviews the policy with it's employees Form 990, Part VI, Section B, Lines 15a and 15b Compensation is approved by the Board of Directors and is also benchmarked with others of similar responsibilities and capabilities Form 990, Part VI, Section C, Line 19 The information is available on request

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Michigan Technology Commercialization Corporation

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

Open to Public Inspection

OMB No 1545-0047

Employer identification number 37-1417143

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

► Attach to Form 990.

Schedule R (Form 990) 2019 (g) Section 512(b)(13) controlled entity? ŝ (f) Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Yes (f)
Direct controlling
entity (e) End-of-year assets Public charity status (if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section (c)
Legal domicile (state
or foreign country) Cat No. 50135Y (c)
Legal domicile (state
or foreign country) (b) Primary activity (b)
Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a)Name, address, and EIN (if applicable) of disregarded entity (a)Name, address, and EIN of related organization Part I Part II 9 3 2 ල € 2 9 Ξ 8 ල **£** Ξ 0

Page 2

Schedule R (Form 990) 2019

axable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,	
<u>=</u>	
≥`	
Par	
1 990, Part IV	
<u>ج</u>	
For	
6	
es.	
ੂ <u>~</u>	
ere	
NSL	
na	
atio	
aniz	100/
org	>0
the	, d
e	ξ
plet	Ę
É	Š
a o	Darc
rshi	tre
tne	0
Par	7
s a	otes
e a	tro
xab	Š
⊒ a	1071
ons	7000
zati	ر ح
ani	1010
org O	0
f Related Org	Š
elat	5
Ž Ţ	900
S LC	700
atic	±
lentification of Related Organizations Taxal	901
den	because it had one or more related organizations treated as a partnership during the tay wear
-	2
Ē	
227	

(k) Percentage ownership		None							, 	(f) Section 512(b)(13) controlled entity?	Š	,	>							90) 2019
	1					<u> </u>		-	Part IV,	ection (Yes									E a
(l) General or managing partner?	Yes No	>							m 990, F	(h) Percentage Sownership			None							Schedule R (Form 990) 2019
Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		Noen							es" on For	(g) Share of end-of-year assets own			None							Schec
	o N	7							vered "Y											
(h) Disproportionate allocations?	Yes	е							on ansv ear.	(f) Share of tctal income			None							
(g) Share of end-of- year assets		None							organizatic g the tax y											
Share of total Sincome		None							lete if the trust durin	(e) Type of entity (C corp, S corp, or trust)			C Corp							
		Unrelated							ust. Comporation or	(d) Direct controlling entity			_							
(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)		u							tion or Tr as a corp				N/A							
(d) Direct controlling entity		N/A							is a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, itions treated as a corporation or trust during the tax year.	(c) Legal domicile (state or foreign country)			Z							
(c) Legal Dil domicile (state or foreign		MI	• • • •						Taxable as d organizati	(b) Primary activity			Research & Design							
<u> </u>		opment	-						zations re relate	Prin			Researc			!				
(b) Pnmary activity		Research & Development							Related Organi had one or mo	d organization		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
(a) Name, address, and EiN of related organization	i	(1) Natural Therapeutics, LLC 401 W Morgan, Ann Arbor, MI							Identification of Related Organizations Taxable as a Corporation or Trust. Complete If the organization are 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		(1) Gravikor, Inc	401 W Morgan, Ann Arbor, MI		•					
	:	40	(2)	(6)	4	(2)	(9)	[2]	<u>a</u>			E	9	(2)	ල	4	(2)	9	(2)	

Part V Transaction

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

					!
ons with one or more related orga	inizations listed in Part	II-IV?			1
from a controlled entity			1a		
			1b		
			10		l
			- P	_	
			4	-	1
· · · · · · · · · · · · · · · · · · ·		· · ·	2		1 .
			+		
			1g		l
			4	_	I
			j .	-	ı
			; =	-	1
					1 .
			; *		•
Performance of services or membership or fundraising solicitations for related organization(s)			11		'
tations by related organization(s)			1m		ı
with related organization(s)			t L		l
			10		l
					Ι΄
			1 _p	<u> </u>	•
			19		
					,
			-		- 1
			18		J
n who must complete this line, inc	luding covered relation	nships and transaction	on threst	olds.	
(q)	(0)	(p)		4	l
type (a-s)			allioniit	none o	
				}	1
					- 1
					- 1
					I
					- 1
					- 1
		- Chibodoo	(Eorm 0	00) 2046	Ισ
	ons with one or more related orgality 'ganization(s) 'ganization(s) 'ation(s) 'transaction 'type (a – s) 'type (a – s)	ons with one or more related organizations listed in Parl ganization(s) : ganization(s) : who must complete this line, including covered relation (b)	or more related organizations listed in Parts II–IV? omplete this line, including covered relationships and type (a–s) Nethod (b) Transaction Amount involved Method (a)		and transaction (d) od of determining (d)

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

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

or gross revenue, that was not a character or gain action. Occurrent or second or gain and second or gain an	(h)		E I I I I I I I I I I I I I I I I I I I	3	9	(5)	3	3	9	(¥)
Name, address, and EIN of entity	ctivity	Legal domicile	Predominant	Are all partners	Share of		Disproportionate	e Code V-UBI		Percentage
		(state or foreign country)	income (related, unrelated, excluded	section 501(c)(3)	total income	end-of-year assets	allocations	amount in box 20 of Schedule K-1	managing partner?	ownersnip
			from tax under sections 512—514)	organizations?			_			
			(t.) ~ (o.)	Yes No			Yes No		Yes No	
(1)	į.								_	
(2)										
(6)										
(4)										
(5)	· ·					 - - -				
(9)	·						<u> </u>			
(2)										
(8)										
(6)	·									
(10)	·									
(11)	·									
(12)									_	
(13)	·									
(14)										
(15)										
(16)										
								Sche	dule R (For	Schedule R (Form 990) 2019

Schedule R (F	Form 990) 2019	Page 5
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	
		••
		
		•
		
•••		