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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\*\* PUBLIC DISCLOSURE COPY \*\*

# **Return of Organization Exempt From Income Tax**

Inspection

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. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning and ending

В	Check if applicabl	C Name of organization		D Employer identific	cation number									
	Addre													
F	chang Name	10 mmp - 1	N T 17 F	84-38473	22									
F	chang  Initial													
	return Final	Number and street (or P.O. box if mail is not delivered to street address) 952 SCHOOL ST	Room/suite 175	E Telephone number (929) 24										
	return termin ated		<u>т 7 5</u>		1,886,970.									
	Amen	j , , , , , , , , , , , , , , , , , , ,		G Gross receipts \$										
F	return □ Applic			H(a) Is this a group re										
_	tion pendir	SAME AS C ABOVE		for subordinates <b>H(b)</b> Are all subordinates in	······ — —									
$\overline{}$	Tay av	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	1										
	Websi		01 321	H(c) Group exemptio	list. See instructions									
		organization: X Corporation Trust Association Other	I Vear		N State of legal domicile: DE									
	art I	Summary	L 1 Gai	or formation. 2019 N	7 State of legal doffficile. Da									
		Briefly describe the organization's mission or most significant activities: THE	MATERT	AL TNNOVATIO	ON									
e	'	INITIATIVE ACCELERATES THE DEVELOPMENT OF												
Governance	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.												
Ver	3			3	8									
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)			8									
oŏ v	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			8									
ij	6	Total number of volunteers (estimate if necessary)			11									
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.									
ď	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.									
				Prior Year	Current Year									
ø	8	Contributions and grants (Part VIII, line 1h)		924,136.	1,575,005.									
Ď	9	Program service revenue (Part VIII, line 2g)		54,535.	311,965.									
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.									
α.	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)		978,671.	1,886,970.									
	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.									
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		221,444.										
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u></u>	114,659.	52,500.									
X	b	Total fundraising expenses (Part IX, column (D), line 25) 260, 2		252 264	<b>506 000</b>									
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		352,861.	526,399.									
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		688,964.	1,360,112.									
_		Revenue less expenses. Subtract line 18 from line 12		289,707.	526,858.									
s or	<u> </u>		Ве	ginning of Current Year	End of Year									
sset	<b>20</b>	Total assets (Part X, line 16)		825,464.	1,302,142.									
Net Assets o	21	Total liabilities (Part X, line 26)		80,571.	58,319. 1,243,823.									
	22 art II	Net assets or fund balances. Subtract line 21 from line 20  Signature Block		744,893.	1,243,023.									
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	c and stateme	ante and to the heet of my	knowledge and helief it is									
		t, and complete. Declaration of preparer (other than officer) is based on all information of w			kilowieuge allu bellel, it is									
truc	,	t, and complete. Declaration of preparer (other than officer) is based on an information of wi	ilicii proparci	ilas arīy kriowicuge.										
Sig	n	Signature of officer		Date										
He		NICOLE RAWLING, CHIEF EXECUTIVE OFFICER												
110		Type or print name and title												
_		Print/Type preparer's name Preparer's signature	] [	Date Check	PTIN									
Pai	d	YIGIT UCTUM, CPA YIGIT UCTUM, CPA	a  0	8/02/23 if self-employ	P01269549									
	- parer	Firm's name WEGNER CPAS LLP			9-097 <b>4</b> 031									
	Only	Firm's address 230 PARK AVE FL 3			<u> </u>									
	•	NEW YORK, NY 10169-0005		Phone no. (2	12) 551-1724									
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No									

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2022)

Form	n 990 (2022) MATERIAL INNOVATION INS	TITUTE 84-384733	3 Page <b>2</b>
Pa	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 ACCELERATE THE AVAILABILITY OF HI		
	ANIMAL-FREE, AND ENVIRONMENTALLY PRE	FERRED MATERIALS.	
2	Did the organization undertake any significant program services during t	·	. 37
			res X No
•	If "Yes," describe these new services on Schedule O.		res X No
3	Did the organization cease conducting, or make significant changes in h	ow it conducts, any program services?	res 🔼 No
4	If "Yes," describe these changes on Schedule O.	of its three largest are grown services, as massaured by evapor	
4	Describe the organization's program service accomplishments for each Section 501(c)(3) and 501(c)(4) organizations are required to report the a		
	revenue, if any, for each program service reported.	mount of grants and anocations to others, the total expense	s, and
 4а	020 750	f\$ ) (Revenue \$ 31	1,965.)
Ta	MATERIAL INNOVATION INITIATIVE WORKS		
	AND TECHNOLOGIES IN THE DEVELOPMENT		
	PREFERRED NEXT-GEN MATERIALS IN THE		
	INDUSTRIES. MATERIAL INNOVATION INIT		
	POTENTIAL RELATIONSHIPS BETWEEN INVE		LOGY
	IN ORDER TO OBTAIN THE FUNDING NECES	SARY TO MAKE NEXT-GEN MATERIAL	 S
	MORE ACCESSIBLE. MATERIAL INNOVATION		
	ASSIST IN INCREASING THEIR ALTERNATI	VE MATERIAL CACHE AND ADDRESSE	S HOW
	THE MATERIALS CAN BE USED.		
4b	(Code: ) (Expenses \$ including grants of	f \$ ) (Revenue \$	)
4c	(Code: ) (Expenses \$ including grants of	f\$ ) (Revenue \$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$	) (Revenue \$	
<u>4e</u>	Total program service expenses 832,758.		m <b>990</b> (2022)
		For	m 556 (2022)

# Form 990 (2022) MATERIAL INNOVATION INSTITUTE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		<del></del>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		1
0	, ,			x
^	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		X
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		X
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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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	Х	
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	110		
	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	15		
10		16		X
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<del>  ^</del>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	Х	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Λ	$\vdash$
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<sub>V</sub>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form 990 (2022)

Form 990 (2022) MATERIAL INNOVATION INSTITUTE

Part IV Checklist of Required Schedules (continued)

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X. column (A), line 29 / 11/19s, *complete Schedule (P, Part ) and iff and the organization is current and former offices, directions, fusites, key employees, and highest compensation of the organization is current and former offices, directions, fusites, key employees, and highest compensation employees? /f 17/9s, *complete Schedule K /f 17/9s, *f 20 im 25/8 . X   24a Dt the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? /f 17/9s, *inswer lines 24d through 24d and complete Schedule K /f 17/9s, *f 20 im 25/8 . X   24a Dt 18/2s   24a Dt 18/		Continued)		Yes	No
Part X. column (A), line 27 if "Yes," complete Schedule I, Parts Land M J 20 Did the organization shares" "Yes" to Part VII, Section A, line 3.4, or 5, about compensation of the organization sourcett and former officers, directions, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV   24a Did the organization have a tax-exempt bond issue with an addituding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," arrayer lines 260 through 24d and complete Schedule K. If "No," go to line 25a   25b Did the organization invest any process of fax exempt bonds beyond a temporary period exception?   24d   25c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?   24d   25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?   11f yes, 'complete Schedule I, Part I   25b Did the organization avairs that it engaged in an excess benefit transaction with a disqualified person during the year?   11f yes, 'complete Schedule I, Part I   25c Did the organization avairs that it engaged in an excess benefit transaction with a disqualified person of the organization with a disqualified person of the part of the organization with a disqualified person of the part of the organization with a disqualified person of the part of the organization with a disqualified person of the part of the organization with a disqualified person of the part of the organization with a disqualified person of the part of the organization with a disqualified person of the part of the organization organization with a disqualified person of	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
23 Did the organization answer "Yes" to Part VII. Section A, line 3, 4 or 5, about compensation of the organization's current and former officers, directors, trustess, key employees, and highest compensated employees?   24 Press, "complete Schedule I."  25 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I. If "Yos," to line 25a  26 Did the organization ministan an escrive account other than a refunding scrow at any time during the year to defease any tax-exempt bonds?  26 Did the organization ministan an escrive account other than a refunding scrow at any time during the year to defease any tax-exempt bonds?  27 Did the organization acts as an 'no habital' of issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  28 Section \$9(16)\$, \$901(e)\$, and \$901(e)\$20 organizations. Did the organization are general to a fragaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part I.  28 Section \$9(16)\$, \$901(e)\$4, and \$901(e)\$20 organizations. Did the organization are some that the transaction has not been reported on any of the organization profess Schedule I. Part I.  28 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization profess Schedule I. Part II.  29 Did the organization provide a grant or other assistance to any current or former sold on any current or former officer, director, trustes, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule I. Part III.  29 Did the organization in provide a grant or other assistance to any current or former officer, director, trustes, key the propleyee, creator or founder, or substantial contributor? If "Yes," complete Schedu			22		х
and former officers, directors, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV.  23	23				
Schedule / Water organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a.  b Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrive account other than a refunding secret wat any time during the year? defease any tax-exempt bonds?  d Did the organization are act as an "on behalf of" issue for bonds outstanding at any time during the year? defease any tax-exempt bonds?  d Did the organization are act as an "on behalf of" issue for bonds outstanding at any time during the year? defease any tax-exempt bonds?  24c					
24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a  D Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  24d  D Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25a 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 have that did not a prior year, and that the transaction have the organization export 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 for airly in member of any of these persons? If "Yes," complete Schedule L, Part II  25b IV the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity for the prior the prior of a grant selection committee member, or to a 35% controlled entity for payable and present or a selection of the following parties (see the Schedule L, Part IV, instructions for applicable fling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule II, Part IV, instructions for applicable S			23		X
Schedule K. If "No." go to line 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24c 25a Section 50 (E(3), 5016/K), and 5016(E(3) organizations. Did the organization engage in an excess benefit transaction with a disqualitied person in a prior year, and that the transaction with a disqualitied person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualitied person in a prior year, and that the transaction has not been reported on any of the organization's prior forms 800 or 906/E27 (""",""," complete Schedule L, Part I """," "", complete Schedule Organization provide a grant or other assistance to any current or forms 900 or 900/E27 ("""," "", complete Schedule L, Part II" ""," ""," "," "," "," "," "," "," "	24a				
Schedule K. If "No." go to line 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24c 25a Section 50 (E(3), 5016/K), and 5016(E(3) organizations. Did the organization engage in an excess benefit transaction with a disqualitied person in a prior year, and that the transaction with a disqualitied person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualitied person in a prior year, and that the transaction has not been reported on any of the organization's prior forms 800 or 906/E27 (""",""," complete Schedule L, Part I """," "", complete Schedule Organization provide a grant or other assistance to any current or forms 900 or 900/E27 ("""," "", complete Schedule L, Part II" ""," ""," "," "," "," "," "," "," "		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 escrow account other than a refunding escrow at any time during the year to defease any taxe-exempt bonds?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  22a 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? if "Yes," complete Schedule I, Part I   25a   X    b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E27 if "Yes," complete Schedule I, Part I   25a   X    25b   X   25b   X   25c   2			24a		_X_
any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? #"Yes," complete Schedule I, Part I  25a X  25b Is the organization aware that it engaged in an excess benefit stransaction with a disqualified person during the year? #"Yes," complete Schedule I, Part I  25b Is the organization aware that it engaged in an excess benefit stransaction 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 E27 #"Yes," complete Schedule I, Part I  26b X  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, fustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of rounder, substantial contributor or remove officer, director, fustee, key employee, creator or founder, substantial contributor or employee, creator or founder, substantial contributor or employee, creator or founder, substantial contributor or promptive, or applicable fing thresholds, conditions, and exceptions):  a A current or former officer, director, fustee, key employee, creator or founder, or substantial contributor? #" "Yes," complete Schedule I, Part IV.  b A family member of any individual described in line 28a? #" "Yes," complete Schedule I, Part IV.  27 A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? #" "Yes," complete Schedule I, Part IV.  28 Did the organization receive more than \$25,000 in non-cash contributions? #" "Yes," complete Schedule I, Part IV.  28 Did the organization receive contributions of a finite-inserses, or other similar assets, or complete Schedule III.  29 Did the organization organization increase any insert from or engage in	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  255 Section 501(CS), 501(CH), 40, and 501(CH)20 grainizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "I "Yea," complete Schedule I, Part I   25a	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   25a					
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   25b   X    25b   25c   2			24d		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 980 or 990 E27   "Pres," complete Schedule L, Part I   250 bil the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   26	25a				37
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete Schedule L, Part I		· · · · · · · · · · · · · · · · · · ·	25a		<u> </u>
Schedule L, Part I  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 33% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  28 Was the organization and pray to a business transaction with one of the following parties (see the Schedule L, Part III  28 Was the organization and pray to a business transaction with one of the following parties (see the Schedule L, Part III  29 A current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III  28 Was the organization repart to a business transaction with one of the following parties (see the Schedule L, Part IV, 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.  28 A 35% controlled entity of one or more individuals and/or organizations described in line 28 or 28b? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets or qualified conservation contributions? If "Yes," complete Schedule N, Part II.  30 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II.  31 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II.  32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule N, Part II, III, or IV, a	b				
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, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X  27 Did the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV.  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 flight presholds, conditions, and exceptions):  a A current or former officer, director, frustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  28 A family member of any individual described in line 28a" If "Yes," complete Schedule L, Part IV.  28 A family member of any individual described in line 28a" If "Yes," complete Schedule L, Part IV.  28 A family member of any individual described in line 28a" If "Yes," complete Schedule I, Part IV.  28 A family member of any individual described in line 28a" If "Yes," complete Schedule I, Part IV.  28 A family member of any individual described in line 28a" If "Yes," complete Schedule I, Part IV.  28 A family member of any individual described in line 28a" If "Yes," complete Schedule II.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II.  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule II.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule II.  32 Did the organization one of the self-part II.					v
or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35%  26	00	· · · · · · · · · · · · · · · · · · ·	250		
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   26   X    7 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III   27   X    28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV   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   28b   X    b A tamily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   28b   X    29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV   28c   X    30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   29   X    31 Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N   Part I   31   X    32 Did the organization sell, exchange, dispose of, or transfer more than 2596 of its net assets? If "Yes," complete Schedule N   Part I   31   X    33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1   34   X   X    34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2   35b   X    35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2   35b   X    36 Section 501(c)(3	26				
Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 39% controlled entity (including an employee) thereof or family member of any of these persons? if "res," complete Schedule L, Part III.  27 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 filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "res," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If "res," complete Schedule L, Part IV.  c A 39% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "res," complete Schedule L, Part IV.  28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "res," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I.  31 Did the organization iliquidate, terminate, or dissolve and cease operations? If "res," complete Schedule N, Part I.  31 Did the organization end, dispose of, or transfer more than 25% of its net assets? If "res," complete Schedule N, Part I.  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "res," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "res," complete Schedule R, Part IV, III, or IV, and Part V, Iine 1  34 Section 501(c)(3) organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512			26		x
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? // "Yes," complete Schedule L, Part IV.  27	27	, , , , , , , , , , , , , , , , , , , ,	20		
entity (including an employee thereof) or family member of any of these persons? # "Yes," complete Schedule L, Part IV, instructions for applicable fling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV	ZI				
Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, 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.  28a X  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.  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.  31 Did the organization one one of the organization one of		· · · · · · · · · · · · · · · · · · ·	27		Х
instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #  "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? ## "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? ##  "Yes," complete Schedule L, Part IV.  28b X  28b X  28b X  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? ## "Yes," complete Schedule M.  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? ## "Yes," complete Schedule M.  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? ## "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? ## "Yes," complete Schedule N, Part II.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.77012 and 301.77013? ## "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  32 A Was the organization related to any tax-exempt or taxable entity? ## "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b ## "Yes," to line 35a, did the organizations. Did the organization make any transfers to an exempt non-charitable related organization? ## "Yes," complete Schedule R, Part V, Iine 2  36 Section 501c(I)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? ## "Yes," complete Schedule R, Part V, Iine 2  36 Section 501c(I)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? ## "Yes," complete Schedule R, Part V, Iine 2  37 Di	28				
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV					
"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 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 32 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 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization on Schedule O do Part VI, line 2 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O and provide explanations on S	а				
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.  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  32 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  33 A X  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 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  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  37 If "Yes," complete Schedule R, Part V, line 2  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  10 The organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  10 Did the organization organized in some same reported in box 3 of Form 10			28a		X
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.  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  33 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  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.  Part V Statements Regarding Other IRS Fillings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 Did the organization complete with block power or one to any line in this Part V  11 Enter the number of Forms W-2G included on line 1a. Enter -0 if not applicable  12 Did the organization comply with backup withholding rules for	b		28b		X
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  10 bid the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  Sab Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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, Iine 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, Iine 2  Told 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 V, Iines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Told the organization complete Schedule O and provide explanations on Schedule O for Part VI, Iines 11b and 19?  Yes No  Letter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  Letter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  Did the organization					
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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, Iine 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  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  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O for Part VI, Iines 11b and 19?  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholdi		"Yes," complete Schedule L, Part IV	28c		
contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  Saba Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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, Iine 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  To 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  Note: All Form 990 filers are required to complete Schedule O  Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Deck if Schedule O contains a response or note to any line in this Part V  The Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  Deck If the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 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		contributions? If "Yes," complete Schedule M			
Schedule N, Part II  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I  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  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  37 Did the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  38 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  38 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 V III and 19?  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  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			31		<u>X</u>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	32	, · ·			37
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  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, Iine 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a X  35b Wis "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, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  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  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  28 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 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		•	32		<u> </u>
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	33				v
Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  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  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to 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  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c   X   X   X   X   X   X   X   X   X	04		33		
Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  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 V!  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Check if Schedule O contains a response or note to any line in this 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  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c	34		24		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  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  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 V   37	35.2	Part v, line i			
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 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  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  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 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			000		
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36	-		35b		
If "Yes," complete Schedule R, Part V, line 2  36	36				
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to 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  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c			_36		Х
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  The image of the part of the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  The image of the part VI, lines 11b and 19?  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  1b 0  1c 1c	37				
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to 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  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  28 X  Yes No  10 10 10 10 10 10 10 10 10 10 10 10 10 1		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
Check if Schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any lin	38				
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  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c			38	Х	
Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 16  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?	Par				
1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       16         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		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c			-		
(gambling) winnings to prize winners?		Enter the number of Fernie W Za moladed of line 1a. Enter 6 if not applicable			
	С	(analytical arises to a few attentions)			
	000==			990	(2022)

022) MATERIAL INNOVATION INSTITUTE

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No						
<b>2</b> a	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									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			7.7						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>						
b	If "Yes," enter the name of the foreign country									
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b								
C 62	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c								
6a	any contributions that were not tax deductible as charitable contributions?	6a		х						
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa								
D	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	0.0								
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>X</u>						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
a	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1								
11	Section 501(c)(12) organizations. Enter:	-								
а	Gross income from members or shareholders									
h	Gross income from other sources. (Do not net amounts due or paid to other sources against	1								
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			37						
	excess parachute payment(s) during the year?	15		X						
40	If "Yes," see the instructions and file Form 4720, Schedule N.			v						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
17	If "Yes," complete Form 4720, Schedule O.  Section 501(a)(21) organizations. Did the trust, or any disqualified or other person engage in any activities.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	17								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  If "Yes," complete Form 6069.	''								
232005	12-13-22	Form	990	(2022)						

Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		Х
	taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
202	exempt status with respect to such arrangements? tion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed CA, KS, GA, FL, NY, RI, AL, AK, AR	CO	СП	νv
17				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	orily)	avallat	ле
	for public inspection. Indicate how you made these available. Check all that apply.  X Own website  Another's website  X Upon request  Other (explain on Schedule O)			
10	(- /	finan	sial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ıınano	ııal	
20	statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records			
20	CORTNEY BUSCH - 929-242-8512			
	3932 DUMAINE ST, NEW ORLEANS, LA 70119			
	CEE COUEDULE O EOD EULI LICE OF CHAMEC		000	

# 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	(D)  Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee Highest compensated employee		Former	from the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) NICOLE RAWLING CHIEF EXECUTIVE OFFICER	50.00			Х				126,000.	0.	0.
(2) AMELIA SYDNEY GLADMAN	40.00							120,000.	0.	<del>_</del>
CHIEF SCIENTIFIC OFFICER	40.00	1				X		100,500.	0.	0.
(3) CORTNEY BUSCH	40.00									
CHIEF OPERATIONS OFFICER				х				60,667.	0.	3,850.
(4) STEPHANIE DOWNS	5.00									-
PRESIDENT (THRU MARCH)		Х		Х				0.	0.	0.
(5) LINNE CAUDELL	3.00									
SECRETARY/TREASURER		Х		Х				0.	0.	0.
(6) ALICIA CAHILL	2.00									
TREASURER (THRU JANUARY)		Х		Х				0.	0.	0.
(7) KIRSTY STEVENSON	2.00	1								_
DIRECTOR		Х						0.	0.	0.
(8) JACQUELINE KRAVETTE	2.00	ļ		l						•
PRESIDENT (FROM APRIL)	0.00	Х		Х				0.	0.	0.
(9) ANGELA PADILLA	2.00	3,7							_	0
DIRECTOR (THRU JUNE)	2 00	Х						0.	0.	0.
(10) AMY ROSENFELD DIRECTOR	2.00	Х						0.	0.	0.
(11) NAOMI SACHS	2.00	Δ						0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(12) JOHN BARTLETT	2.00	25						•	•	
DIRECTOR		х						0.	0.	0.
(13) ELIZABETH NOVOGRATZ	2.00									
DIRECTOR		Х						0.	0.	0.
(14) SIDDHARTH HARIHARAN	2.00									
DIRECTOR		Х						0.	0.	0.
										Form <b>990</b> (2022)

Form 990 (2022)

84-3847333

Par	Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)			_ (0				(D)	(E)			(F)	
	Name and title	Average	(do		Pos		<b>ነ</b> than e	one	Reportable	Reportable		E	stimate	ed
		hours per	box	, unles	ss per	rson i	is both or/trus	n an	compensation	compensation		aı	mount	
		week		Cer an	la a a	recio	T	iee)	from from relate				other	
		(list any	recto						the	organizations			npensa	
		hours for related	or di	96			ated		organization	(W-2/1099-MIS	·C/		rom th	
		organizations	ustee	trust		e.	Suedi		(W-2/1099-MISC/	1099-NEC)		,	ganizat	
		below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	١.	1099-NEC)				ıd relat anizati	
		line)	divid	stitut	Officer	sy em	ighes	Former				org	ailizati	UHS
		,	드	드	0	3	工品	Œ			$\dashv$			
							$\vdash$				$\dashv$			
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							├				$\longrightarrow$			
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							$\vdash$				$\dashv$			
	Subtotal		<u> </u>		l		<u> </u>	l	287,167.		0.		3,8	50.
	Total from continuation sheets to Part VI	Section A							0.		0.		<del> </del>	0.
	Total (add lines 1b and 1c)								287,167.		0.		3,8	
2	Total number of individuals (including but no								•	000 of reportable			•	
	compensation from the organization						,		,	•				2
													Yes	No
3	Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated empl	oyee on				
	line 1a? If "Yes," complete Schedule J for si											3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	),000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4		Х
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	plete Schedule	J f	or su	ıch ı	oers	on .					5		X
Sec	tion B. Independent Contractors	-												
1	Complete this table for your five highest con	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	tion fr	om	
	the organization. Report compensation for t	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax ye	ear.				
	(A)								(B)		_	(	C)	
	Name and business	address	N	ONE	5			_	Description of s	ervices	C	ompe	ensatio	n
								_						
								$\dashv$						
								$\dashv$						
								$\dashv$						
2	Total number of independent contractors (in	ncluding but no	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organization				-	(	_	_	,					

9

Form **990** (2022)

Form 990 (2022) MATERIA
Part VIII Statement of Revenue

			Check if Schedule O contains a resp	onse	or note to any lin	e in this Part VIII			
			Check is defined as a defination a red	701100	or riote to arry iii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
				1					SECTIONS 212 - 214
nts nts	1		Federated campaigns 1a						
iz our			Membership dues1b						
S, C		С	Fundraising events1c						
ä		d	Related organizations 1d						
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contributions) 1e						
Sign		f	All other contributions, gifts, grants, and						
ort He			similar amounts not included above 1f		1,575,005.				
Ē		q	Noncash contributions included in lines 1a-1f	\$					
Son		h	Total. Add lines 1a-1f			1,575,005.			
<u> </u>					Business Code	, ,			
	2	а	ANNUAL CONFERENCE		561920	296,697.	296,697.		
je		-	PROGRAM SERVICE REVENUE		541700	15,268.	15,268.		
er, ne		-	TROOMER BERVIOL REVENOE		311700	13,200.	15,200.		
n S		С							
ar Be		d							
Program Service Revenue		е							
₾			All other program service revenue						
		g	Total. Add lines 2a-2f			311,965.			
	3		Investment income (including dividends						
			other similar amounts)						
	4		Income from investment of tax-exempt b						
	5		Royalties						
			(i) Re	al	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)		•				
	7		Gross amount from sales of (i) Secu	rities	(ii) Other				
	•	u	assets other than inventory 7a		( )				
		h	Less: cost or other basis						
Φ		U							
ň		_	and sales expenses 7b Gain or (loss) 7c						
eve									
her Revenue			Net gain or (loss)		I				
	8	а	Gross income from fundraising events (not						
ਠ			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18						
		b	Less: direct expenses	. 8b					
			Net income or (loss) from fundraising ev						
	9	а	Gross income from gaming activities. Se	e					
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming activit	es					
	10	а	Gross sales of inventory, less returns						
			and allowances	10a					
		b	Less: cost of goods sold						
			Net income or (loss) from sales of invent		•				
			, ,	,	Business Code				
sno	11	а							
Miscellaneous Revenue	•	b							
∭a Ver		C							
Sce			All other revenue						
Ξ			All other revenue						
	ء م		Total. Add lines 11a-11d			1,886,970.	211 065	0	0
	12		Total revenue. See instructions			1,000,9/0.	311,965.	0.	0.

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 85,733. 190,517. 47,629. 57,155. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 503,658. 372,206. 71,149. 60,303. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 43,292. 31,993. 6,116. 5,183. Other employee benefits 9 32,329. 6,179. 43,746. 5,238. 10 Payroll taxes Fees for services (nonemployees): Management Legal 22,550. 22,550. Accounting Lobbying 52,500. 52,500. Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 335,415. 74,064. 202,826. 58,525. column (A), amount, list line 11g expenses on Sch O.) 8,395. 4,841. 2,369. 1,185. Advertising and promotion 12 18,602. 9,433. 6,859. 2,310. Office expenses 13 36,378. 20,979. 10,262. 5,137. Information technology 14 15 Royalties 16 Occupancy 28,548. 19,085. 4,790. 4,673. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 21,922. 16,279. 3,011. 2,632. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 1,746. 1,138. 441. 167. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 35,916. 52,843. 11,662. 5,265 All other expenses 1,360,112. 832,758. 267,081. 260,273. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form **990** (2022)

Form 990 (2022)

Part X | Balance Sheet

Par	tΧ	Balance Sheet				
		Check if Schedule O contains a response or no	te to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		428,315.	1	371,220.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		386,791.	3	807,164.
	4	Accounts receivable, net		0.	4	3,750.
	5	Loans and other receivables from any current of				
		trustee, key employee, creator or founder, subs	stantial contributor, or 35%			
		controlled entity or family member of any of the	ese persons		5	
	6	Loans and other receivables from other disqual	ified persons (as defined			
		under section 4958(f)(1)), and persons describe	d in section 4958(c)(3)(B)		6	
Ę.	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
ğ	9	Prepaid expenses and deferred charges	10,358.	9	40,222.	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation		10c		
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14	50 506	
	15	Other assets. See Part IV, line 11		0.	15	79,786.
	16	Total assets. Add lines 1 through 15 (must equ		825,464.	16	1,302,142.
	17	Accounts payable and accrued expenses		65,304.	17	58,319.
	18	Grants payable	15 267	18		
	19	Deferred revenue		15,267.	19	0.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
ies	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subs			00	
Lial	00	controlled entity or family member of any of the			22	
	23 24	Secured mortgages and notes payable to unrel Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa			24	
	25	parties, and other liabilities not included on line				
		- Co-les-dute D	3 17 24). Complete Falt X		25	
	26	Total liabilities. Add lines 17 through 25		80,571.	26	58,319.
		Organizations that follow FASB ASC 958, ch	eck here X			
es		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		273,315.	27	493,571.
Bal	28			471,578.	28	750,252.
pu		Organizations that do not follow FASB ASC 9				
F		and complete lines 29 through 33.				
o or	29	Capital stock or trust principal, or current funds	s		29	
set	30	Paid-in or capital surplus, or land, building, or e			30	
As	31	Retained earnings, endowment, accumulated in			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		744,893.	32	1,243,823.
	33	Total liabilities and net assets/fund balances		825,464.	33	1,302,142.

Form **990** (2022)

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1				70.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	360	),1	12.	
3	Revenue less expenses. Subtract line 2 from line 1	3		526	5,8	58.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	'	744	1,8	93.	
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		-25	7,9	28.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	1,	243	3,8	23.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required			3a			
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h			

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

**Total** 

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

**Employer identification number** 

OMB No. 1545-0047

Name of the organization

MATERIAL INNOVATION INCOLUDING

				ATION INSTITU				4-384/333				
Pá	art I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.					
The	organ	nization is not a private found	ation because it is: (l	For lines 1 through 12, cl	neck only	one box.)						
1		A church, convention of ch					I)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	1 990).)							
3		A hospital or a cooperative				(b)(1)(A)(ii	i).					
4	一	A medical research organiz					•	the hospital's name,				
_		city, and state:	•				CA A A	,				
5		An organization operated for	or the benefit of a col	lleae or university owned	or operat	ed by a go	vernmental unit describe	ed in				
·		section 170(b)(1)(A)(iv). (C		<b>g,</b>		, 3-						
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
	X											
'		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
٥				(1)(A)(vi) (Complete Day	. 11 \							
8	H	A community trust describe			•							
9	Ш	An agricultural research org				-	-	-				
		or university or a non-land-o	grant college of agric	culture (see instructions).	Enter the I	name, city	, and state of the college	or				
40		university:			.,							
10		An organization that norma										
		activities related to its exen										
		income and unrelated busing		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.				
		See <b>section 509(a)(2).</b> (Co	•									
11	$\vdash$	An organization organized a	•		•							
12		An organization organized a	-	•	-							
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box on				
	_	lines 12a through 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and 12g.					
á	· L		anization operated, s	supervised, or controlled I	by its supp	orted org	anization(s), typically by	giving				
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting				
		organization. You must o	complete Part IV, Se	ections A and B.								
k	<b>_</b>	Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organization(s), by have	ving				
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted				
		organization(s). You mus	t complete Part IV,	Sections A and C.								
(	;	Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functionally integrate	ed with,				
		its supported organization	n(s) (see instructions	). You must complete F	Part IV, Se	ctions A,	D, and E.					
(	j 🗀	Type III non-functionally	, integrated. A supp	oorting organization opera	ated in co	nnection w	ith its supported organiz	zation(s)				
		that is not functionally int	egrated. The organiz	zation generally must sati	sfy a distr	ibution rec	uirement and an attentiv	/eness				
		requirement (see instruct	-		•		•					
•	, [	Check this box if the orga	•	=								
		functionally integrated, or					31 - 7 31 - 7 31					
1	Ente	er the number of supported of										
ç		vide the following information										
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
_				above (see instructions))								
			i .	1								

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

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")			590,282.	924,136.	1575005.	3089423.		
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.	1575005.	3089423.		
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)						1823975.		
6	Public support. Subtract line 5 from line 4.						1265448.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
7	Amounts from line 4			590,282.	924,136.	1575005.	3089423.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	<b>Total support.</b> Add lines 7 through 10						3089423.		
	Gross receipts from related activities,	etc. (see instruction	ons)			12	428,096.		
13	First 5 years. If the Form 990 is for the	ne organization's fi				01(c)(3)			
	organization, check this box and stop	p here					X		
Sec	ction C. Computation of Publi	ic Support Per	centage						
14	Public support percentage for 2022 (	ine 6, column (f), d	livided by line 11,	column (f))		14	%		
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%		
16a	33 1/3% support test - 2022. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this box	k and		
	stop here. The organization qualifies	as a publicly supp	orted organizatior	ı					
b	33 1/3% support test - 2021. If the	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box		
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation					
17a	10% -facts-and-circumstances test	- <b>2022.</b> If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation		
	meets the facts-and-circumstances to	st. The organization	on qualifies as a pu	ublicly supported o	rganization				
b	10% -facts-and-circumstances test	- <b>2021.</b> If the org	anization did not	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or		
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	eck this box and st	t <b>op here.</b> Explain i	n Part VI how the			
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	supported organiz	ation			
18	Private foundation. If the organization	on did not check a	box on line 13, 16	sa, 16b, 17a, or 17b	o, check this box a				
	Schedule A (Form 990) 2022								

232022 12-09-22

# 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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

232023 12-09-22

# Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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")? |f "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?
- 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).
- 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.)

	Yes	No
4		
1		
2		
_		
За		
3b		
3c		
_		
4a		
4b		
76		
4c		
_		
5a		
5b		
5c		
6		
7		
,		
8		
9a		
9b		
00		
9c		
10a		
10b		
ule A (Forr	n 990)	2022

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
Sect	ion 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? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Seci	ion D. All Type III Supporting Organizations			Г
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructio	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

Sche	dule A (Form 990) 2022 MATERIAL INNOVATION INS			84-3847333 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organiz	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	ov. 20, 1970 ( <i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete S	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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		

Schedule A (Form 990) 2022

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

5

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2022

**b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Part	Pa line Se	rt IV, e 1; P ction	Section A	A, lines fection D, 5, 6, and	I, 2, 3b, lines 2	<b>n.</b> Provice 3c, 4b, 4c and 3; Pare Part V, Se	, 5a, 6, rt IV, Se	, 9a, 9b, ection E	9c, 11a , lines 1c	, 11b, c, 2a, 2	and 110 2b, 3a, a	; Part IV, and 3b; Pa	Section art V, lin	B, lines e 1; Part	1 and : V, Sec	2; Part I tion B, I	V, Sectior ine 1e; Pa	n C, art V,
SCHE	DULE	Α,	PAR	T II														
THE	2019	CC	LUMN	IN	SCHE	DULE	A IS	S FOI	R THE	E SH	ORT	INIT	IAL	YEAR	OF	DECE	EMBER	
3, 2	019	то	DECE	MBER	31,	2019	. TI	HERE	WAS	NO	ACT	CVITY	FOR	THE	INI	TIAI		
YEAR	•																	

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

# **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

2022

Name of the organization

MATERIAL INNOVATION INSTITUTE

**Employer identification number** 

84-3847333

Organization type (ch	eck one):
Filers of:	Section:
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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
Note: Only a section 5	tion is covered by the <b>General Rule</b> or a <b>Special Rule</b> . 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
-	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509( contributor, d	zation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 luring 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; 10-EZ, line 1. Complete Parts I and II.
-	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one
literary, or edu	uring the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ucational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering mn (b) instead of the contributor name and address), II, and III.
year, contribu is checked, e purpose. Don	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the stions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box noter here the total contributions that were received during the year for an exclusively religious, charitable, etc., 't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively ritable, etc., contributions totaling \$5,000 or more during the year\$
	ion that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> /. 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

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

# MATERIAL INNOVATION INSTITUTE

84-3847333

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$50,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>160,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Nume, address, and Zii + +	\$ 396,491.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>129,442.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

# MATERIAL INNOVATION INSTITUTE

84-3847333

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

Page 3

Name of organization Employer identification number

# MATERIAL INNOVATION INSTITUTE

84-3847333

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
223/53 11-15	20		Schedule B (Form 990) (2022)

Page 4

Schedule B (Form 990) (2022) Name of organization **Employer identification number** MATERIAL INNOVATION INSTITUTE 84-3847333 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

MATERIAL INNOVATION INSTITUTE

**Employer identification number** 84-3847333

Par	t I Organizations Maintaining Donor Advised F	unds or Other Simila	r Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6			·
		(a) Donor advised fund	ds (	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writ	ing that the assets held in c	lonor advised fund	ls
	are the organization's property, subject to the organization's exc	lusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advis	sors in writing that grant fur	nds can be used or	nly
	for charitable purposes and not for the benefit of the donor or do	onor advisor, or for any other	er purpose conferri	ng
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the organ	ization answered "Yes" on I	Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (			
	Preservation of land for public use (for example, recreation	or education) Pres	servation of a histo	rically important land area
	Protection of natural habitat	Pres	servation of a certi-	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution i	n the form of a cor	
	day of the tax year.			Held at the End of the Tax Year
_				2a
b				2b
C	Number of conservation easements on a certified historic structu	. ,		2c
d	Number of conservation easements included in (c) acquired afte	•		
_	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, release	ed, extinguished, or termina	ated by the organi	zation during the tax
	year	and to to control		
4	Number of states where property subject to conservation easem	•		
5	Does the organization have a written policy regarding the period		-	Yes No
6	violations, and enforcement of the conservation easements it ho Staff and volunteer hours devoted to monitoring, inspecting, har			
U	Stan and voidified hours devoted to monitoring, inspecting, har	idiling of violations, and enit	ording conservatio	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing	n conservation eas	sements during the year
•	7 thount of expenses mounted in monitoring, inspecting, harding	y or violations, and emeroning	g conscivation cas	ornanta danng tria yadi
8	Does each conservation easement reported on line 2(d) above sa	atisfy the requirements of se	ection 170(h)(4)(B)	ï)
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation e			
	balance sheet, and include, if applicable, the text of the footnote	to the organization's finance	ial statements tha	at describes the
	organization's accounting for conservation easements.	-		
Par	t III Organizations Maintaining Collections of A	rt, Historical Treasur	es, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, r	not to report in its revenue s	tatement and bala	nce sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education, or res	search in furtheran	ce of public
	service, provide in Part XIII the text of the footnote to its financia	I statements that describes	these items.	
b	If the organization elected, as permitted under FASB ASC 958, t	o report in its revenue state	ment and balance	sheet works of
	art, historical treasures, or other similar assets held for public ex	hibition, education, or resea	arch in furtherance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical treasu	res, or other similar assets	for financial gain, p	provide
	the following amounts required to be reported under FASB ASC	958 relating to these items	:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$
LHA	For Paperwork Reduction Act Notice, see the Instructions fo	r Form 990.		Schedule D (Form 990) 2022

	t III Organizations Maintaining Co	llections of Art				r Other	Similar		<del>-</del> / + -		ige Z
_	•								(CONTIN	uea)	
3	Using the organization's acquisition, accession	i, and other records	s, check	any or the	iollowing that	t make sig	Jillicant t	ise or its			
	collection items (check all that apply):		. $ egin{array}{c} $								
а	Public exhibition	d			hange progra						
b	Scholarly research	е	• 🗀	Other							
С	Preservation for future generations										
4	Provide a description of the organization's college							se in Part	XIII.		
5	During the year, did the organization solicit or								_		1
D :	to be sold to raise funds rather than to be main								_ Yes		No
Par	t IV Escrow and Custodial Arrange		ete if the	organizatio	n answered	"Yes" on F	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodiar								_		1
	on Form 990, Part X?							L	<b>」Yes</b>		No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fol	lowing t	able:							
									Amount		
	Beginning balance										
	Additions during the year										
е	Distributions during the year						1e				
f	Ending balance										
2a	Did the organization include an amount on For	m 990, Part X, line	21, for 6	escrow or cu	ustodial acco	unt liabilit	y?	L	Yes	Ш	No
	If "Yes," explain the arrangement in Part XIII. C										
Par	- Complete ii								ı		
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (	<b>d)</b> Three y	ears back	(e) Four	years t	ack
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the currer	nt year end balance	e (line 1g	ı, column (a	)) held as:						
а	Board designated or quasi-endowment	•	%								
b	Permanent endowment	%	_								
С	Term endowment %	<del></del>									
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.									
За	Are there endowment funds not in the possess	sion of the organiza	tion tha	t are held ar	nd administer	red for the	)				
	organization by:								Γ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the o										
Par	t VI Land, Buildings, and Equipme										
`	Complete if the organization answered	"Yes" on Form 990	), Part IV	, line 11a. S	See Form 990	), Part X, li	ine 10.				
	Description of property	(a) Cost or o			or other (other)		cumulate reciation	ed	(d) Book	value	1
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must equ		X. colum	n (B). line 1	0c.)						0.

Schedule D (Form 990) 2022

Part VIII   Investments - Other Securities.   Complete the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part IX, line 12.	Schedule D (Form 990) 2022 MATERIAL IN	NOVATION INST	ITUTE	84-3847333 Page 3
[a) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B				
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Complete if the organization answered "Yes	on Form 990, Part IV, line	11b. See Form 990, Part X, line	12.
(2) Closely held equity interests	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(3) Other (4) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(1) Financial derivatives			
(A) (B) (C) (D) (D) (E) (F) (F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H				
(B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(3) Other			
(C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	(A)			
(D) (E) (E) (F) (C) (E) must equal form 990, Part X, col. (B) line 12.)    Part VIII   Investments - Program Related.	(B)			
(E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(C)			
Fig.	(D)			
(G) (H) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)    Part VIII   Investments - Program Related.	(E)			
(1)   Total. (Cot. (b) must equal Form 990, Part X, col. (B) line 12.	(F)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	(G)			
Part VIII   Investments - Program Related.   Complete if the organization answered "Yees" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market value     (1)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Part IV (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1				
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State   Column (b) must equal Form 990, Part X, col. (B) line 13.)   Part IX   Other Assets.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   (a) Description   (b) Book value   (1) FOREIGN EMPLOYEE DEPOSITS   79,786   (2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (7)   (8)   (9)   (7)   (8)   (9)   (7)   (8)   (9)   (9)   (1)   (1)   (1)   (1)   (2)   (2)   (3)   (4)   (4)   (5)   (6)   (6)   (7)   (7)   (8)   (9)   (9)   (1)				
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.   (a) Description   (b) Book value				
Part IX				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value 79,786 (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (c) (3) (4) (5) (6) (7) (8)				
(a) Description (b) Book value  (1) FOREIGN EMPLOYEE DEPOSITS 79,786  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 79,786  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)		on Form 000 Dort IV line	11d Soc Form 000 Bort V line	15
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(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  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)				
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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)		20.15.)		79 786.
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)	Part X Other Liabilities.	ie 15.)		
1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (2)         (3)       (4)         (5)       (6)         (7)       (8)		on Form 990. Part IV. line	11e or 11f. See Form 990. Part	X. line 25.
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	(a) Description of liability			
(2) (3) (4) (5) (6) (7) (8)				(b) Book value
(3) (4) (5) (6) (7) (8)	• •			
(4) (5) (6) (7) (8)	• •			
(5) (6) (7) (8)	• •			
(6) (7) (8)				
(7) (8)				
(8)				
	(8)			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... Schedule D (Form 990) 2022

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

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

1 Total revenue, gains, and other support per audited financial statements		1	1,886,970.
A American Control of the Albertant on France COO Boot VIII Control			1,000,970.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments			
b Donated services and use of facilities			
Recoveries of prior year grants  d Other (Describe in Part XIII.)	1 4.1		
		2e	0
e Add lines 2a through 2d  3 Subtract line 2e from line 1			1,886,970.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			2/000/5/00
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,886,970.
Part XII Reconciliation of Expenses per Audited Financial Sta	tements With Expen	ses per Returr	
Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
Total expenses and losses per audited financial statements		1	1,360,112.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
<b>b</b> Prior year adjustments			
c Other losses	l l		
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1			1,360,112.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIII.)			
c Add lines 4a and 4b	<u>-</u>	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18	.)	5	1,360,112.
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; F	art V, line 4; Part X	, line 2; Part XI,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an		art V, line 4; Part X	, line 2; Part XI,
• • • • • • • • • • • • • • • • • • • •		art V, line 4; Part X	, line 2; Part XI,
• • • • • • • • • • • • • • • • • • • •		art V, line 4; Part X	, line 2; Part XI,
• • • • • • • • • • • • • • • • • • • •		art V, line 4; Part X	, line 2; Part XI,
• • • • • • • • • • • • • • • • • • • •		art V, line 4; Part X	, line 2; Part XI,
• • • • • • • • • • • • • • • • • • • •		art V, line 4; Part X	, line 2; Part XI,
• • • • • • • • • • • • • • • • • • • •		art V, line 4; Part X	, line 2; Part XI,
• • • • • • • • • • • • • • • • • • • •		art V, line 4; Part X	, line 2; Part XI,
• • • • • • • • • • • • • • • • • • • •		art V, line 4; Part X	, line 2; Part XI,
• • • • • • • • • • • • • • • • • • • •		art V, line 4; Part X	, line 2; Part XI,

# SCHEDULE F (Form 990)

# Statement of Activities Outside the United States

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

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

**Employer identification number** 

MATERIAL INNOVATION INSTITUTE 84-3847333 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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?

United States.			procedures for monitoring the use of its		
3 Activities per Region. (Ti	he following Part (b) Number of offices in the region	I, line 3 table ca (c) Number of employees, agents, and independent contractors in the region	n be duplicated if additional space is n (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service,	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	3	PROGRAM SERVICES	INNOVATION AND OTHER PROGRAM CONSULTING	56,790.
NORTH AMERICA	0	1	PROGRAM SERVICES	SCITECH PROGRAM CONSULTING	18,950.
SOUTH AMERICA	0	1	PROGRAM SERVICES	SCITECH PROGRAM CONSULTING	8,647.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	1	FUNDRAISING ACTIVITIES		52,500.
3 a Subtotal  b Total from continuation	0	6			136,887.
sheets to Part I  c Totals (add lines 3a  and 3b)	0	0			136,887.

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

Schedule F (Form 990) 2022

1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant			noncash assistance	of noncash assistance	valuation (book, FMV appraisal, other)
			ecognized as charities by th					•
			or counsel has provided a se					

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

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	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)		

	1 51 51g.1 1 51 m.5	
4	West he examination a LLS transferor of property to a foreign correction during the tay year? (CHV - H	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"	
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign	
	Corporation (see Instructions for Form 926)	Yes 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
	o.c. owner (see manualing for Forms object and object, don't me want off object.	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"	
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to	
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes 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? If "Yes," the organization may be required to file Form 8621,	
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing	
	Fund (see Instructions for Form 8621)	Yes 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? If	
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see	
	Instructions for Form 5713: don't file with Form 990)	Yes X No

Schedule F (Form 990) 2022

## **SCHEDULE G** (Form 990)

Department of the Treasury

### Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 84-3847333 MATERIAL INNOVATION INSTITUTE Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) VICTORIA RAMM - BECO DA DEVELOPMENT STRATEGY. Yes No BOAVISTA 10, 5 ESQ, LISBOA DONOR CONNECTIONS Х 77,625 52,500 25,125.

Γota	al	77,625.	52,500.	25,125.
3	List all states in which the organization is registered or licensed to solicit contributions	or has been notified	it is exempt from reg	gistration
	or licensing.			
CA	,KS,GA,FL,NY,RI,AL,AK,AR,CO,CT,KY,LA,ME,MD,M	A,MI,MN,MS	,NM,NC,ND,	OH,OK,OR
7				

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

Schedule G (Form 990) 2022

	edul i <b>rt l</b>		L INNOV				rt IV/ liv	20 19 Or		3847		
-		of fundraising event contributions and gro										
			(a) Even	t #1	(b)	Event #2	(c	) Other e	vents	(add c	Total ev	hrough
a)			(event ty	/pe)	(ev	ent type)	(	total nun	nber)		col. (c)	)
Revenue												
Rev	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										
irect E)	7	Food and beverages										
	8	Entertainment										
	9	Other direct expenses										
	10	Direct expense summary. Add lines 4 through										
Dα	11 rt I					: IV line 19 or						
		\$15,000 on Form 990-EZ, line 6a.	anoworda roc	0111 01111	, , , , , , , , , , , , , , , , , , ,		торол		a i a i i			
Revenue			<b>(a)</b> Bin	go		l tabs/instant ogressive bingo	(c)	Other g	aming	(d) Tot col. (a)	al gami through	
Reve	1	Gross revenue										
ses	2	Cash prizes										
Expenses	3	Noncash prizes										
Direct	4	Rent/facility costs										
	5	Other direct expenses										
	6	Volunteer labor	Yes No	%	Yes			Yes No	%			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d	d)								
	8	Net gaming income summary. Subtract line 7	from line 1, co	lumn (d)								
9	Ent	ter the state(s) in which the organization condu	ucts gaming act	tivities:								
а	ls t	he organization licensed to conduct gaming a	ctivities in each	of these s	states?						Yes	No
b	If "	No," explain:										
	_											

Schedule G (Form 990) 2022

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Sch	edule G (Form 990) 2022 MATERIAL INNOVATION INSTITUTE 84 – 3	<u> 384733.</u>	3 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
a	n The organization's facility	13a	%
k	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
	: If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	News		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	L No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pal	t III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
a a	HEDHER C DADM I IINE OD IICM OF MEN HICHECM DAID FINDDAICEDC	1.	
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	<i>,</i> :	
_			
(I	) NAME OF FUNDRAISER: VICTORIA RAMM		
<u> </u>	,		
(I	) ADDRESS OF FUNDRAISER:		
BE	CO DA BOAVISTA 10, 5 ESQ, LISBOA 1200-178, PORTUGAL		
, -			
<u>(I</u>	I) ACTIVITY: DEVELOPMENT STRATEGY, DONOR CONNECTIONS, IDENTIFYI	NG GRA	ANTS.

Schedule G	(Form 990)	${ t MATERIAL}$	INNOVATION	INSTITUTE	84-3847333	Page 4
Part IV	G (Form 990) Supplemental Inform	mation (continue	nd)			
		(continue	<u>u)</u>			
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## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

MATERIAL INNOVATION INSTITUTE

Employer identification number 84-3847333

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FASHION, AUTOMOTIVE, AND HOME GOODS INDUSTRIES. WE WORK TO HELP

FAST-TRACK THE DEVELOPMENT OF NEXT-GEN AND ANIMAL-FREE MATERIALS WITH

PLANT-BASED AND LAB-GROWN INNOVATIONS AND TO SHARING THE ENVIRONMENTAL

FOOTPRINT 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.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2** 

Name of the organization  MATERIAL INNOVATION INSTITUTE	Employer identification number 84-3847333						
FORM 990, PART VI, SECTION B, LINE 15:							
THE BOARD OF DIRECTORS MEET AND APPROVE THE SALARY OF THE CEO AND OFFICERS.							
COMPENSATION IS REVIEWED BASED ON COMPARISON TO PUBLIC INF	ORMATION ABOUT						
COMPENSATION IN POSITIONS AT SIMILAR ORGANIZATIONS, AND TH	E ORGANIZATION'S						
COMPENSATION PHILOSOPHY. THIS PROCESS LAST TOOK PLACE IN F	EBRUARY 2023.						
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:						
CA, KS, GA, FL, NY, RI, AL, AK, AR, CO, CT, KY, LA, ME, MD, MA, MI, MN, MS, N	M, NC, ND, OH, OK, OR						
PA, SC, TN, TX, WA, WV, WI	_						
FORM 990, PART VI, SECTION C, LINE 19:							
THE ORGANIZATION MAKES ITS 990 AVAILABLE TO THE PUBLIC ON							
MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY							
STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.							
FORM 990, PART IX, LINE 11G, OTHER FEES:							
ANNUAL CONFERENCE:							
PROGRAM SERVICE EXPENSES	9,650.						
MANAGEMENT AND GENERAL EXPENSES	0.						
FUNDRAISING EXPENSES	0.						
TOTAL EXPENSES	9,650.						
OPERATIONS:							
PROGRAM SERVICE EXPENSES 0.							
MANAGEMENT AND GENERAL EXPENSES	18,921.						
FUNDRAISING EXPENSES	0.						
TOTAL EXPENSES	18,921.						

Page 2
Employer identification number 84-3847333
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0 <b>.</b> Schedule O (Form 990) 2022

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<u>Schedule O (Form 990) 2022</u> Page **2** 

Schedule O (Form 990) 2022	Page:
Name of the organization  MATERIAL INNOVATION INSTITUTE	Employer identification number 84-3847333
TOTAL EXPENSES	39,976.
OTHER FUNDRAISING SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	58,525.
TOTAL EXPENSES	58,525.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	335,415.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS ON FOREIGN CURRENCY TRANSLATION	-27,928.
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