WEGNER CPAS, LLP 230 PARK AVE FL 3 NEW YORK, NY 10169-0005

MATERIAL INNOVATION INSTITUTE 952 SCHOOL ST, NO. 175 NAPA, CA 94559

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** PUBLIC DISCLOSURE COPY **

Form **991**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Α	For the	e 2020 calendar year, or tax year beginning	and ending							
В	Check if applicable	C Name of organization		D Employer identi	fication number					
	Addres	MATERIAL INNOVATION INSTITUTE								
	Name change	Doing business as MATERIAL INNOVATION IN		84-3847	333					
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 952 SCHOOL ST	Room/su 175	ite E Telephone numb (929) 24						
	termin- ated	City or town, state or province, country, and ZIP or foreign postal	code	G Gross receipts \$	651,878.					
	Ameno	Idea NAPA, CA 94559		H(a) Is this a group	return					
	Application	F Name and address of principal officer:NICOLE RAWLING	3	for subordinate						
	pendin	SAME AS C ABOVE		H(b) Are all subordinates	s included? Yes No					
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3) 501(c) ()	947(a)(1) or {		a list. See instructions					
		e: MATERIALINNOVATION.ORG	() ()	H(c) Group exempti						
		organization: X Corporation Trust Association Other	► LY		M State of legal domicile: DE					
	art I	Summary	<u>, </u>	-	<u> </u>					
_	1	Briefly describe the organization's mission or most significant activities:	THE MATE	RIAL INNOVAT	ION					
Governance		INITIATIVE ACCELERATES THE DEVELOPME	NT OF NE	XT-GEN MATER	IALS FOR THE					
rna	2	Check this box if the organization discontinued its operations	or disposed of m	ore than 25% of its net	assets.					
ĕ		Number of voting members of the governing body (Part VI, line 1a)	•		6					
Ğ		Number of independent voting members of the governing body (Part VI			+					
တ္		Total number of individuals employed in calendar year 2020 (Part V, line			-					
iŧie		Total number of volunteers (estimate if necessary)			+					
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12								
Þ		Net unrelated business taxable income from Form 990-T, Part I, line 11								
	1			Prior Year	Current Year					
Revenue	8	Contributions and grants (Part VIII, line 1h)			590,282.					
	1	Program service revenue (Part VIII, line 2g)	Ī		61,596.					
e e	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	*		0.					
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.					
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A),	ī		651,878.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.					
		Benefits paid to or for members (Part IX, column (A), line 4)			0.					
S			s, other compensation, employee benefits (Part IX, column (A), lines 5-10)							
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			90,515. 20,834.					
þer		Total fundraising expenses (Part IX, column (D), line 25)	30,099.							
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			85,343.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25			196,692.					
		Revenue less expenses. Subtract line 18 from line 12	′ ······		455,186.					
Or Ses		Tovolido logo experiodo. Cabillaet into 10 front into 12		Beginning of Current Year						
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			470,186.					
ASS	21	Total liabilities (Part X, line 26)			15,000.					
] - -	22	Net assets or fund balances. Subtract line 21 from line 20			455,186.					
	art II	Signature Block			· · · · · · · · · · · · · · · · · · ·					
Unc	ler pena	Ities of perjury, I declare that I have examined this return, including accompanying	g schedules and sta	tements, and to the best of i	my knowledge and belief, it is					
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all inform	ation of which prepa	arer has any knowledge.						
Sig	n	Signature of officer		Date						
He		NICOLE RAWLING, CHIEF EXECUTIVE (OFFICER							
		Type or print name and title								
		Print/Type preparer's name YTGTT IICTIM CPA	/ulue	Date Check	PTIN					
Pai	d	YIGÍT UCTUM, CPA	J. S. C.	10/27/21 if self-empl	oyed P01269549					
Pre	parer	Firm's name WEGNER CPAS, LLP		Firm's EIN	39-0974031					
Use	Only	Firm's address 230 PARK AVE FL 3								
		NEW YORK, NY 10169-0005		Phone no. 2	12-551-1724					
Ma	v the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No					

Pa	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:
	TO PROMOTE SUSTAINABLE AND ANIMAL-FREE MATERIALS IN THE FASHION, HOME
	GOODS, AND AUTOMOTIVE INDUSTRIES IN ORDER TO PROTECT THE ENVIRONMENT
	AND ANIMALS AND TO MITIGATE CLIMATE CHANGE.
	Did the country in the country of th
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 145,323 • including grants of \$ 0 •) (Revenue \$ 61,596 •)
4a	(Code:) (Expenses \$ 145,323. including grants of \$ 0.) (Revenue \$ 61,596.) MATERIAL INNOVATION INSTITUTE WORKS TO IDENTIFY AND ASSIST COMPANIES
	AND TECHNOLOGIES IN BUILDING AND IMPROVING MATERIALS THAT CAN REPLACE
	ANIMAL-DERIVED MATERIALS (E.G., LEATHER, REPTILE SKIN, ETC.) IN THE
	FASHION, AUTOMOTIVE, AND HOME GOODS INDUSTRIES. MATERIAL INNOVATION
	INSTITUTE ALSO WORKS TO IDENTIFY POTENTIAL RELATIONSHIPS BETWEEN
	INVESTORS AND COMPANIES AND TECHNOLOGY IN ORDER TO OBTAIN THE FUNDING NECESSARY TO MAKE ANIMAL-ALTERNATIVE MATERIALS MORE ACCESSIBLE AND
	ENGAGES IN CONTRACTS WITH BRANDS TO ASSIST IN INCREASING THEIR
	ALTERNATIVE MATERIAL CACHE AND ADDRESSING HOW THE MATERIALS CAN BE
	USED.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ \text{including grants of \$} \text{) (Revenue \$} \text{)}
<u>4e</u>	Total program service expenses ► 145,323. Form 990 (2020)
	Form 990 (2020)

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	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
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		X
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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	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			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	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, VII, VIII, IX, or X			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		44.		x
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		22
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			٠,,
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			, v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Pal	t IV 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			. v
-00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	00		х
240	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
24 a	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		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ū	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
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		Х
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		X
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		X
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			х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//	28c		Х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		х
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		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х

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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 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 Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance

Part V

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

11 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ... 1a **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ______ 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

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(gambling) winnings to prize winners?

020) MATERIAL INNOVATION INSTITUTE Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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)								
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)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X						
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, a			l						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country									
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v						
5a	, , , , , , , , , , , , , , , , , , , ,	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c								
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		х						
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a								
b	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	00								
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		Х						
d										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	,									
	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.									
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								
10	Section 501(c)(7) organizations. Enter:									
a b	Initiation fees and capital contributions included on Part VIII, line 12	_								
11	Section 501(c)(12) organizations. Enter:									
'' a	Gross income from members or shareholders 11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
_	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
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								
	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 13b									
С	Enter the amount of reserves on hand			77						
14a	· · · · · · · · · · · · · · · · · · ·	14a	<u> </u>	X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	<u> </u>							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1		_V						
	excess parachute payment(s) during the year?	15		X						
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		X						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		\vdash^{Δ}						
	If "Yes," complete Form 4720, Schedule O.	Form	. 000	(2020)						

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	6						
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b	6						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b								
12a								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
b	Other officers or key employees of the organization	15b		Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c))	3)s onl	y) avail	lable				
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	CORTNEY BUSCH - 929-242-8512							
	3932 DUMAINE ST, NEW ORLEANS, LA 70119							

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.

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) NICOLE RAWLING	50.00			x				90,515.	0.	0.
CHIEF EXECUTIVE OFFICER (2) STEPHANIE DOWNS	5.00			^		\vdash		90,515.	0.	0.
CHAIR & DIRECTOR	3.00	X		x				0.	0.	0.
(3) LINNE CAUDELL	2.00					\vdash		0.		•
SECRETARY & DIRECTOR		x		x				0.	0.	0.
(4) ALICIA CAHILL	2.00					\top				
TREASURER & DIRECTOR		Х		х				0.	0.	0.
(5) CHRISTIE LAGALLY	2.00									
VICE-PRESIDENT & DIRECTOR		Х		Х				0.	0.	0.
(6) JACQUELINE KRAVETTE	2.00									
DIRECTOR		Х				$oxed{oxed}$		0.	0.	0.
(7) ANGELA PADILLA	2.00									_
DIRECTOR		Х				丄		0.	0.	0.
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						\vdash				
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		-								
						Щ				

Pai	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	th an	Reportable compensation from the	Reportable compensation from related organizations		Estimate amount of other compensate		
		hours for related organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee			(W-2/1099-MIS			om the anizati	e ion
		below line)	Individua	Institution	Officer	Key employee	Highest c employee	Former				orga	nizatio	ons ——
			_											
			_				\vdash							
	Subtotal							>	90,515.		0.			0.
	Total from continuation sheets to Part Vi Total (add lines 1b and 1c)								90,515.		0.			0.
2	Total number of individuals (including but no compensation from the organization								eceived more than \$100	0,000 of reportabl	е			(
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	such individual										3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? If "Yes,	," co	mpl	ete S	Sch	edul	e J t	for such individual			4		X
5 —	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				-	•		ted organization or indiv	dual for services		5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	mpensated in		ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	nens	ation f	rom	
_	the organization. Report compensation for	=	-						n the organization's tax					
	(A) Name and business	address	NO	INC	E				(B) Description of s	ervices	С	(C Comper	s) nsation	1
	Total number of independent contractors (i	including but n	not li	mite	ed to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	ization >				(0					Form 9	990 (c	2020

032008 12-23-20

			,		L INNO	VATION I	NSTITUTE		84-3847	333 Page 9
Pa	rt V	/								
			Check if Schedule O	contains	a response	or note to any lin	ne in this Part VIII	(D)	(0)	
							(A) Total revenue	Related or exempt function revenue	Unrelated	Révenue excluded
SS	_	_	Fodorated compaigns		1a					300000113 0 12 0 14
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns Membership dues							
اعٌ ق			Fundraising events							
ifts ar A			Related organizations							
a,e			Government grants (contr							
Sig			All other contributions, gifts,							
the			similar amounts not included	-	1 1	590,282.				
ÖĒ		а	Noncash contributions included in			, , , , , , , , , , , , , , , , , , ,				
a Co		_	Total. Add lines 1a-1f				590,282.			
						Business Code				
e l	2	а	PROGRAM SERVI	CE R	EVENU	541700	61,596.	61,596.		
e Zi		b								
Sul		С								
leve		d								
Program Service Revenue		е								
<u>-</u>		f	All other program service	revenue						
		g	Total. Add lines 2a-2f				61,596.			
	3		Investment income (include							
			other similar amounts)							
	4		Income from investment of							
	5		Royalties		(i) Real	(ii) Personal				
	_			<u> </u>	(i) Real	(II) Personal				
			Gross rents							
			Less: rental expenses	6b 6c						
			Rental income or (loss) Net rental income or (loss)							
			Gross amount from sales of	-	Securities	(ii) Other				
	•	а	assets other than inventory	7a		(ii) Garioi				
		h	Less: cost or other basis	14						
ě		~	and sales expenses	7b						
evenue		С	Gain or (loss)	7c						
œ			Net gain or (loss)							
Other	8	а	Gross income from fundraising	ng events	(not					
₹			including \$		of					
			contributions reported on	line 1c).	See					
			Part IV, line 18							
			Less: direct expenses			•				
			Net income or (loss) from			<u></u>				
	9	а	Gross income from gamin							
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from			>				
	10	а	Gross sales of inventory,		•					
			and allowances							
			Less: cost of goods sold		·····					
\dashv		Ü	Net income or (loss) from	sales of	inventory	Business Code				
snc	11	a				Duomiess Code				
nue	••	b								
eve		c								
Miscellaneous Revenue			All other revenue							
_			Total. Add lines 11a-11d							
	12		Total revenue. See instruction				651,878.	61,596.	0.	0.

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			g	
	and domestic governments. See Part IV, line 21				
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,	00 545	F0 444	0.050	0 050
	trustees, and key employees	90,515.	72,411.	9,052.	9,052
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)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal	600.		600.	
C	Accounting	600.		600.	
d	Lobbying	20,834.			20,834
e	Professional fundraising services. See Part IV, line 17	20,034.			20,034
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	75,874.	65,554.	10,320.	
40	column (A) amount, list line 11g expenses on Sch O.)	75,074.	05,554.	10,520.	
12 13	Advertising and promotion	3,730.	2,985.	558.	187
13 14	Office expenses	2,365.	2,365.	330.	107
15	Information technology Royalties	2,3031	273031		
16	Occupancy				
17	Travel	61.	49.	9.	3 .
18	Payments of travel or entertainment expenses	***			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	277.	222.	41.	14
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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	and any meeting a superious on contradiction				
b					
С					
d					
е	All other expenses	2,436.	1,737.	690.	9
25	Total functional expenses. Add lines 1 through 24e	196,692.	145,323.	21,270.	30,099
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	1 7 7 1				
	educational campaign and fundraising solicitation.	l.	1		

		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		0.	1	265,488.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net	0.	3	200,000.	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subs				
		controlled entity or family member of any of these		5		
	6	Loans and other receivables from other disquali				
		under section 4958(f)(1)), and persons described	· ,		6	
S	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges		0.	9	4,698.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ		0.	16	470,186.
	17	Accounts payable and accrued expenses			17	-
	18	Grants payable		18		
	19	Deferred revenue		0.		15,000.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
S	22	Loans and other payables to any current or forn				
Liabilities		trustee, key employee, creator or founder, subs	I			
apil		controlled entity or family member of any of these	· · · · · · · · · · · · · · · · · · ·		22	
⊐	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines				
		of Schedule D			25	
	26	-		0.	26	15,000.
		Organizations that follow FASB ASC 958, che				
ces		and complete lines 27, 28, 32, and 33.				
<u>la</u>	27	Net assets without donor restrictions		0.	27	155,186.
Ва	28	Net assets with donor restrictions		0.	28	300,000.
pr		Organizations that do not follow FASB ASC 9				
Ę		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or ed			30	
: As	31	Retained earnings, endowment, accumulated in	F		31	
Ret	32	Total net assets or fund balances	The state of the s	0.	32	455,186.
	33	Total liabilities and net assets/fund balances		0.	33	470,186.

2

6

8	Prior period adjustments 8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B)) 10							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a							
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	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 oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	iedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2020)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization MATERIAL INNOVATION INSTITUTE **Employer identification number** 84-3847333

Pa	rt I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.						
Γhe	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch					I)(A)(i).	
2		A school described in sect i						
3		A hospital or a cooperative					i).	
4		A medical research organiz						the hospital's name.
		city, and state:	a operatea ee.	ngan onon man a moopha		000		ino noophan o name,
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in
J		section 170(b)(1)(A)(iv). (C		nego or armversity owner	a or opera	iou by u g	overnmental and accord	700 III
6				aantal unit daaarihad in	costion 17	70/6\/4\/A\	(v)	
6	X	A federal, state, or local gov						nublic described in
′	21	An organization that norma	•	riliai part of its support i	rom a gov	emmentai	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	. ,	(4)(A)(vi) (Commisto Dom	L II \			
8		A community trust describe						a alla ma
9		An agricultural research org				-	-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or
40		university:	. (4)					
10		An organization that norma						
		activities related to its exen						
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.						
		See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).						
11		•	•	•	-			
12		An organization organized a		•	=		•	
		more publicly supported or	~					neck the box in
_		lines 12a through 12d that	* *			-	_	. at ta
а		☐ Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·		•	•		
		the supported organization			a majority (of the aire	ctors or trustees of the s	supporting
		organization. You must o						
b			•					•
		control or management o			ame perso	ons that co	ontrol or manage the sup	portea
		organization(s). You mus	-					1 20
С		☐ Type III functionally inte					• •	ed with,
		its supported organization		•				
d		☐ Type III non-functionally						` '
		that is not functionally int	•	•	•		•	iveness
		requirement (see instruct	· ·	-				
е	L	☐ Check this box if the orga					ı Type I, Type II, Type III	
		functionally integrated, or	* *	nally integrated support	ing organiz	zation.		
Т		er the number of supported o	•					
<u>g</u>		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	`	organization	(-,	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)
				above (see instructions))				
Γ∩t:	al							

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.)

000	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					590,282.	590,282.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3					590,282.	590,282.
	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)						426,458.
6	Public support. Subtract line 5 from line 4.						163,824.
	tion B. Total Support						<u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	,	, ,	, ,	, ,	590,282.	590,282.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						590,282.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	61,596.
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop	here					<u> </u>
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2020 (line 6, column (f), c	livided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organization	١			▶□
b	33 1/3% support test - 2019. If the o	•		•		•	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not o	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	es test, check this	s box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a p	ublicly supported	organization		▶□
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	eck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicl	y supported organ	ization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	s ▶∟

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.)

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	. ,				, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third.	fourth, or fifth tax	vear as a section	501(c)(3) organizat	ion.
		· ·		•			
Se	ction C. Computation of Publ						
	Public support percentage for 2020 (column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inve					1	,,
	Investment income percentage for 20					17	%
	Investment income percentage from					18	//
	a 33 1/3% support tests - 2020. If the						
.50	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2019. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 line 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
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
30		
6		
7		
8		
9a		
0.		
9b		
9с		
20		
10a		
10b		

Par	t 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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one o			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	i,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporte	d		
	organization, describe how the powers to appoint and/or remove officers, 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	igsquare	
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s). tion D. All Type III Supporting Organizations	1		<u> </u>
3601	tion b. All Type III Supporting Organizations		V	N
	Did the average time average to each of the average that average the time to the last day of the fifth would be the		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	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		
	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction	ons).		
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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instructio	ns).	
2	Activities Test. Answer lines 2a and 2b 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.	2a	ш	
	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations	S
1 Check here if the organization satisfied the Integral Part	Test as a qualifying trust on Nov. 20, 1	970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting	rganizations must complete Sections	A through E.
Section A - Adjusted Net Income	(A) P	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,	r	
maintenance of property held for production of income (see in	structions) 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) P	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 asset	2	
3 Subtract line 2 from line 1d.	3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for g	eater amount,	
see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3	5	
6 Multiply line 5 by 0.035.	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, colu	mn A) 1	
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, c	olumn 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 sub	ect to	
emergency temporary reduction (see instructions).	6	
7 Check here if the current year is the organization's first a	s a non-functionally integrated Type III	I supporting organization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ıed)	
Secti	on D - Distributions			·	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution	ıs	(iii) Distributable
			Pre-2020		Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Dat IV Section A linear 1 2 the 50 4h 45 56 9 00 00 110 11b and 110 Dat IV Section B linear 1 and 2 Dat IV Section C
	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.)
	(See instructions.)
•	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

MATERIAL INNOVATION INSTITUTE

Employer identification number

84-3847333

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

MATERIAL INNOVATION INSTITUTE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 19,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Nume, address, and Zn ++	\$ 24,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

MATERIAL INNOVATION INSTITUTE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$10,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	- Training duding to the state of the state	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

MATERIAL INNOVATION INSTITUTE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

MATERIAL INNOVATION INSTITUTE

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization **Employer identification number** 84-3847333 MATERIAL INNOVATION INSTITUTE Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MATERIAL INNOVATION INSTITUTE

Employer identification number 84 - 3847333

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		•
	Number of conservation easements on a certified historic str		. 2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax
4	year	agment is legated	
4 5	Number of states where property subject to conservation ea	<u> </u>	
3	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Thanding of violations, and emoreing conserv	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
-	\$		caccinicate adming the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footi	-	
	organization's accounting for conservation easements.	<u>-</u>	
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	in, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

Pai	t III Organizations Maintaining C	ollections of A	rt, Histo	orical Tr	easures, or	Other	Similar A	Assets	continued)
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the	following that r	nake sigr	nificant use	of its		
	collection items (check all that apply):									
а	Public exhibition	d	1 <u> </u>	oan or exc	hange program	ı				
b	Scholarly research	е	, LJ 0	ther						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how the	ey further t	he organization	's exemp	t purpose	in Part X	Ш.	
5	During the year, did the organization solicit or	receive donations	of art, his	torical trea	sures, or other	similar a	ssets		_	
	to be sold to raise funds rather than to be ma								/es	No
Pai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the o	organizatio	n answered "Yo	es" on Fo	orm 990, Pa	art IV, line	∍ 9, or	
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for c	ontribution	ns or other asse	ts not in	cluded			
	on Form 990, Part X?							\	∕es	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
								Aı	mount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
	Ending balance						1f			
	Did the organization include an amount on Fo						?	🔲 ነ	/es	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatior	n has been	provided on Pa	art XIII			<u></u>	
Pai	T V Endowment Funds. Complete if	the organization an	swered "	Yes" on Fo	orm 990, Part IV	/, line 10.				
		(a) Current year	(b) Pri	or year	(c) Two years t	oack (d)	Three years	back (e	Four year	s back
1a	Beginning of year balance									
b	Contributions									
	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 curr	ent year end baland	ce (line 1g	, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Term endowment 9	6								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiz	ation that	are held a	ınd administere	d for the	organizatio	on		
	by:							_	Yes	No_
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	\bot
b	If "Yes" on line 3a(ii), are the related organizate							L	3b	
4	Describe in Part XIII the intended uses of the		owment fu	ınds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	i			1					
	Description of property	(a) Cost or o basis (investr			or other (other)	. ,	umulated ciation	(d) Book val	ue
1a	Land									
	Buildings									
	Leasehold improvements									
d	Equipment									
<u>e</u>	Other									
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, columi	n (B), line 1	10c.)					0.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 MATERIAL IN	NOVATION INST	TITUTE	84-3847333 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
	5 000 B 1 N / I'	44 0 5 000 5 1 1 1 1	10
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line	(c) Method of valuation: Co	ost or end-of-year market value
	(b) Book value	(c) Wethod of Valuation: Oc	ost of cha of year market value
(1)			
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		-	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line	15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15.)		▶
Complete if the organization answered "Yes"	on Form 000 Port IV line	allo or 11f Soo Form 000 Dort	V line 25
(a) Description of liability	on Form 990, Part IV, line	e TTe OF TTI. See FOIII 990, Fart	(b) Book value
			(b) Book value
(2)			
(3)			
(5)			-
(6)			
(7)			
(8)			
(9)			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... Schedule D (Form 990) 2020

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (Form 990) 2020

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

MATERIAL INNOVATION INSTITUTE

Employer identification number 84-3847333

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants Mail solicitations X Internet and email solicitations Solicitation of government grants X Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) JONATHAN FRAPPIER - 3 SETTING DEVELOPMENT Yes No CLAIRMONT AVENUE, ASHEVILLE STRATEGY, MAKING DONOR Х 158,003 20,835 137,168. 137,168. 158,003, 20 835 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2020

176	ırt I	of fundraising Events . Complete if the	•	-		
		J	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	Coi. (C))
Revenue						
Be	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses						
qpen	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				
Pa	11 rt					
		\$15,000 on Form 990-EZ, line 6a.	answered res enries	111 000,1 0111, 1110 10, 01	reported more than	
<u> </u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(4, 29	bingo/progressive bingo	(5, 5 and gaming	col. (a) through col. (c)
Be Be	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	6	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d))	>	
0	En	ter the state(s) in which the organization condu	uoto gamina activitios:			
а	ls t	the organization licensed to conduct gaming a No," explain:	ctivities in each of thes	e states?		Yes No
		ere any of the organization's gaming licenses re			year?	Yes No
0320	82 1	1-25-20			Schedule G (Fo	rm 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 MATERIAL INNOVATION INSTITUTE	84-384/333 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
	120
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ords:
Name ▶	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the am	ount
of gaming revenue retained by the third party >\$	
c If "Yes," enter name and address of the third party:	
c in res, entername and address of the tillid party.	
Name	
Address ►	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation ▶ \$	
Description of services provided	
Director/officer Employee Independent contractor	
47. Mandatan, diatributiana.	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	t in the
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v	y); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDR	AISERS:
(I) NAME OF FUNDRAISER: JONATHAN FRAPPIER	
(I) ADDRESS OF FUNDRAISER: 3 CLAIRMONT AVENUE, ASHEVILLE, N	C 28804
(II) ACTIVITY: SETTING DEVELOPMENT STRATEGY, MAKING DONOR C	ONNECTIONS IDEN
11, MOLIVIII. BUILING BUVLIOIMENT BIRALEGI, MARING BONOR C	CITITICI TOMO, IDEM

Schedule G	(Form 990 or 990-EZ)	MATERIAL	INNOVATION	INSTITUTE	84-3847333	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Information	mation (continue	ed)			
	• • • • • • • • • • • • • • • • • • • •		,			
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SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

MATERIAL INNOVATION INSTITUTE

Employer identification number 84-3847333

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FASHION, AUTOMOTIVE, AND HOME GOODS INDUSTRIES. WE WORK TO REPLACE ANIMAL-DERIVED MATERIALS WITH PLANT-BASED AND LAB-GROWN INNOVATIONS, AND TO SHRINK THE ENVIRONMENTAL FOODPRINT OF EXISTING FIBERS, SUCH AS SYNTHETICS AND CELLULOSE. WE RESEARCH ACROSS INDUSTRIES TO IDENTIFY UNTAPPED SOURCES, ESPECIALLY IN BIOLOGICAL MATERIALS. WE PUBLISH INDUSTRY WHITE PAPERS, TECHNOLOGY OVERVIEWS, AND READINESS ASSESSMENTS IDENTIFY KEY AREAS FOR ADDITIONAL RESEARCH. WE COLLABORATE WITH MATERIAL MANUFACTURERS AND BIOTECH COMPANIES TO PROVIDE INFORMATION ON IMPACT THROUGH INNOVATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 FORM WILL BE REVIEWED BY THE CEO AND COO FOR ACCURACY AND COMPLETENESS. ONCE AGREED BY THOSE TWO, THE DRAFT 990 FORM WILL BE CIRCULATED TO THE BOARD OF DIRECTORS FOR REVIEW BEFORE CONFIRMING THE DRAFT AND FINALIZING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS SIGNS A CONFLICT OF INTEREST EACH YEAR, CERTIFICATION AFTER READING THE CONFLICT OF INTEREST POLICY AGAIN. ON THAT CERTIFICATION FORM, THEY DECLARE ANY CONFLICTS WHICH ARE THEN SHARED WITH THE OTHER DIRECTORS TO DETERMINE IF IT IS AN ACTUAL CONFLICT. ANY POTENTIAL CONFLICT IS VOTED ON BY THE BOARD OF DIRECTORS AS TO NEXT STEPS. ANY PERSON WITH A CONFLICT IS PROHIBITED FROM VOTING ON ANY DECISIONS THAT ARE AFFECTED BY THE CONFLICT.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization MATERIAL INNOVATION INSTITUTE	Employer identification number 84-3847333
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD OF DIRECTORS MET AND APPROVED THE SALARY OF TH	E CEO.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROJECT MANAGER:	
PROGRAM SERVICE EXPENSES	41,280
MANAGEMENT AND GENERAL EXPENSES	10,320
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	51,600
GRAPHIC DESIGN/VIDEO PRODUCTION:	
PROGRAM SERVICE EXPENSES	9,000
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	9,000
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	15,274
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	15,274
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	75,874