





Form	990-T	Ex	empt Organization		siness Income der section 6033(n	OMB No 1545-0047
		For cale	ndar year 2019 or other tax year begin		•		<u> </u>	<u>୭</u> ⋒10
Denad	ment of the Treasury		► Go to www.irs.gov/Form990				·	<u> </u>
	Revenue Service	▶ Do	not enter SSN numbers on this form a				;)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A								oyer identification number oyees' trust, see instructions)
_	empt under section]	MICHELSON MEDICAL R	ESEA	RCH FOUNDATION,	INC.		
X	501(Che 3)	Print	Number, street, and room or suite no. I	faPO	box, see instructions			551615
	408(e) 220(e)	Туре	 11755 WILSHIRE BLVD					lated business activity code instructions)
	408A530(a)							
	529(a) ok value of all assets	{	City or town, state or province, country LOS ANGELES, CA 9003	•	tir or loreign postar code		9000	99
	end of year	F Gro	up exemption number (See instruct		<u> </u>		3000	
13	35,858,231.		eck organization type X 501) trust	401(a)	trust Other trust
			nization's unrelated trades or busine					(or first) unrelated
	ade or business hei	_	_			complete Parts I	-V If mor	e than one, describe the
fir	st in the blank spa	ice at the	end of the previous sentence, cor	mplete	Parts I and II, complete a S	chedule M for eac	ch additio	nal
	ade or business, th							
I D	uring the tax year,	was the	corporation a subsidiary in an affil	ated g	roup or a parent-subsidiary	controlled group?		▶Yes X No
			identifying number of the parent co			- 21	0 006	0700
			ARLIN ASSET MANAGEMENT	ľ.		ne number > 31		
			or Business Income		(A) Income	(B) Expen	ses	(C) Net
	Gross receipts or		c Balance ▶	1c				- /.
2			ule A, line 7)	2			 :	1
3	•		2 from line 1c	3				
4a			ittach Schedule D)	4a				-
b			Part II, line 17) (attach Form 4797)	4b			·	
С	Capital loss dedu	ction for t	rusts	4c		. /	· - ,	·
5			r an S corporation (attach statement)	5	85,214.	AŢĢĦ 2		85,214.
6	Rent income (Sch	edule C)		6	Inten	A PARTIES	Section	,
7			come (Schedule E)	7	Rece	ved US Banl	· USE	}
8	•		ents from a controlled organization (Schedule F)			313		
9 10			1(c)(7), (9), or (17) organization (Schedule G) ncome (Schedule I)	10		VOV 2 2 20	20	
11	•	•	dule J)	11		AUA 5350	2U -	
12	=		ctions, attach schedule)					
13	Total. Combine li	nes 3 thr	ough 12	13/	85,214.	Oaden U	7	85,214.
Par	t /i Deductio	ns Not	Taken Elsewhere (See Inst	ructio	ons for limitations on o	leductions.) ((Deducti	ons must be directly
			ne unrelated business incom	_ <u>-</u> -				
14	•		directors, and trustees (Schedule K)				· · —	<u> </u>
15			<i></i>					
16								
17 18			(see instructions)					
19								
20	Depreciation (atta	ach Form	4562)	• • •	20		13	
21			on Schedule A and elsewhere on re					
22	Depletion	/.	,					
23			compensation plans					
24			s					
25			Schedule I)					
26			chedule J)					
27			schedule)					
28			s 14 through 27					85,214.
29	/		ole income before net operating ng loss arising in tax years beginnir					03,214.
30		•	ig loss arising in tax years beginning e income Subtract line 30 from line	-	• • • •		1 -	85,214.
For F			Notice, see instructions.		<u> </u>	· · · · · · · · · · · · · · · · · · ·	7	Form 990-T (2019)

95-4551615

ICHELSON	MEDICAL	RESEARCH	FOUNDATION,	v⊿N

Part 🌃	Total Unrelated Business Taxable Income			
32 Total o	f unrelated business taxable income computed from all porelated trades or businesses (
instruct	ons)	.1. 32		85,2
	s paid for disallowed fringes	33		
34 Charita	ele contributions (see instructions for limitation rules)	4 34		8,52
	nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract I			
34 from	the sum of lines 32 and 33	7 35		76,69
6 Deducti	on for net operating loss arising in tax years beginning before January 1, 2018 (s	see		
	ons)			
	unrelated business taxable income before specific deduction. Subtract line 36 from line 35	11 1		76,69
8 Specific	deduction (Generally \$1,000, but see line 38 instructions for exceptions)	.4) 38		1,00
9 Unrelat	d business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 3	37,		
	e smaller of zero or line 37	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		75,69
	Tax Computation	441		
0 Őrgani:	ations Taxable as Corporations. Multiply line 39 by 21% (0 21).	. > 40		15,89
	Taxable at Trust Rates. See instructions for tax computation income tax	on		
	unt on line 39 from Tax rate schedule or Schedule D (Form 1041)	1 1		
	xx. See instructions			
	ve minimum tax (trusts only).			
	Noncompliant Facility Income. See instructions	~ Y 		15,89
	Id lines 42, 43, and 44 to line 40 or 41, whichever applies	. 1 45		13,0
	Tax and Payments	<u> </u>		
a Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116)			
b Other c	edits (see instructions)	 		
				
	or prior year minimum tax (attach Form 8801 or 8827)	 1		
e Total c	edits. Add lines 46a through 46d			
Subtrac	line 46e from line 45			15,89
Other ta	es Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedu	le). 48		
Total ta	c. Add lines 47 and 48 (see instructions)	년 49		15,89
2019 ne	t 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		
la Paymer	ts. A 2018 overpayment credited to 2019	52.		
b 2019 es	timated tax payments			
c Tax dep	osited with Form 8868	00.		
	organizations Tax paid or withheld at source (see instructions)			
	withholding (see instructions)			
	or small employer health insurance premiums (attach Form 8941)			
	edits, adjustments, and payments Form 2439			
· —	orm 4136 Other Total ▶ 54 g			
_	yments. Add lines 51a through 51g	52		17,85
•	ad tax penalty (see instructions) Check if Form 2220 is attached	53	-	
	If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	. ▶ 54		
	rment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid $\int \Omega$			1,9
Overpa	amount of line 55 you want Credited to 2020 estimated tax ▶1,956. Refunded			
	Statements Regarding Certain Activities and Other Information (see instruc			
art VI				Yes
	time during the 2019 calendar year, did the organization have an interest in or a signature			H-03
	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization			i
FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of	the foreign	country	ΙΙ,
here 🕨				
-	he tax year, did the grantor of, or transferor to, a	foreign trust?	'	2
	see instructions for other forms the organization may have to file			!
Enter th	e amount of tax-exempt interest received or accrued during the tax year > \$			<u> </u>
	der penalties of penult. Declare that I have examined this return, including accompanying schedules and statements, and to e, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	the best of my	knowledge	and belief,
U	e, correct, and complete/Declaration of preparer (other than taxpayer) is based on an information of which preparer has any knowledge	May the II		
ign			preparer sh	
ign 📐	1 1114WW > CEO	_ with the		
ere	gnature of officer Date Title	(see instruction	ns)?X Ye	
ere	Print/Type preparer's name Preparer's signature Date ,	(see instruction	ns)?X Ye	
ere 5	Print/Type preparer's name Preparer's signature Date 11/12/120		PTIN	
lere said	Print/Type preparer's name STEPHANIE WILKINSON Preparer's signature III 12/20	(see instruction Check if self-employed	РПN Р012	31617
lere	Print/Type preparer's name STEPHANIE WILKINSON Firm's name → HOLTHOUSE CARLIN ET AL	(see instruction	PTIN P012 95-434	31617 5526

Form 990-1 (2019)	1 0 11 -									Page 3	
Schedule A - Cost of G		ter method	of invent								
1 Inventory at beginning of	Inventory at beginning of year . 1			6 Inve	ntory	at end of yea	ar	6			
2 Purchases				7 Cos	t of	goods sold. Subtract line -					
3 Cost of labor	3			6 fr	om lii	ne 5 Enter	here and in Part	. 4			
4a Additional section 263A c	osts										
(attach schedule)	4a			8 Do	the	rules of	section 263A (v	vith respec	t to Yes	No	
b Other costs (attach schedu			_	, ,	•	•	or acquired for			. (
5 Total. Add lines 1 through				to th	e org	anization? .	<u> </u>	<u></u>			
Schedule C - Rent Incom	e (From Real P	roperty a	nd Perso	nal Prop	erty	Leased V	Vith Real Prope	rty)			
_(see instructions)											
1. Description of property											
(1)											
(2)											
(3)											
(4)											
	2. Rent receiv	ed or accrue	ed								
(a) From personal property (if the for personal property is more the more than 50%	han 10% but not	percenta	rom real and age of rent fo if the rent is	r personal p	roperty	exceeds	3(a) Deductions d in columns 2(ted with the inc tach schedule)		
(1)											
(2)											
(3)											
(4)											
Total		Total									
(c) Total income. Add totals of chere and on page 1, Part I, line 6		b) Enter					(b) Total deduction Enter here and or Part I, line 6, colur	page 1,			
Schedule E - Unrelated D			e instructi	ons)	-			(-, -, -, -			
			2 Gross	income from		3 [Deductions directly con debt-finance		r allocable to		
1 Description of de	ot-financed property			ocable to debt-financed property		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
<u>(1)</u>											
(2)											
(3)											
(4)											
allocable to debt-financed debt-financed nonety			Column divided column 5			7 Gross income reportable (column 2 x column 6) 8 Allocable deduct (column 6 x total of column 3(a) and 3(b))					
(1)					%						
(2)					%						
(3)					%						
(4)					%						
							e and on page 1, ne 7, column (A)		e and on page e 7, column (
Totals		 lumn 8			▶						

Form **990-T** (2019)

JSA

9x2742 1 000 87004J U575



Schedule F - Interest, Ann	uities, Royalties	s, and	Rent	s Fro	om Contro	lled O	rganiz	zat	ions (se	e instructi	ons)		
		E	Exem	pt Co	ntrolled Org	janizatio	ons						
Name of controlled organization	2 Employer identification number		3 Net unrelated inc (loss) (see instruction					tal of specified		f column 4 th in the contri ion's gross in	6 Deductions directly connected with income in column 5		
(1)	_											-	
(2)		1											
(3)													
(4)									-		_	 	
Nonexempt Controlled Organi	zations											<u> </u>	
7 Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specified payments made			10 Part of column 9 included in the contorganization's gross			ntrolling		Deductions directly nected with income in column 10	
(1)			1										
(2)													
(3)													
(4)			\top							_			
Totals			· · . <u>· · </u>		<u></u>	▶	En Pa	ter h art I,	columns 5 a tere and on line 8, colui	page 1, mn (A)	En	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)	
Schedule G-Investment I	ncome of a Sec	ction 5	501(c	<u>)(7),</u>			<u>nizati</u>	<u>on</u>	(see inst	tructions)			
1 Description of income	2 Amount of	income		Deductions directly connected (attach schedule)					4 Se (attach	t-asides schedule)		 Total deductions and set-asides (col 3 plus col 4) 	
(1)													
(2)													
(3)													
(4)													
Totals ▶ Schedule I – Exploited Exc	Enter here and on page 1, Part I, line 9, column (A)		(A) -		an Advertising In				, ,		Enter here and on page 1 Part I, line 9, column (B)		
Schedule 1-Exploited Ext	Inpl Activity in	come,	Othe	<u> </u>	an Auveru	sing in	COITIE	: (S	ee instru	T T			
1 Description of exploited activity	Description of exploited activity The company of the company		irectly ected v suction related	or business (column 2 minus column 3) If a gain, compute		ed tradé (column umn 3) ompute	5 Gross income from activity that is not unrelated business income		6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)													
(2)												 	
(3)										 			
(4)													
	Enter here and on page 1, Part I, page 1, Part I, line 10, col (A) line 10, col		ntl,			٠,			•		Enter here and on page 1, Part II, line 25		
Totals ▶ Schedule J- Advertising Ir	come (see instri	uctions			<u> </u>								
				no oli	datad Par	<u></u>							
Part I Income From Per	Todicals Report	ea on	a Co	nson	dated bas	15				Γ			
1 Name of penodical	2 Gross advertising income		3 Direct advertising costs		4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5 Circulation income		6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)					<u> </u>							. 1	
(2)						•						· · ·	
(3)				**								,	
(4)													
Totals (carry to Part II, line (5))													
	<u> </u>				•		<u> </u>			*·- <u>_</u>		Form 990-T (2019)	

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MICHELSON MEDICAL RESEARCH FOUNDATION, INC. 95-4551615 Form 990-T (2019) Page 5 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 7. Excess readership costs (column 6 4 Advertising 2 Gross gain or (loss) (col 3 Direct 5 Circulation 6 Readership advertising 2 minus col 3) If minus column 5, but 1 Name of periodical advertising costs ıncome costs a gain, compute not more than ıncome cols 5 through 7 column 4) (1) (2) (3) (4) Totals from Part I - 1 Enter here and on Enter here and on Enter here and page 1, Part I, page¹1, Part I, on page 1, line 11, col (A) line 11, col (B) Part II, line 26 Totals, Part II (lines 1-5) ▶ Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4 Compensation attributable to time devoted to unrelated business business (1) %

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%

%

%

JSA

(2) (3)

(4)

Total. Enter here and on page 1, Part II, line 14

9X2744 1 000 87004J U575

V 19-7.5F

95-4551615

ATTACHMENT 2

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

SEE ATTACHMENT A

85,214.

INCOME (LOSS) FROM PARTNERSHIPS

85,214.

MICHELSON MEDICAL RESEARCH FOUNDATION, INC.

ATTA	CHMENT	3	

FORM 990T - PART III LINE 34 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD	85,214. 0. 0.
CHARITABLE CONTRIBUTION LIMITATION (10%)	* 10% 8,521.
CHARITABLE CONTRIBUTION	13,042,977.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	8,521.

ATTACHMENT 3A

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

13,042,977

TOTAL CONTRIBUTIONS PAID