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

MATERIAL INNOVATION INSTITUTE 952 SCHOOL ST, 175 NAPA, CA 94559

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Form	330

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

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

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



AF	or th	e 2021 calendar year, or tax year beginning and	ending					
B c a	heck if pplicab	le: C Name of organization		D Employer identified	cation number			
	Addre	MATERIAL INNOVATION INSTITUTE						
Doing business as MATERIAL INNOVATION INITIATIVE 84-3847333								
	Initial		Room/suite	E Telephone number	r			
	Final returr	U	175	(929) 24	2-8512			
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	978,671.			
	Amer	NAPA, CA 94559		H(a) Is this a group re				
	Appli tion	F Name and address of principal officer. NICOLE KAWLING		for subordinates	? Yes X No			
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
		xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	· · ·	list. See instructions			
		te: MATERIALINNOVATION.ORG		H(c) Group exemptio				
		f organization: X Corporation Trust Association Other ►	L Year	of formation: 2019	State of legal domicile: DE			
Pa	rt I	Summary						
ø	1	Briefly describe the organization's mission or most significant activities: THE 1						
anc	_	INITIATIVE ACCELERATES THE DEVELOPMENT OF						
Governance	2	Check this box if the organization discontinued its operations or disposed by the second sec			ets.			
2 S	3				7			
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)		3				
ties	5 6	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			10			
Activities &		Total number of volunteers (estimate if necessary)			0.			
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
			<u></u>	Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		590,282.	924,136.			
Revenue	9	Program service revenue (Part VIII, line 2g)		61,596.	54,535.			
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		651,878.	978,671.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		90,515.	221,444.			
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		20,834.	114,659.			
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	97.					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		85,343.	352,861.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		196,692.	688,964.			
	19	Revenue less expenses. Subtract line 18 from line 12		455,186.	289,707.			
s or			Be	ginning of Current Year	End of Year			
Assets Balanc	20	Total assets (Part X, line 16)		470,186.	825,464.			
let As ind B		Total liabilities (Part X, line 26)		15,000.	80,571.			
		Net assets or fund balances. Subtract line 21 from line 20		455,186.	744,893.			
Pa	irt II	Signature Block						

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

Sign	Signature of officer		Dat	te			
Here		EXECUTIVE OFFICER					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN			
Paid	YIGIT UCTUM, CPA	YIGIT UCTUM, CPA	10/19/2	2 self-employed P01269549			
Preparer	Firm's name 🕒 WEGNER CPAS LLP		Firi	m's EIN ▶ 39-0974031			
Use Only	Firm's address 🖕 230 PARK AVE FL	3					
	NEW YORK, NY 10169-0005 Phone no. (212) 551-1724						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions						
132001 12-09	B-21 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 990 (2021)			
~			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		age 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: 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.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 466,263. including grants of \$ 0.) (Revenue \$ 54,53	5.)
	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 \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 466,263.	
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Part IV Checklist of Required Schedules

MATERIAL INNOVATION INSTITUTE

			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	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		х
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		- 23
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
Ū	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	11d		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			- 23
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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	<u> </u>
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			v
40	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			х
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, "			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
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 Form 990 (2021)
 MATERIAL INNOVATION INSTITUTE

 Part IV
 Checklist of Required Schedules (continued)

22 Did the organization report more than \$5,000 of grants or other assistance to or for donestic individuals on Part K. Column (4), line 27: If Yes,' complete Schedule I, And I, and S. 4, or 5, about companisation of the organization's current and former offices, directors, trustees, key employees, and highest companisation of the organization's current list diay of the vers, that was issued after. December 31, 2002? If Yes,'' answer fines, 2d brings/2d and complete Schedule J. 22 X 241 Did the organization network of the art VII, Section A, Inn 3, 4, or 5, about companisation of the organization invest may proceeds of taxesempt bond issue with an outstanding principal amount of more than \$100,000 as of the list diay of the vers, that was sites and fair December 31, 2002? If Yes,'' answer fines, 2d brings/2d and complete Schedule K. If Yes, '' complete Schedule K, If Yes, '' to time 25a. 24a 24a <t< th=""><th></th><th></th><th></th><th>Yes</th><th>No</th></t<>				Yes	No
Part K. column (A), line 2? // 'Yes, 'complete Schedule / Parts I and III 22 X 23 24 24 25 24 24 24 24 24 24 24 24 24 24 24 24 24	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	
23 Dot the organization asswer "Yes" to P41 VII. Section A, line 3.4, or 5, shoul compensation of the organization sourcet and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule V, If Yes, "to b line 25a 24 24 Did the organization have a tax exampt bond issue with an outstanding principal amount of more than \$100,000 as of the tast day of the year. Int was also used after Docombar 31, 2002? If "Yes," <i>answer lines</i> 25th brough 24 dand complete Schedule K, If Yes, 'to b line 25a 24a X 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 26 Did the organization and the angeod in an exceed a temporary period exception? 24d X 26 Section 50(163), 50(1(44), and 50(1(22)) organizations. Did the organization ange in an excess benefit transaction with a disqualified perion during the year? 24d X 26 Section 50(1(23), 50(1(44), and 50(1(22)) organizations. Did the organization ange in an excess benefit transaction with a disqualified perion during the year? 25a X 26 Did the organization apport any amount on Part X, line 6 or 22, for rescluables from or psycelle to any current or former officer, director, trustee, key employee, frees, any current to former officer, director, trustee, key employee, frees, any current to former officer, director, trustee, key employee, frees, any current to former officer, director, trustee, key employee, frees or fourder, sobastintal contributor? If '''''', complete Schedule L,			22		x
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 23 X 240 Did the organization have a Lax exampt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, thru was issued after Docember 31, 2002? If "Yes," answer ince 2.24 brough 2.24 ind complete 24a X 240 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 250 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 24d 251 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 24d 252 Did the organization areas an "on behalf of" issuer for bonds autstanding at any time during the year? 24d 24d 253 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization reports 900 or 900 E27 If "Yes," complete Schedule L, Part I 25a X 250 Did the organization in apport any amount on Part X, line 5 or 22, for receivables from or payoteles to any current or former officer, director, trustee, key employee. 25b X 250 Did the organization provide agrint or often assistance to any current or former officer, director, trustee, key employee. 27 X 260 Did the organization provide agrint or often assistance to any current or former officer, dincrot, trustees, key employee. 275 X <td>23</td> <td></td> <td></td> <td></td> <td></td>	23				
Schedule J 23 X 4a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the schedule K if No, ⁺ go to line 25a. 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X c Did the organization animitan an escow account offer than a relanding escrew at any time during the year to detease any tax-exempt bonds? 24a 24a 25 Section 50(c)(3), 50(c)(4), 40(c)(4), 50(c)(4), 50(
Is at day of the year, that was issued after December 31, 2002? // 'Yes,' answer lines 24b through 24d and complete 24a X b Did the organization investianty proceeds of tax axempt bonds beyond a temporary period exception? 24b 24b c Did the organization investianty proceeds of tax axempt bonds beyond a temporary period exception? 24c 24c d Did the organization and tas an "on behaf of "issuer for bonds outstanding at any time during the year? 24d 24d 25a Section 50(16)(3, 501(44)) and 550(122) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d 25a 25a Section 50(16)(3, 501(44)) and 550(122) organizations. Did the organization regords in a priory par, and that the transaction has not been reported on any of the organization's pior Forms 990 or 990-E2? 11 Yes, " complete Schedule 1, Par1 25a X 25 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 endity or tamin member of any of these person? // 'Yes,' complete Schedule 1, Par1 // Zes X 27 Did the organization report any amount on Part X, line 5 or 22, grant selection committee member, or to a 35% controlled endity or tamin member of any of these person? // 'Yes,' complete Schedule L, Par1 // Zes X 27 Did the organization report any amount on Part X, line 5 or 22, grant selection committee member of ta 35% controlled entity (including amembory of any of these person? // 'Yes,' complete Schedu			23		X
Schedule K. If "No," got bine 25a 24a X D Old the organization meaintain an escrow account other than a refunding escrow at any time during the year? 24b 24b C Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24c 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction name to been reported on any of the organization is prior Forms 990 or 990/E2? If "Yes," complete Schedule L, Part I 25a X 25 Did the organization proves again or other assistance to any current or forme officer, director, trustee, key employee, creator or founder, substantial contributor, or 55% controlled entity of number of any of these persons? If "Yes," complete Schedule L, Part II 26 X 26 Did the organization provide again or other assistance to any current or forme officer, director, trustee, key employee, creator or founder, substantial contributor, or 55% controlled entity of number of any no these persons? If "Yes," complete Schedule L, Part II 27 X 27 Did the organization provide again or other assistance to any current to forme officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV. 28a X 28 A ware to rome officer, director, trustes, key employee, creator or founder, substantial con	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
b Define organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an excree accur of the than a refunding excree xit any time during the year's to defease any tax-exempt bonds? 24c d Did the organization at a an 'on behal of 'issuer for bonds outstanding at any time during the year' 24d d Did the organization accus that it ongoed in an excess benefit transaction with a disqualified person during the year' if 'yes,' complete Schedule I, Part I 25a 25 Did the organization accus that it ongoed in an excess benefit transaction than a tot-part it ongoed in a process benefit transaction than an other exponence to any of the organization's prior Forms 990 or 990-E27: if 'yes,' complete Schedule I, Part I 25a 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 or 53% 26 27 Did the organization party to a business transaction with an extendue [, Part II 28 X 28 Was the organization any or there spears? If 'yes,' complete Schedule L, Part II 28a X 29 Did the organization acev to the projeve thereof, a grant selection contributements? 28a X 29 Did the organization acev to normore fill din the organization acev to nore fill divid did discond		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c Did the organization maintain an encorow account other than a refunding escrow at any time during the year'to defease any tax exempt bonds? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25a 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction has not been reported on any of the organization with a disqualified person in a prore year, and that the transaction has not been reported on any of the organization with a disqualified person in a prore year, and that the transaction has not been reported on any of these persons? If "Yes," complete Schedule L, Part I 25b X 25D Did the organization provid any of these persons? If "Yes," complete Schedule L, Part II 25b X 25D Did the organization provid any of these persons? If "Yes," complete Schedule L, Part II 25b X 26D Was the organization provid thereof or family member dary of these persons? If "Yes," complete Schedule L, Part II 27b X 27E Was the organization provide thereof or family member dary of these persons? II "Yes," complete Schedule L, Part II 27b X 28 Was the organization a party to a business transaction with ore of theolowing parties (see the Schedule L, Part II 27b X 28 A atamity member dary indindividual deschedule dar			24a		X
any tax-sempt bonds? 24c 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in a excess benefit transaction with a disqualified person during the year? (I'''''es," complete Schedule I, Part I 25a 25a Did the organization aver that is engaged in a 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-E2? If "Yes," complete Schedule I, Part I 25a 25a 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 lamity member of any of these persons? I'''res," complete Schedule I, Part II 26 27 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 (including an employee thereof) or family member of any of these persons? I'''res," complete Schedule L, Part II 27 28 Was the organization receive nor than 825,000 in non-cash contributions parties (see the Schedule L, Part IV, instructions praying the schedule L, Part IV 28a 29 Did the organization receive contributions of a schedule for any individual described in line 28a or 28b? If 28a 20 Did the organization receive contributions of an inhibitions? If 'Yes,' complete Schedule L, Part IV 28a 20 Did the organization receive			24b		
d Did the organization act as an 'on behalf of "issuer for bonds outstanding at any time during the year? 24d Sa Section 501(cs)), 501(c4)(c1), 401(c4)(c3), 4015(c1)(c2) organizations. Subthere organization access benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a X b is the organization aware that It engaged in an excess benefit transaction with a disqualified person in a prory year, and that the transaction no any of the organization or polor 500-027. If 'Yes,' complete Schedule L, Part I 25a X 25 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% 260 X 27 Did the organization a party to a business transaction with no of these persons? If 'Yes, 'complete Schedule L, Part II 26 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable fing thresholds, requestions): 28a X 29 Did the organization receive more than \$25,000 in non-cash contribution? If 'Yes,' complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule L, Part I 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule I, Part I 28a X	С				
25a Section 501(c)(X), 501(c)(X), and 501(c)(X) graphications. Did the organization engage 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 for 900-EZ? If "Yes," complete Schedule L, Part I 25a X 26 Did the organization aware that it engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction 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 I 25a X 27 Did the organization approximation to the assistance 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 28 Was the organization approximation approximapproximation approximap					
transaction with a disqualified person during the yar? // "Yes," complete Schedule L, Part I 25a X b is the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization role froms 900 or 900 E2? // "Yes," complete Schedule L, Part I 25b X 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 infulling an employee darged or the assistance to any or three organization provide enteroil or family member of any of these persons? // *vs_, "complete Schedule L, Part I 26 X 27 Did the organization provide enteroil or family member dar any of these persons? // *vs_, "complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): 26 X 28 Was the organization provide enteroil or family member dar any of these persons? // *vs_, "complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): 27 X 29 A tarnif member of any individual described in line 28a // *vs_, "complete Schedule L, Part IV 28b X 28 A Stress controlled entity of one or more individual sand/or organization neceive contributions? // *vs_, "complete Schedule L, Part IV 28b X 30 Did the organization neceive contributions of art, historical treasures, or other similar assets, or qualified conservation conthistorinos? // *vs_, "complete Schedule L, Part I <td></td> <td></td> <td>24d</td> <td></td> <td></td>			24d		
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that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 # "Yes," complete 25b X 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 (including an employee thereof) or family member of any of these persons? I "Yes," complete Schedule L, Part II 26 X 27 Did the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part II 27 X 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV 28 X 29 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "se," complete Schedule L, Part IV 28a X 29 DA family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization neceive contributions? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization neceive contributions of art, historical trassures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization neceive contributions? If "Yes," complete Schedule A 30 X <td>L</td> <td></td> <td>25a</td> <td></td> <td><u> </u></td>	L		25a		<u> </u>
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instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If 'Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV D id the organization receive more than \$25,000 in non-cash contributions? If 'Yes," complete Schedule M D id the organization receive contributions of at, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes," complete Schedule M D id the organization ilquidate, terminate, or dissolve and cease operations? If 'Yes," complete Schedule N, Part I D id 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 U line 1 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.3? If 'Yes," complete Schedule R, Part I 44 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 35a Did 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 35b Did the organization. Did the organization make any transfers to an exempt non-charitable related organization? 37 Did the organization complete Schedule O the any tax-exempt or taxable entity? If 'Yes," complete Schedule R, Part V 38 Did the organization. Did the organization make any transfers to an exempt non-charitable related organization? 38 Did the organization complete Schedule O to Part V, line 2 39 Did the organization complete Schedule O to Part V, line 2 30 Did the organization complete Schedule O to Part V, line 2 31 Did the		entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 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 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 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 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 36 X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 38 X Check if Schedule O contains a response or note to any line in this Part V 1a 17 1b 0 a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 17 1b 0 0	33				
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Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 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)? 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 36 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Yes Yes Check if Schedule O contains a response or note to any line in this Part V 1a 17 1b 0 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 17 1b 0 1c c Did the organization comply with backup withholding rules for reportable payments to v	34				
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule O complete Schedule O 38 X 39 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 38 Did the organization complete Schedule O complete Schedule O 38 X 39 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 38 X Statements Regarding Other IRS Filings and Tax Compliance Yes Yes 4 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 17 1b <t< td=""><td></td><td></td><td>34</td><td></td><td>X</td></t<>			34		X
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 36 X 38 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule O complete Schedule O 38 X 39 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 38 X X X X Part V Statements Regarding Other IRS Filings and Tax Compliance Yes Yes Check if Schedule O contains a response or note to any line in this Part V Yes Yes Yes 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 17 1b 0 c Did the organization comply with backup withholding rules for reportable payment	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule O complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a 17 1b 0 b Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 17 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 1c	b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 98 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 98 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 98 Note: All Form 990 filers are required to complete Schedule O 38 X 98 Statements Regarding Other IRS Filings and Tax Compliance 38 X 97 Statements Regarding Other IRS Filings and Tax Compliance 14 17 98 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 17 98 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 99 C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c </td <td></td> <td></td> <td>35b</td> <td></td> <td></td>			35b		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	36				37
and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>			36		
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O Organization complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Image: Schedule O contains a response or note to any line in this Part V Image: Schedule O contains a response or note to any line in this Part V Image: Schedule O contains a response or note to any line in this Part V Image: Schedule O contains a response or note to any line in this Part V Image: Schedule O contains a response or note to any line in this Part V Image: Schedule O contains a response or note to any line in this Part V Image: Schedule O contains a response or note to any line in this Part V Image: Schedule O contains a response or note to any line in this Part V Image: Schedule O contains a response or note to any line in this Part V Image: Schedule O contains a response or note to any line in this Part V Image: Schedule O contains a response or note to any line in this Part V Image: Schedule O contains a re	37		07		v
Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes Note:	20		37		<u> </u>
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 17 1 17 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	30		28	x	
Check if Schedule O contains a response or note to any line in this Part V Yes Net 1a 17 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 17 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	Par		50	- 23	L
1a 17 Yes No 1a 17 1a 17 1b 0 0 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 0 0 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 1c					
1a 17 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 17 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c				Yes	No
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 17			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Ic (gambling) winnings to prize winners? Ic					
(gambling) winnings to prize winners?	с				
132004 12-09-21 Form 990 (202		(gambling) winnings to prize winners?			
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Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			-
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
	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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		
	any contributions that were not tax deductible as charitable contributions?	6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0 1-		
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	7.		x
	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 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	0		
	to file Form 8282?	7c		x
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		- 23
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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.			
	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			
	Enter the amount of reserves on hand	14-		X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	140		
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	15		
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
				1

_		lf "Yes,"	complete	Form	6069.
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Form 990	(2021)
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X

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 lir	ne in this Part VI
Check if Schedule C contains a response of hote to any in	

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	1a	7	2		
	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	7	<u>'</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	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	e direc	t 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 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si	tockho	lders, 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		-			
а	The governing body?			<u>8a</u>	X	
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 rea	ched a	t 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 Re	venue	Code.)		-	
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	<u> </u>	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	/es," d	escribe		77	
	on Schedule O how this was done			12c	X X	
13	Did the organization have a written whistleblower policy?			13	A X	<u> </u>
14	Did the organization have a written document retention and destruction policy?			14		
15	Did the process for determining compensation of the following persons include a review and approva	li by ine	dependent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			150	х	
a L	The organization's CEO, Executive Director, or top management official			15a		x
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			15b		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nont w	ith a			
104				16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			10a		
D.	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate		-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			100		
17	List the states with which a copy of this Form 990 is required to be filed CA , KS , GA , FL , N	Y.R	I			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and			s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.		. (0000000000000000)	e e,)	arana	
	Own website Another's website X Upon request Other (explain	n on Sr	hedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	d finan	cial	
	statements available to the public during the tax year.		and policy, an	ur		
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records			
	CORTNEY BUSCH - 929-242-8512					
	3932 DUMAINE ST, NEW ORLEANS, LA 70119					
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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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and title	(B) (C) Average hours per wook (do not check more box, unless person officer and a directo		ition more rson i	than o s both	ı an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) NICOLE RAWLING	50.00			x				102 000	0	0
CHIEF EXECUTIVE OFFICER (2) STEPHANIE DOWNS	5.00			<u> </u>				102,000.	0.	0.
CHAIR & DIRECTOR	5.00	x		x				0.	0.	0.
(3) LINNE CAUDELL	2.00									
SECRETARY & DIRECTOR		х		x				0.	0.	0.
(4) ALICIA CAHILL	2.00									
TREASURER & DIRECTOR		х		х				0.	0.	0.
(5) CHRISTIE LAGALLY (THRU AUG 2021)	2.00									
VICE-PRESIDENT & DIRECTOR		Х		X				0.	0.	0.
(6) JACQUELINE KRAVETTE	2.00									
DIRECTOR		Х						0.	0.	0.
(7) ANGELA PADILLA	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(8) AMY ROSENFIELD (FROM MAY 2021)	2.00								0	0
DIRECTOR		Х						0.	0.	0.
(9) NAOMI SACHS (FROM MARCH 2021) DIRECTOR	2.00	x						0.	0.	0
DIRECTOR		Δ	<u> </u>					0.	0.	0.
		1								
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Par	t VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box	not cl , unles	ss per	ition ^{more} son is	l than c s both r/trust	n an	(D) (E) Reportable Reportable compensation compensatio from from related			(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	s	com fr org and	pensa om the anizat d relate	e ion ed
											-+			
	• • • • •								102 000		0.			0
с	Subtotal Total from continuation sheets to Part VII	, Section A							102,000.		0.			0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but no							► o re	102,000.	000 of reportable	0.			0.
	compensation from the organization						,						Y	1
3	Did the organization list any former officer,	director, truste	ee, k	ev e	mple	ove	e, or	hiq	hest compensated empl	oyee on	ſ		Yes	No
	line 1a? If "Yes," complete Schedule J for su	uch individual								·····		3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4		х
5	Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om a	any	unre	elate	ed organization or individ	lual for services		-		
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	<u>plete Schedule</u>	e J fo	or su	ich <u>c</u>	berse	on .					5		Х
1	Complete this table for your five highest cor	•	•							•	ensat	ion fro	om	
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) Name and business address NONE							C	(C ompe	;) nsatio	n				
2	Total number of independent contractors (ir		ot lin	nited	l to t	-		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	ation				0	,					_	000	

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Га	πνι		Check if Schedule O c			anco	or note to any line	e in this Part VIII			
			Uneck in Schedule O	<u>50111</u> 2				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a 1 0 0 1	b c d e f	Membership dues Fundraising events Related organizations Government grants (contri All other contributions, gifts,	ibutic grants	1b 1c 1d pns) 1e s, and		004 126				
tribu Oth			similar amounts not included Noncash contributions included in				924,136.				
Con and		-	Total. Add lines 1a-1f					924,136.			
							Business Code				
e	2 8	а	PROGRAM SERVI	CE	REVEN	U	541700	54,535.	54,535.		
ervi	1	b									
m S veni		C									
Program Service Revenue		u A									
Pro	1	f	All other program service	rever	ue						
	(Total. Add lines 2a-2f					54,535.			
	3		Investment income (includ	ding c	lividends, i	intere	est, and				
			other similar amounts)				►				
	4		Income from investment of				-				
	5		Royalties	·····							
		_	Overe verte		(i) Rea	ll	(ii) Personal				
	6 8		Gross rents Less: rental expenses	6a 6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)	· · · ·							
			Gross amount from sales of		(i) Securi	ties	(ii) Other				
			assets other than inventory	7a							
	1	b	Less: cost or other basis								
an			and sales expenses	7b							
Revenue			<i>、,,,,,,,,,,,,,</i>								
. Re			Net gain or (loss)				🕨				
Other	8 8		Gross income from fundraisin	-							
0			including \$ contributions reported on								
			Part IV, line 18		-	8a					
			Less: direct expenses								
			Net income or (loss) from			-	►				
	9 a	а	Gross income from gamin	g act	ivities. See	•					
			Part IV, line 19			9a					
			Less: direct expenses			9b					
			Net income or (loss) from			s	>				
	10 8		Gross sales of inventory, I and allowances			10a					
			Less: cost of goods sold								
			Net income or (loss) from :								
							Business Code				
Miscellaneous Revenue	11 :	а									
ane	I	b									
scellaneo Revenue	0	с									
Mis			All other revenue								
	12		Total. Add lines 11a-11d					978,671.	54,535.	0.	0.
13200	9 12-0		Total revenue. See instructio	110				5,0,0,1		J J •	Form 990 (2021)

MATERIAL INNOVATION INSTITUTE

Form 990 (2021)

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MATERIAL INNOVATION INSTITUTE Part IX Statement of Functional Expenses

Do i	Check if Schedule O contains a respons	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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,	102 000	01 600	10 200	10 200
_	trustees, and key employees	102,000.	81,600.	10,200.	10,200
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	95,917.	87,056.	1,143.	7,718
7	Other salaries and wages	JJ, J1/•	07,000.	<u> </u>	/,/10
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	8,074.	7,328.	96.	650
9 0	Other employee benefits	15,453.	14,025.	185.	1,243
1	Payroll taxes	13,433.	14,023•	105.	1,243
	Management				
	-				
	Legal Accounting	18,170.		18,170.	
	Lobbying	10/1/01			
	Professional fundraising services. See Part IV, line 17	114,659.			114,659
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	276,693.	228,366.	37,671.	10,656
2	Advertising and promotion			. , .	
3	Office expenses	23,309.	18,880.	2,461.	1,968
4	Information technology				•
5	Royalties				
6	Occupancy				
7	Travel	3,390.	2,909.	178.	303
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	15,788.	14,257.	566.	965
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance				
4	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 0.)				
а					
b					
c					
d					
	All other expenses	15,511.	11,842.	2,434.	1,235
5	Total functional expenses. Add lines 1 through 24e	688,964.	466,263.	73,104.	149,597
<u> </u>	Joint costs. Complete this line only if the organization		,	.,	- /
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fight following SOP 98-2 (ASC 958-720)				

132010 12-09-21

Form 990 (2021)

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32

33

455,186.

470,186.

32

33

744,893.

825,464.

Form 990 (2021)

ATERIAL	INNOVATION	INSTITUTE	
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Check if Schedule O contains a response or note to any line in this Part X

Total net assets or fund balances

Total liabilities and net assets/fund balances

(A) (B) Beginning of year End of year 265,488. 428,315. 1 1 Cash - non-interest-bearing Savings and temporary cash investments 2 2 200,000. 386,791. 3 3 Pledges and grants receivable, net Accounts receivable, net 4 4 5 Loans and other receivables from 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 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 4,698. 10,358. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 470,186. 825,464. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 65,304. Accounts payable and accrued expenses 0. 17 17 18 18 Grants payable 15,000. 15,267. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 15,000. 80,571. 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 155,186. 27 273,315. 27 Net assets without donor restrictions Net assets with donor restrictions 300,000. 471,578. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31

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	990 (2021) MATERIAL INNOVATION INSTITUTE	84-384	.7333	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			71.
2	Total expenses (must equal Part IX, column (A), line 25)	2			64.
3	Revenue less expenses. Subtract line 2 from line 1	3			07.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	455	5,1	86.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			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	744	1,8	<u>93.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·····		
	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
1					
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule		0-		x
za			. 2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	i on a			
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
h			2b	х	
a	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat		. 20	<u></u>	
	consolidated basis, or both:	e Dasis,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
~	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	a audit			
U	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch		. 20		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
04	Act and OMB Circular A-133?	igio / lucit	3a		x
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
2	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				000	·

Form **990** (2021)

132012 12-09-21

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

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
2021
Open to Public Inspection

Name of t	he org	ganization
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Nam	e of t	he organization						Employer	identification number	
_		MATE	RIAL INNOV	ATION INSTITU	JTE			8	4-3847333	
Par	tI	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The c	rgani	zation is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only o	one box.)				
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).			
2		A school described in secti	ion 170(b)(1)(A)(ii).(Attach Schedule E (Forn	ו 990).)					
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,	
	city, and state:									
5										
,		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	-							
7 [X	An organization that normal	-	ntial part of its support fi	rom a gove	ernmental ı	unit or from th	ie general p	public described in	
- [section 170(b)(1)(A)(vi). (C								
8 [A community trust describe			-					
9 [An agricultural research org	-			-		-	-	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city,	and state of	the college	or	
10		university:		than 22 1/20/ of the arrive	ort from -	ontrib	o mombauat	in face	aroon reasints form	
10 [An organization that normal								
		activities related to its exem		•	. ,				U U	
		income and unrelated busin See section 509(a)(2). (Cor		(less section 511 tax) inc	in pusities	ses acquir	ed by the org	anization a	itel Julie 30, 1975.	
11 [An organization organized a	• •	volv to tost for public so	foty Soo	soction 50	Q(a)(A)			
12		An organization organized a	•		•			rny out the	purposes of one or	
		more publicly supported or	-	•	-			•		
		lines 12a through 12d that of	-							
а		Type I. A supporting orga	• ·			-		-	aivina	
		the supported organization	-		•	-				
		organization. You must c			, ,					
b		Type II. A supporting orga	-		ion with its	s supporte	d organizatio	n(s), by hav	ing	
		control or management of	-				-		-	
		organization(s). You mus								
с		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	nd functional	ly integrate	d with,	
		its supported organizatior	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.			
d] Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	ation(s)	
		that is not functionally inte	egrated. The organiz	ation generally must sat	isfy a distri	ibution req	uirement and	an attentiv	reness	
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part V	۷.			
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III		
		functionally integrated, or	Type III non-function	nally integrated supportion	ng organiz	ation.			[]	
		r the number of supported o	•							
g		ide the following information) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monoton	(vi) Amount of other	
	(organization		(described on lines 1-10	in your governi	ng document?	support (see in		support (see instructions)	
				above (see instructions))	Yes	No				
Total										

Schedule A	Form	990	202
		330	1202

Part II

MATERIAL INNOVATION INSTITUTE

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			0.	590,282.	924,136.	1514418.
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.	924,136.	1514418.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						913,272.
	Public support. Subtract line 5 from line 4.						601,146.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total 1514418.
	Amounts from line 4				590,282.	924,136.	1514410.
8	,						
	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.)						1514418.
	Total support. Add lines 7 through 10					10	116,131.
	Gross receipts from related activities, First 5 years. If the Form 990 is for th			fourth or fifth tox y		12	110,151.
13	-	-		-			► X
Sec	organization, check this box and stor ction C. Computation of Public	ic Support Per	centage				
	Public support percentage for 2021 (I					14	%
	Public support percentage from 2020					15	<u> </u>
	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test		••••••				
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	•	•	,	•		
	more, and if the organization meets th	-					
	organization meets the facts-and-circl						►□
18	Private foundation. If the organization		•				
						Schedule A	(Form 990) 2021

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

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

Section A. Pu	blic Support						
Calendar year (or fi	scal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants,	contributions, and						
membership	fees received. (Do not						
include any "	unusual grants.")						
merchandise formed, or fa any activity tl	ts from admissions, sold or services per- cilities furnished in hat is related to the s tax-exempt purpose						
-	ts from activities that						
•	related trade or bus-						
	s levied for the organ-						
	efit and either paid to						
5 The value of	services or facilities						
	a governmental unit to						
	ion without charge						
6 Total. Add lir	nes 1 through 5						
	uded on lines 1, 2, and						
	om disqualified persons						
from other than di exceed the greate	d on lines 2 and 3 received isqualified persons that er of \$5,000 or 1% of the 8 for the year						
c Add lines 7a	and 7b						
	ort. (Subtract line 7c from line 6.)						
Section B. To	tal Support			_	_		_
Calendar year (or fi	scal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from	n line 6						
securities loa	e from interest, ayments received on ins, rents, royalties, rom similar sources						
	ness taxable income						
(less section 5	11 taxes) from businesses						
acquired after	June 30, 1975						
c Add lines 10a	a and 10b						
11 Net income fractivities not	rom unrelated business included on line 10b, ot the business is						
12 Other income or loss from t	e. Do not include gain the sale of capital in in Part VI.)						
	(Add lines 9, 10c, 11, and 12.)						
14 First 5 years	. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatio	on,
check this bo	ox and stop here	<u></u>					
Section C. Co	mputation of Publi	c Support Per	centage				
15 Public suppo	rt percentage for 2021 (li	ne 8, column (f), d	ivided by line 13,	column (f))		15	%
16 Public suppo	ort percentage from 2020	Schedule A, Part	III, line 15			16	%
Section D. Co	mputation of Inves	tment Income	e Percentage				
17 Investment in	ncome percentage for 20	21 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
18 Investment in	ncome percentage from	2020 Schedule A,	Part III, line 17			18	%
19a 33 1/3% sup	port tests - 2021. If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line 1	7 is not
	3 1/3%, check this box an						
	port tests - 2020. If the						and
line 18 is not	more than 33 1/3%, chec	ck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organization	
	dation. If the organizatio						
132023 01-04-22							A (Form 990) 2021
			15	5			-

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MATERIAL INNOVATION INSTITUTE

1

2

3a

Yes No

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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.)

16

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3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

MATERIAL INNOVATION INSTITUTE Schedule A (Form 990) 2021

1

2

No

Yes No

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s)			

	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.
2	
	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 th	e supporting orga	IIIZalion.
Section C. Ty	/pe II Suppor	rting Organiza	ations

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

Section D. A	All Type III	Supporting	Organizations
--------------	--------------	------------	---------------

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	I that the organization used to sati	sty the Integral Part Test duri	ng the year (see instructions).
•	Check the box heat to the method			

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c 🗌		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entit	v (see instruction <u>s)</u>).
-----	--	---	-------------------------	------------------------------------	------------------------------	----

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

Part IV Supporting Organizations (continued)

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Schedule A (F	orm 990) 202'
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Schedule A	(Form 990) 2021	MATERIAL	INNOVATIO	N INSTIT	UTE
Part V	Type II	I Non-Functio	onally Integrat	ed 509(a)(3) Su	pporting Or	ganizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain in</i> I	Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)					
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
C	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						

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

Schedule A (Form 990) 2021

132026 01-04-22

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b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule A (Form 990) 2021

Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017

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

Current Year 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2021 from Section C, line 6 **10** Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021

Schedule A	(Form 990) 2021
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Section D - Distributions

2

3

4

6

7

8

9

1

Schedule A (Form 990) 2021 MATERIAL INNOVATION INSTITUTE 84–3847333 Page 4 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II
THE 2019 COLUMN IN SCHEDULE A IS FOR THE SHORT INITIAL YEAR OF DECEMBER
9, 2020 TO DECEMBER 31, 2020. THERE WAS NO ACTIVITY FOR THE INITIAL
YEAR.
132028 01-04-22 Schedule A (Form 990) 202
20 281019 788028 14795 85001 2021 04030 MATERIAL INNOVATION INSTI 1479

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

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-			
	MATERIAL	INNOVATION	INSTITUTE

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization
	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

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

X 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), 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 \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Name of organization

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 450,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 30,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 19,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 50,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

MATERIAL INNOVATION INSTITUTE

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Page 2 Employer identification number

84-3847333

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MATERIAL INNOVATION INSTITUTE

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021) Name of organization

Employer identification number

84-3847333

^{123452 11-11-21}

(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
		\$	

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

MATERIAL INNOVATION INSTITUTE

Name of organization

Part II

Employer identification number

84-3847333

Schedule B (Form 990) (2021)

^{123453 11-11-21}

Schedule B (F	Form 990) (2021)				Page			
Name of orga	nization				Employer identification number			
MATERIA	L INNOVATION INSTITUT	Ε			84-3847333			
f	Exclusively religious, charitable, etc., contributi rom any one contributor. Complete columns (a) through (e) and the followi	na line entry. For or	ganizations				
c	completing Part III, enter the total of exclusively religious, Jse duplicate copies of Part III if additional	charitable, etc., contributions of	\$1,000 or less for th	e year. (Enter this info. on	ce.) ▶ \$			
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Des	cription of how gift is held			
-								
-								
		(e) Transf	er of gift					
	Transferee's name, address, a	nd ZIP + 4	Re	lationship of tra	Insferor to transferee			
-								
-								
(a) No. from	(b) Purpose of gift	(c) Use of g	gift	(d) Des	cription of how gift is held			
Part I								
-								
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	Insferor to transferee			
-								
(a) No.		()), ()		() 5				
from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Des	cription of how gift is held			
-								
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
-								
-								
-								
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Des	cription of how gift is held			
_								
-								
	(e) Transfer of gift							
	T urnet 1 11	1-11						
	Transferee's name, address, a	na ∠I P + 4	Re	elationship of tra	Insferor to transferee			
_								
123454 11-11-21					Schedule B (Form 990) (2021)			

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SCHEDULE	D
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Department of the Treasury

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

Internal Revenue Service
Name of the organization

MATERIAL INNOVATION INSTITUTE

Employer identification number 84-3847333

Par		l Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(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		ad four de
5	Did the organization inform all donors and donor advisors in v	-	
6	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or impermissible private bapefit?		
Par		anization answered "Yes" on Form 990 F	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (for example, recreat		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form o	of a conservation easement on the last
-	day of the tax year.		Held at the End of the Tax Year
а			2a
	T-1-1		
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele		
	year ►		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservation	ion easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense s	statement and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.	· · · · · · · · · · · · · · · · · · ·	
Par	t III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance 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 trea		gain, provide
	the following amounts required to be reported under FASB AS	-	
а	Revenue included on Form 990, Part VIII, line 1		
-	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2021
132051	10-28-21	27	

Sche		L INNOVATION						84-38			age 2
Par	t III Organizations Maintaining C	ollections of Art,	Histo	rical Tre	easures, or	r Other	Similar	⁻ Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other records,	check a	iny of the f	following that	make sig	nificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	d		oan or exc	hange progra	am					
b	Scholarly research	е	0 I	ther							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain h	now they	y further th	ne organizatio	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	art, histo	orical treas	sures, or othe	er similar a	assets		_		-
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		e if the c	organizatio	n answered "	'Yes" on F	⁻ orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi								٦		.
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing tak	ole:					A		
									Amount		
	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
	Ending balance Did the organization include an amount on Fo						1f		Yes		No
	If "Yes," explain the arrangement in Part XIII.					-		L] NO
Par											
		(a) Current year		or year	(c) Two year			ears back	(e) Four	vears	back
1a	Beginning of year balance	(u) canon yca	(or you.	(0)	o such (,	ouro suom	(0) / 0 0	jeure	Saon
h	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
č	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balance (line 1a.	column (a)) held as:	•					
а	Board designated or quasi-endowment		%		,,						
	Permanent endowment										
		%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse		on that a	are held ar	nd administer	ed for the	organiza	ation			
	by:								[Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as required	l on Sch	nedule R?					3b		
4	Describe in Part XIII the intended uses of the		ment fur	nds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990, I	Part IV, I	line 11a. S	See Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or oth	er	(b) Cost	t or other	(c) Ac	cumulate	d	(d) Bool	k valu	е
		basis (investme	ent)	basis	(other)	dep	reciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990. Part X.</u>	column	(<u>B), line 1</u>	0c.)						0.
								Schedule	D (Form	990)	2021

132052 10-28-21

	NOVATION INST	ITUTE	84-3847333 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12	<u>.</u>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	t or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	t or end-of-year market value
(1) (2)			
(3)			
(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	11d. See Form 990, Part X, line 15	5.
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		►
Part X Other Liabilities.			· ·
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X,	line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		▶
2. Liability for uncertain tax positions. In Part XIII, provide			nents that reports the
organization's liability for uncertain tax positions unde	r FASB ASC 740. Check he	ere if the text of the footnote has b	een provided in Part XIII

Schedule D (Form 990) 2021

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Sche	dule D (Form 990) 2021 MATERIAL INNOVATION INSTIT	TUTE	84-38473	33 _{Page} 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Rever	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total revenue, gains, and other support per audited financial statements		1 9	78,671.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			78,671.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			78,671.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total expenses and losses per audited financial statements		1 6	88,964.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3 6	88,964.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			88,964.
Pa	t XIII Supplemental Information.			

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

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3 a	Subtotal	0	3			135,389.
b	Total from continuation sheets to Part I	0	0			0.
c	Totals (add lines 3a and 3b)	0	3			135,389.
LHA	For Paperwork Reduct	ion Act Notice,	see the Instruct	ions for Form 990.	Schedule F (Form 990) 2021
13207	1 12-20-21			21		
092810)19 788028 147	795.8AU01		31 2021.04030 MATEF	IAL INNOVATION INS	STI 14795

SCHEDULE F	State
(Form 990)	► Comp

ement of Activities Outside the United States

plete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

Name of the organization

Department of the Treasury

Internal Revenue Service

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? YesL
- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States.

3 Activities per Region. (The following Part I, line 3 table can be duplica	ted if additional space is needed.)
---	-------------------------------------

3 Activities per negion. (1	The following Fait	I, III E S LADIE CA	an de duplicateu îl adultional space is n	eeueu.)	
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
	offices	employees, agents, and independent	(by type) (such as, fundraising, pro-	is a program service,	expenditures
	in the region	independent	gram services, investments, grants to	describe specific type	for and
	Ŭ	contractors	recipients located in the region)	of service(s) in the region	investments
		in the region			in the region
EAST ASIA AND THE					
PACIFIC	0	1	PROGRAM SERVICES	INNOVATION CONSULTING	86,331.
SOUTH AMERICA	0	1	PROGRAM SERVICES	INNOVATION CONSULTING	9,057.
EUROPE (INCLUDING					
ICELAND & GREENLAND)	0	1	FUNDRAISING ACTIVITIES		40,001.
3 a Subtotal	0	3			135,389.
b Total from continuation					
sheets to Part I	0	0			٥.
c Totals (add lines 3a					
and 3b)	0	3			135,389.
LHA For Paperwork Reduct	ion Act Notice,	see the Instruct	tions for Form 990.	Schedule F (Form 990) 2021



OMB No. 1545-0047

Γ No

.81

84-3847333

Employer identification number

Schedule F (Form 990) 2021

MATERIAL INNOVATION INSTITUTE

84-3847333

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
2 Enter total number of	2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax								
exempt 501(c)(3) orga	nization by the IRS, o	or for which the grantee	or counsel has provided a sect	tion 501(c)(3) equ	uivalency letter	►			
3 Enter total number of	3 Enter total number of other organizations or entities Schedule F (Form 990) 2021								

Page 2

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Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Schedule F (Form 990) 2021

	(Form 990) 2021		INNOVATION	INSTITUTE
Part IV	Foreign Form	S		

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021	MATERIAL	INNOVATION	INSTITUTE
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Part V Supplemental Information

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

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SCHEDULE G	Suppleme	ental Information Regarding	Fund	raisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990)	Complete if th	or if the	2021						
Department of the Treasury									
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									
						Employer 1 84-384	yer identification number		
Part I Fundrais		Complete if the organization answ				ina 1-			
required to	complete this par	 Complete if the organization answitt. 	ered "Y	es" or	1 Form 990, Part IV, I	ine i	r. Form 990-	EZ filers are not	
 Indicate whether the a Mail solicitat Mail solicitat X Internet and X Phone solicities A Mail solicitat In-person so Did the organization key employees list If "Yes," list the 10 	e organization rais ions email solicitations tations licitations in have a written o ed in Form 990, P highest paid indi	sed funds through any of the followin e X Solicita f Solicita g Specia or oral agreement with any individua Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	ation of ation of I fundra I (includ	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		XY		
compensated at le	ast \$5,000 by the	organization.							
(i) Name and addres or entity (func		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	tò (c	(v) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained organization		
JONATHAN FRAPPIER -	- 3	SETTING DEVELOPMENT	Yes	No					
CLAIRMONT AVENUE, A	SHEVILLE,	STRATEGY, MAKING DONOR		х	875,319.		79,17	3. 796,146.	
VICTORIA RAMM - BEC	CO DA	SETTING DEVELOPMENT							
Total 3 List all states in whi or licensing. CA , KS , GA , FL , I	-	on is registered or licensed to solicit	contrib	▶ utions	1,406,808. or has been notified	it is e	114,65 exempt from		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2021

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MATERIAL INNOVATION INSTITUTE

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

		of fundraising event contributions and gro	oss income on Form 99	0-EZ, lines 1 and 6b	 List events with gross receip 	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	– col. (c))
JUe			()/	()	(
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	
D	11				>	
Pa	rt I	• • • • • • • • • • • • • • • • • • •	answered "Yes" on For	m 990, Part IV, line	19, or reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(h) Dull tobo/ipot	topt	(a) Total camina (add
Revenue			(a) Bingo	(b) Pull tabs/inst bingo/progressive		(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
	-					
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	5 🗌 Yes	% 🛄 Yes %	
	6	Volunteer labor	No No	No No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
	0	Net gaming income summary. Subtract line 7				
9	En	ter the state(s) in which the organization condu	icts gaming activities:			
		the organization licensed to conduct gaming a	-			Yes No
		No," explain:				
	_					
		ere any of the organization's gaming licenses re				Yes No
b	lf "	'Yes," explain:				
1320	32 10	0-21-21			Sch	edule G (Form 990) 2021

Sch	edule G (Form 990) 2021	MATERIAL	INNOVATION	INSTITUTE	84-3847333 Page 3
11	Does the organization conduct ga				
12				of a partnership or other entity formed	
					Yes No
	Indicate the percentage of gaming				
				s gaming/special events books and reco	
14	Enter the name and address of th		ares the organization s	s gaming/special events books and reco	ilus.
	Name 🕨				
	Address 🕨				
15a	Does the organization have a con	tract with a third pa	rty from whom the or	ganization receives gaming revenue?	Yes No
b	If "Yes," enter the amount of gam	ing revenue receive	d by the organization	▶ \$ and the ar	nount
	of gaming revenue retained by the	e third party 🕨 \$ _			
С	If "Yes," enter name and address	of the third party:			
	Name 🕨				
	Address 🕨				
16	Gaming manager information:				
	Name 🕨				
	Gaming manager compensation	► \$			
	Description of services provided				
	Director/officer	Employee		endent contractor	
	Mandatory distributions:				
a	Is the organization required under retain the state gaming license?				Yes No
b	• •			to other exempt organizations or spen	
~	organization's own exempt activit	•			
Pa				ired by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also pr	ovide any additional in	nformation. See instructions.	
~~		0			
<u>sc</u>	HEDULE G, PART I,	LINE 2B,	LIST OF TEN	HIGHEST PAID FUNDRA	AISERS:
(I) NAME OF FUNDRALS	SER: JONAT	HAN FRAPPIE	R	
<u>(</u>]) ADDRESS OF FUND	RAISER: 3	CLAIRMONT A	VENUE, ASHEVILLE, NO	28804
<i>(</i> т				EGY MAKING DONOD GO	
(1	I) ACTIVITY: SETT.	ING DEVELO	PMENT STRAT	EGY, MAKING DONOR CO	ONNECTIONS, IDEN
(I) NAME OF FUNDRALS	SER: VICTO	RIA RAMM		
<u>(</u>]	-				
BE	CO DA BOAVISTA 10	, 5 ESQ, L	ISBOA 1200-	178, PORTUGAL	
13208	33 10-21-21		20		Schedule G (Form 990) 202 ⁻
			38		

II) ACTIVITY:	SETTING	DEVELOPMENT	STRATEGY,	MAKING	DONOR	CONNECTIONS,	IDEN
						<u> </u>) /F
2084 11-18-21			39			Schedule C	a (Form 99

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SCHEDULE O (Form 990)

(10111330)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



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

TO 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: EACH YEAR, THE BOARD OF DIRECTORS SIGNS A CONFLICT OF INTEREST 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.

Schedule O (Form 990) 2021 Name of the organization	Employer identification number
MATERIAL INNOVATION INSTITUTE	84-3847333
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD OF DIRECTORS MEET AND APPROVE THE SAL	ARY OF THE CEO. THE CEO'S
COMPENSATION IS REVIEWED BASED ON COMPARISON TO	PUBLIC INFORMATION ABOUT
COMPENSATION IN POSITIONS AT SIMILAR ORGANIZATIO	ONS, AND THE ORGANIZATION'S
COMPENSATION PHILOSOPHY. THIS PROCESS LAST TOOK	PLACE IN DECEMBER 2020.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS,	CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO T	HE PUBLIC UPON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
INNOVATION & RESEARCH:	
PROGRAM SERVICE EXPENSES	117,216.
IANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	117,216.
COMMUNICATIONS:	
PROGRAM SERVICE EXPENSES	59,306.
IANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	59,306.
OTHER ADMINISTRATIVE SERVICES:	
PROGRAM SERVICE EXPENSES	0.
IANAGEMENT AND GENERAL EXPENSES	37,671.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	37,671.
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Schedule O (Form 990) 2021 Name of the organization		Page Employer identification numbe
MATERIAL INNOVATION	INSTITUTE	84-3847333
OTHER PROGRAMMATIC SERVICES:		
PROGRAM SERVICE EXPENSES		32,670.
MANAGEMENT AND GENERAL EXPENSES		0.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		32,670.
BRAND ENGAGEMENT AND STRATEGY:		
PROGRAM SERVICE EXPENSES		16,650.
MANAGEMENT AND GENERAL EXPENSES		0.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		16,650.
OTHER FUNDRAISING SERVICES:		
PROGRAM SERVICE EXPENSES		0.
MANAGEMENT AND GENERAL EXPENSES		0.
FUNDRAISING EXPENSES		10,656.
TOTAL EXPENSES		10,656.
INTERNS AND SOCIAL MEDIA:		
PROGRAM SERVICE EXPENSES		1,324.
MANAGEMENT AND GENERAL EXPENSES		0.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		1,324.
GRAPHIC DESIGN:		
PROGRAM SERVICE EXPENSES		1,200.
MANAGEMENT AND GENERAL EXPENSES		0 • Schedule O (Form 990) 202
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Schedule O (Form 990) 2021 Name of the organization	Page 2 Employer identification number
MATERIAL INNOVATION INSTITUTE	84-3847333
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,200.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL 2	A 276,693.
¹³²²¹² 11-11-21 43 281019 788028 14795.8AU01 2021.04030 MATERIAL	Schedule O (Form 990) 2021

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