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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

OND NO. 1343-0047
2022
Open to Public
Inspection

Α	For the	e 2022 calendar year, or tax year beginning a	nd ending									
В	Check if applicabl	C Name of organization		D Employer identific	cation number							
Г	Addre	se TECH BELT ENERGY INNOVATION CENTER										
F	Name	DRIME ENERGY INNOVATIONS	ALONEV	**-***07	38							
F	Initial			▼ Telephone number								
F	Final return	125 м маркет ст	1 0 0 0 0 0 0 0 0 0 0	330-395-3								
	termin		Сору	receipts \$	2,231,795.							
	Amen	ded WARREN, OH 44481		H(a) Is this a group re	turn							
	Application	F Name and address of principal officer. NECK DIOCKDONGER		for subordinates	? Yes X No							
	pendii	<sup>19</sup> 125 W. MARKET ST., WARREN, OH 44481		H(b) Are all subordinates in	cluded? Yes No							
1	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(	(1) or 527	If "No," attach a	list. See instructions							
	J Website: WWW.BRITE.ORG H(c) Group exemption number											
K Form of organization: X Corporation Trust Association Other L Year of formation: 2011 M State of legal domicile: O												
1 Briefly describe the organization's mission or most significant activities: BRITE IS AN INNOVATION-FIRST												
Governance		ECOSYSTEM ADVANCING THE TRANSITION TO A										
2	2	Check this box if the organization discontinued its operations or disp	posed of more	than 25% of its net ass	ets.							
ē	3	Number of voting members of the governing body (Part VI, line 1a)		3	13							
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b			13							
ος V	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	0							
vitie	6	Total number of volunteers (estimate if necessary)		6	7							
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.							
_	<u>,</u> p	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.							
<u>a</u>				Prior Year	Current Year							
	8	Contributions and grants (Part VIII, line 1h)		876,339.	1,848,028.							
Revenue	9	Program service revenue (Part VIII, line 2g)		658,141.	371,807.							
Ş	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		60.	21.							
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		109.	8,571.							
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,534,649.	2,228,427.							
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	112,126.							
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.							
ď	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	D)	638,664.	844,056.							
Fxnenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		6,575.	56,578.							
Ž	b	Total fundraising expenses (Part IX, column (D), line 25)		1 125 054	1 140 420							
-	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,135,054.	1,140,429.							
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)										
_	19	Revenue less expenses. Subtract line 18 from line 12		-245,644. ginning of Current Year	75,238. End of Year							
Net Assets or	2	Total accets (Dayl V. line 16)		4,035,636.	4,246,321.							
SSe	할 <b>20</b>	Total assets (Part X, line 16)		756,069.	891,516.							
let /	21	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20		3,279,567.	3,354,805.							
P	art II	Signature Block		5,215,5016	3,334,003.							
		alties of perjury, I declare that I have examined this return, including accompanying schedi	ules and stateme	ents, and to the best of my	knowledge and belief, it is							
		ct, and complete. Declaration of preparer (other than officer) is based on all information of		· · ·	The tribulge and 2 oner, it is							
	,											
Sig	ın	Signature of officer		Date								
He		RICK STOCKBURGER, PRESIDENT	ONEY									
		Type or print name and title	OVOTNY	, ne								
		Print/Type preparer's name Preparer's signature	[	Date Check	PTIN							
Pai	d	MARK P. CRAWFORD	Сору	self-employe								
Pre	parer	Firm's name MALONEY + NOVOTNY LLC		Firm's EIN *	*-***7006							
Use	Only	Firm's address 4774 MUNSON STREET NW, SUITE 402	2									
_		CANTON, OH 44718-3634		Phone no. (3)								
		RS discuss this return with the preparer shown above? See instructions			X Yes No							
232	001 12-1	3-22 LHA For Paperwork Reduction Act Notice, see the separate instruc	ctions.		Form <b>990</b> (2022)							

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Form 990 (2022)

Pa	Charle if Cahadad Coordains a year associate to applies in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:
	BRITE IS AN INNOVATION-FIRST ECOSYSTEM ADVANCING THE TRANSITION TO A
	CLEAN ENERGY ECONOMY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,666,060 . including grants of \$1226 . ) (Revenue \$371,807 . )
	BRITE ENERGY INNOVATORS COMMERCIALIZES AND DEVELOPS EARLY STAGE ENERGY
	TECHNOLOGIES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
4u	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program convice expenses 1 666 060.

# 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	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	L,		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		<del></del>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	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
8	, ,			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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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		<u> </u>
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	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	In the consequent and a lateral described in a set of 470/b\/4\/A\/:\0.0000000000000000000000000000000000	13		X
14a	Did the constitution maintain on office constitution and the the the the the the Chatego	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 <del>1</del> a		<del> </del>
D				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1/16		x
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		4-		<sub>v</sub>
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		77	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	├
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	—
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l _
	complete Schedule G, Part III	19		X
<b>20</b> a	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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#### TECH BELT ENERGY INNOVATION CENTER \*\*-\*\*\*0738 Page 4 Form 990 (2022) Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete 23 X 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 Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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 Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III ....... 27 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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV ..... 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV ..... 29 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 Х contributions? |f "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ..... 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a

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

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

38 X

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response of note to any line in this Part V								
					Yes	No			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	20						
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0						
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?			1c	X				

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Form 990 (2022) TECH BELT ENERGY INNOVATION CENTER

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

				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X				
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).							
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?								
b	<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required							
	to file Form 8282?		7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			X				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the							
			8						
9									
a	, , , , , , , , , , , , , , , , , , , ,								
b			9b						
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	-						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-						
11	Section 501(c)(12) organizations. Enter:	. l							
a	Gross income from members or shareholders	11a	$\dashv$						
D	Gross income from other sources. (Do not net amounts due or paid to other sources against	441							
100	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	IZa						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	┪						
	Is the organization licensed to issue qualified health plans in more than one state?		13a						
u	Note: See the instructions for additional information the organization must report on Schedule O.		100						
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
-	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c	1						
			14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		1						
	excess parachute payment(s) during the year?								
If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes," complete Form 6069.								

232005 12-13-22

TECH BELT ENERGY INNOVATION CENTER Form 990 (2022) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 13 **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. 13 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b 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 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 exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed OH 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 only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request \_\_\_ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

Form **990** (2022)

State the name, address, and telephone number of the person who possesses the organization's books and records

44481

statements available to the public during the tax year.

125 WEST MARKET, WARREN.

RICK STOCKBURGER, PRESIDENT - 330-395-3500

# 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	Position (do not check more than one box, unless person is both an officer and a director/trustee)				) than o	one n an	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	In stitutional trustee	Institutional trustee Officer Key employee		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) RICK STOCKBURGER CEO & PRESIDENT	50.00	-		х				110 760	0.	22 000
(2) SARA DAUGHTERTY	40.00		$\vdash$	^				119,760.	0.	22,889.
SECRETARY	40.00	1		х				91,305.	0.	9,927.
(3) MIKE HRIPKO	1.00							J1,303.	0.	J, J21•
CHAIR	1.00	х		Х				0.	0.	0.
(4) ANTHONY TREVENA	1.00							•		
VICE CHAIR		х		х				0.	0.	0.
(5) STAN FERET	1.00								<u> </u>	
TREASURER		Х		х				0.	0.	0.
(6) DJIFA AMEFIA	1.00									
DIRECTOR		Х						0.	0.	0.
(7) JONATHAN BRIDGES	1.00									
DIRECTOR		Х						0.	0.	0.
(8) MUHAMMAD EJAZ	1.00									
DIRECTOR		Х						0.	0.	0.
(9) COURTNEY GEROWITZ-GRAS	1.00									
DIRECTOR		Х						0.	0.	0.
(10) AL GREEN	1.00									
DIRECTOR		Х						0.	0.	0.
(11) ALEX FITZSIMMONS	1.00									
DIRECTOR		Х						0.	0.	0.
(12) PATRICK KELLY	1.00									
DIRECTOR	1	Х						0.	0.	0.
(13) SUMIT KOVOOR	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(14) BILL MERKEL	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(15) MICHAEL STACEY	1.00	3,7							_	_
(16) HEATHER TAYLOR-MIESLE	1.00	Х	_		_			0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
DIRECTOR		Λ	$\vdash$		$\vdash$			· ·	<b>U</b> •	·
		1								
		<u> </u>						1	l	

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Part VII Section A. Officers, Directors,		JIOY	ees,			gnes	t C		,			<b>(C</b> )	
(A)	( <b>B</b> ) Average	(C) Position				•		(D)	(E)		_	(F)	
Name and title	hours per	(do no			more	than o		Reportable compensation	Reportable compensation			stimate nount	
	week				director/trustee)			from	from related		- Can	other	01
	(list any	director						the	organization	s	com	pensa	tion
	hours for	or dire	9			ated		organization	(W-2/1099-MIS			om th	
	related organizations	ustee	truste		96	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)			anizat d relat	
	below	Individual trustee or	Institutional trustee	<u></u>	Key employee	Highest compensated employee	er	1000 (VEO)				anizati	
	line)	Indiv	Instit	Officer	Key e	Highe	Former						
		-											
		-											
		<u> </u>											
1b Subtotal								211,065.		0.	3	2,8	
c Total from continuation sheets to Pa								0.		0.			0.
d Total (add lines 1b and 1c)								211,065.		0.	3	2,8	16.
2 Total number of individuals (including to compensation from the organization	out not limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	•			1
										1		Yes	No
3 Did the organization list any <b>former</b> of													v
line 1a? If "Yes," complete Schedule J								or componentian from the			3		X
4 For any individual listed on line 1a, is the and related organizations greater than	•							•	•		4		Х
5 Did any person listed on line 1a receive											-		
rendered to the organization? If "Yes."					•			•			5		Х
Section B. Independent Contractors													
1 Complete this table for your five highes	•	•								oensat	tion fro	om	
the organization. Report compensation		ear e	endir	ng wi	ith c	or wi	thin T		ear.			•	
( <b>A</b> Name and busi		NC	ONE	S				(B) Description of s	ervices	С	ompe	رة) nsatio	n
							$\dashv$						
2 Total number of independent control	oro (in alcedina bed	ot !!:-	ni+c -	1+- 1	hee	11 - 11 -	tod	abovo) who received	oro than				
2 Total number of independent contractor \$100,000 of compensation from the or		שנו וות	illec	ı to t	inos ()	_	ıea	above) who received mo	лешап				

Form 990 (2022) TECH BE
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 :	Federated campaigns 1a					
anta			28,000.				
ij g			19,702.				
ts, Ar		•	17,702.				
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations 1d	296,309.				
ns, Sim			<u> </u>				
utio er (	Ť	All other contributions, gifts, grants, and	E04 017				
현된			504,017.				
ont od (	•	Noncash contributions included in lines 1a-1f 1g \$		1 040 000			
<u>0 g</u>	r	Total. Add lines 1a-1f		1,848,028.			
			Business Code	255 522			
e S		CONTRACT REVENUE	541900	257,780.	257,780.		
Program Service Revenue	b	RENTAL INCOME	531390	114,027.	114,027.		
S	c						
am	c						
og B	e	·					
P	f	All other program service revenue					
	ç	Total. Add lines 2a-2f		371,807.			
	3	Investment income (including dividends, intere					
		other similar amounts)		21.			21.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		L Niet vental income ex (less)					
		Gross amount from sales of (i) Securities	(ii) Other				
	, ,	assets other than inventory <b>7a</b>	(.,, 0				
		Less: cost or other basis					
Φ							
ğ	_	and sales expenses 7b					
eve		Gain or (loss)					
her Revenue		Net gain or (loss)					
	8 8	Gross income from fundraising events (not including \$ 19,702. of					
δ							
		contributions reported on line 1c). See	F F00				
		Part IV, line 18	5,500.				
		Less: direct expenses 8b	3,368.	0 100			2 1 2 2
		Net income or (loss) from fundraising events		2,132.			2,132.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses9b					
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances10a					
	k	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventory					
,, ]	_		Business Code				
ous •	11 a	OTHER INCOME	900099	6,439.	6,439.		
ane Dud	b						
Miscellaneous Revenue	c						
isc B	c	All other revenue					
2	_ 6	Total. Add lines 11a-11d		6,439.			
	12	Total revenue. See instructions		2,228,427.	378,246.	0.	2,153.

	Check if Schedule O contains a respons	e or note to any line in t	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	110 105	110 105		
	and domestic governments. See Part IV, line 21	112,126.	112,126.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	241 202	160 072	75 602	4 727
_	trustees, and key employees	241,292.	160,872.	75,693.	4,727
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	429,982.	300,988.	116,095.	12,899
7	Other salaries and wages	443,304.	300,300.	110,033.	14,099
8	Pension plan accruals and contributions (include	8 151	3,380.	4,817.	25/
^	section 401(k) and 403(b) employer contributions)	8,451. 102,228.	40,891.	58,270.	254 3,067
9	Other employee benefits	62,103.	43,472.	16,768.	1,863
0 1	Payroll taxes	02,103.	45,472.	10,700.	1,000
	Fees for services (nonemployees):				
a b	Management	10,467.	9,421.	1,046.	
	Legal	22,340.	3,421.	22,340.	
	Accounting	22,540.		22,340.	
e	Professional fundraising services. See Part IV, line 17	56,578.			56,578
f	Investment management fees	3073731			30,370
a	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	584,424.	560,458.	23,966.	
2	Advertising and promotion	970.	,	970.	
3	Office expenses	103,299.	86,358.	15,905.	1,036
4	Information technology	•	,	,	•
5	Royalties				
6	Occupancy	70,521.	64,472.	5,603.	446
7	Travel	31,023.	24,915.	3,114.	2,994
8	Payments of travel or entertainment expenses	-	-		
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	9,335.	7,001.	2,334.	
)	Interest	23,246.	11,623.	11,623.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	124,157.	122,295.	1,862.	
3	Insurance	11,668.	6,184.	5,484.	
1	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	REPAIRS & MAINTENANCE	59,639.	58,745.	894.	
b	DUES & SUBSCRIPTIONS	56,370.	22,548.	28,185.	5,637
C	TAXES	25,461.	25,079.	382.	2,001
d	BAD DEBT	4,124.	4,124.		
e	All other expenses	3,385.	1,108.	2,277.	
5	Total functional expenses. Add lines 1 through 24e	2,153,189.	1,666,060.	397,628.	89,501
5 6	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)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	97,899.	1	148,793.		
	2	Savings and temporary cash investments		44,975.	2	80,736.	
	3	Pledges and grants receivable, net		210,243.	3	309,501.	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	on 4958(c)(3)(B)		6		
υ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	Duran aid a conserva and alate mandal also conserva			10,409.	9	2,510.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	4,605,645.			
	b	Less: accumulated depreciation	10b	907,535.	3,672,110.	10c	3,698,110.
	11	Investments - publicly traded securities	L		11		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	<u> </u>	0.	15	6,671.	
	16	Total assets. Add lines 1 through 15 (must e			4,035,636.		4,246,321.
	17	Accounts payable and accrued expenses		262,020.	17	321,685.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
<u> </u>		controlled entity or family member of any of the	-	·····	404 040	22	F62 160
_	23	Secured mortgages and notes payable to unr			494,049.	23	563,160.
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin			0.		6,671.
	06	of Schedule D		·····	756,069.	25 26	891,516.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c	hook horo	X	730,003.	20	071,310.
S		and complete lines 27, 28, 32, and 33.	neck nere				
ů.	27	• • • • •			3,254,127.	27	3 307 864.
sala	28				25,440.	28	3,307,864. 46,941.
ē	20	Organizations that do not follow FASB ASC			20,1101	20	10,311
Ξ		and complete lines 29 through 33.	7 550, 61166	K Here			
ō	29	Capital stock or trust principal, or current fund	de			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32			Uniter furius	3,279,567.	32	3,354,805.
z	33	Total liabilities and net assets/fund balances		4,035,636.	33	4,246,321.	
	1 30	Total habilities and flet assets/fully balafices			_, , , , , , , , , , , , , , , , , , ,	_ 55	Form <b>990</b> (2022)

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 audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2022)

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#### **SCHEDULE A**

(Form 990)

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.

OMB No. 1545-0047

Open to Public

Name of the organization
TECH BELT ENERGY INNOVATION CENTER

Inspection
Employer identification number
\*\*-\*\*\*0738

Pa	rt I	Reason for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.					
Γhe	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of ch					I)(A)(i).					
2	$\Box$	A school described in <b>sect</b> i				` ` ` `	<i>,</i> , , , , , , , , , , , , , , , , , ,					
3	一	A hospital or a cooperative				)(b)(1)(A)(ii	i).					
4	一	A medical research organization						the hospital's name.				
		city, and state:	į					,				
5		An organization operated for	or the benefit of a col	lege or university owned	d or operat	ed by a go	vernmental unit describe	ed in				
Ŭ		section 170(b)(1)(A)(iv). (C			. o. opo.a.							
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.)										
8		A community trust describe	• •	1VAVvi) (Complete Par	+ 11 \							
9	H	An agricultural research org				nd in coni	unction with a land grant	collogo				
9		-				_	-	•				
		or university or a non-land-g	grant college of agrici	uiture (see iristructions).	citter the	name, city	, and state of the college	; OI				
40		university:	lly receives (1) more:	than 22 1/20/ of its ours	ort from o	ontribution	as mambarahin fasa an	d aroos rossints from				
10	ш	An organization that norma activities related to its exem										
				·	. ,		• •	· ·				
		income and unrelated busin		(less section 511 tax) in	om busines	sses acqui	red by the organization a	arter June 30, 1975.				
		See section 509(a)(2). (Con			f-4 O	<del>!</del> <b>-</b> (	20/-1/41					
11	H	An organization organized a										
12		An organization organized a	· ·	•	•		•					
		more publicly supported or	•					neck the box on				
		lines 12a through 12d that	• •			•	, ,	-1.1				
а			· · · · · · · · · · · · · · · · · · ·	•	•	-						
		the supported organization			majority c	of the direc	tors or trustees of the su	apporting				
_		organization. <b>You must o</b>										
b			•					-				
		control or management o			ame perso	ns that co	ntrol or manage the supp	oorted				
		organization(s). You mus	-									
С		Type III functionally inte	-				• •	ed with,				
		its supported organization		·								
d			<b>r integrated.</b> A supp	orting organization oper	ated in co	nnection w	vith its supported organiz	zation(s)				
		that is not functionally int	-		•		•	veness				
	_	requirement (see instructi	·	-								
е		□ Check this box if the orga					Type I, Type II, Type III					
		functionally integrated, or	* *	nally integrated supporti	ng organiz	ation.						
f		er the number of supported of	-									
g		vide the following information  i) Name of supported	about the supporte	d organization(s).  (iii) Type of organization	I (iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other				
	,	organization	(II) EIIV	(described on lines 1-10	in your govern	ing document?	support (see instructions)	support (see instructions)				
				above (see instructions))	Yes	No						
Γota	al											

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

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

Sec	tion 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.")	637,794.	403,874.	611,370.	876,339.	1848028.	4377405.
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	637,794.	403,874.	611,370.	876,339.	1848028.	4377405.
	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)						896,205.
6	Public support. Subtract line 5 from line 4.						3481200.
	etion B. Total Support						34012000
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	637,794.	403,874.	611,370.	876,339.	1848028.	4377405.
	Gross income from interest.	00171520	200 / 0 / 20	022/0700	0.0,000		10,,1000
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	13,224.		11.	60.	21.	13,316.
۵	Net income from unrelated business	13,221			•	21.	13,310.
9							
	activities, whether or not the						
40	business is regularly carried on						
IU	Other income. Do not include gain						
	or loss from the sale of capital	10,443.	51.	675.	109.	6 130	17,717.
44	assets (Explain in Part VI.)	10,445.	71.	075.	100.	0,437.	4408438.
	<b>Total support.</b> Add lines 7 through 10					12 2	,136,199.
	Gross receipts from related activities,	•	,				,130,199.
13	First 5 years. If the Form 990 is for the	•		•		. , . ,	
Sec	organization, check this box and storetion C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •	•••••		
	Public support percentage for 2022 (I			volumn (f))		14	78.97 %
	Public support percentage from 2021					15	78.97 % 77.10 %
	33 1/3% support test - 2022. If the o						
10a	stop here. The organization qualifies						77
h	33 1/3% support test - 2021. If the o		-		lino 15 is 33 1/30/		
D							
170	and <b>stop here.</b> The organization qual						
11 a	10% -facts-and-circumstances test	_					
	and if the organization meets the fact			-		_	
L-	meets the facts-and-circumstances te	-		• • •	-	70 and line 15 is :	
a	10% -facts-and-circumstances test	_					10% Of
	more, and if the organization meets the				-		
40	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 1/a, or 17b	, cneck this box ar		(Form 000) 2022

Schedule A (Form 990) 2022

## 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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or 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	

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Schedule A (Form 990) 2022

Van Na

# 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")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	162	140
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3a		
3b		
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4a		
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Pai	Supporting Organizations (continued)			
		$\perp$	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?	а		
	A family member of a person described on line 11a above?	b		
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.	С		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u>Sac</u>	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations			
<u> </u>	Hon O. Type it oupporting Organizations	$\neg$	<b>V</b>	NI -
	Ways a projective of the consequentiants of directors on two stages of wines the decrease and a projective of the directors		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 the supported organization(s)			
Sec	the supported organization(s). 1 tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	;		
Sec	tion 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 instructions).			
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 instruc	tion <u>s</u>	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.	3		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	)		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
h	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1		
	TANK THE PROPERTY OF A SERVICE OF A SERVICE OF CHEER OF THE CONCRES OF COURTES AND SCHOOLS OF EACH			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 232025 12-09-22 Schedule A (Form 990) 2022

3b

Schedule	Α	(Form	990)	2022

5

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

3

<u>4</u> 5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

3 Minimum asset amount for prior year (from Section B, line 8, column A)

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

Par	rt V   Type III Non-Function	nally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ıed)			
Secti	tion D - Distributions					Current Year		
1	Amounts paid to supported organ	nizations to accomplish exer	mpt purposes		1			
2	Amounts paid to perform activity	that directly furthers exemp	t purposes of supported					
	organizations, in excess of incom-	ganizations, in excess of income from activity  dministrative expenses paid to accomplish exempt purposes of supported organizations						
3	Administrative expenses paid to a	S	3					
4	Amounts paid to acquire exempt-	use assets			4			
5	Qualified set-aside amounts (prior	IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Pa	•			6			
7	Total annual distributions. Add	lines 1 through 6.			7			
8	Distributions to attentive supporte	ed organizations to which th	ne organization is responsive					
	(provide details in Part VI). See in				8			
9	Distributable amount for 2022 from	m Section C, line 6			9			
10	Line 8 amount divided by line 9 ar	mount			10			
Secti	tion E - Distribution Allocations(s	see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(iii) Distributable Amount for 2022		
_1_	Distributable amount for 2022 from	m Section C, line 6						
2	Underdistributions, if any, for year	rs prior to 2022 (reason-						
	able cause required - explain in Pa	art VI). See instructions.						
_3_	Excess distributions carryover, if	any, to 2022						
a	From 2017							
b	From 2018							
c	From 2019							
d	From 2020							
e	From 2021							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of p	rior years						
h	Applied to 2022 distributable amo	ount						
i_	Carryover from 2017 not applied (	(see instructions)						
_ <u>i</u>	Remainder. Subtract lines 3g, 3h,	and 3i from line 3f.						
4	Distributions for 2022 from Section	on D,						
	line 7:	\$						
a	Applied to underdistributions of p	rior years						
b	Applied to 2022 distributable amo	ount						
<u>C</u>	Remainder. Subtract lines 4a and	4b from line 4.						
5	Remaining underdistributions for	years prior to 2022, if						
	any. Subtract lines 3g and 4a from	n line 2. For result greater						
	than zero, explain in Part VI. See	instructions.						
6	Remaining underdistributions for	2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover t	o <b>2023.</b> Add lines 3j						
	and 4c.							
_8_	Breakdown of line 7:							
<u>a</u>	Excess from 2018							
<u>b</u>	Excess from 2019							
c	Excess from 2020							
d	Excess from 2021							
е	Excess from 2022							

Schedule A (Form 990) 2022

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER INCOME
2018 AMOUNT: \$ 10,443.
2019 AMOUNT: \$ 51.
2020 AMOUNT: \$ 675.
2022 AMOUNTING & 6 420
2022 AMOUNT: \$ 0,439.
SCHEDULE A, PART II, LINE 12 GROSS RECEIPTS
2018: \$44,647
2019: \$136,257
2020: \$925,347
2021: \$658,141
2022: \$371,807

# Schedule B

## Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

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

Name of the organization

**Employer identification number** 

\*\*-\*\*\*0738

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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

Schedule B (Form 990) (2022)

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

Name of organization Employer identification number

# TECH BELT ENERGY INNOVATION CENTER

\*\*-\*\*\*0738

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		\$541,461.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	Name, audress, and ZiF + 4	\$125,000.	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		\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4		\$165,079.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$323,549.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6		\$50,000.	Person X Payroll		

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

TECH BELT ENERGY INNOVATION CENTER

\*\*-\*\*\*0738

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional 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 2

Name of organization Employer identification number

# TECH BELT ENERGY INNOVATION CENTER

\*\*-\*\*\*0738

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		- - -				
		_   \$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		-				
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		-				
		- - -   \$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		-				
		- - -				
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		-				
		- -				
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		-				
		-				
223453 11-15-	22	_   \$	Schedule B (Form 990) (2022)			

Schedule B (Form 990) (2022) Name of organization **Employer identification number** \*\*-\*\*\*0738 TECH BELT ENERGY INNOVATION CENTER 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

223454 11-15-22

Schedule B (Form 990) (2022)

## SCHEDULE C (Form 990)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			Emp	oloyer identification number
_		LT ENERGY INNOVA			**-***0738
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	rganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			\$
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(	3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	-	\$
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955		\$
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	anization is exempt und	er section 501(c),	except section 501(	c)(3).
	Enter the amount directly expended	, , ,	•	***************************************	\$
2	Enter the amount of the filing organ		-		
	exempt function activities				\$
3	Total exempt function expenditures				•
	line 17b				\$N.
4	Did the filing organization file <b>Form</b> Enter the names, addresses and em				
5	made payments. For each organizar			-	
	contributions received that were pro	•			•
	political action committee (PAC). If				
	<b>(a)</b> Name	(b) Address	(o) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990) 2022

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232041 11-08-22

Sch	edule C (Form 990) 2022	TECH BEI.T E	NERGY INNOV	ATTON CENTER	) **_ <b></b>	r**0738 Page <b>2</b>
	rt II-A Complete if the org section 501(h)).					
	expenses, and shar	re of excess lobbying e	liated group (and list in expenditures).  nd "limited control" pro		group member's nam	e, address, EIN,
		ts on Lobbying Exper ditures" means amou	nditures ints paid or incurred.)		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
b d d	1a Total lobbying expenditures to influence public opinion (grassroots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount. Enter the amount from the following table in both columns.  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not over \$500.000  20% of the amount on line 1e.					
	Over \$500,000 but not over \$1,000 Over \$1,000,000 but not over \$1,5 Over \$1,500,000 but not over \$17, Over \$17,000,000	00,000 \$175,00	00 plus 15% of the exce 00 plus 10% of the exce 00 plus 5% of the exces 000.	ess over \$1,000,000.		
h	Grassroots nontaxable amount (en Subtract line 1g from line 1a. If zer Subtract line 1f from line 1c. If zer If there is an amount other than ze reporting section 4911 tax for this	o or less, enter -0- o or less, enter -0- ro on either line 1h or l	line 1i, did the organiza	ation file Form 4720		Yes No
	(Some organizations the	4-Year Ave nat made a section 50 See the separa	eraging Period Under 01(h) election do not l ate instructions for lin	Section 501(h) nave to complete all c nes 2a through 2f.)		
	Calendar year	Lobbying Exper	nditures During 4-Yea	r Averaging Period (c) 2021	(d) 2022	(e) Total

Lobbying Expenditures During 4-Year Averaging Period										
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) Total					
2a Lobbying nontaxable amount										
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))										
c Total lobbying expenditures										
<b>d</b> Grassroots nontaxable amount										
e Grassroots ceiling amount (150% of line 2d, column (e))										
f Grassroots lobbying expenditures										

Schedule C (Form 990) 2022

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b)	
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
С	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		Х		
	Grants to other organizations for lobbying purposes?		X		
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			299.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X			478.
_	Other activities?	X			120.
	Total. Add lines 1c through 1i				897.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  † III-A   Complete if the organization is exempt under section 501(c)(4), section	n F01/a\/F	) or ooc	tion	
Pai	<u>'t III-A</u> Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	)	o, or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part I	II-A, line	3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	icai			
_	expenses for which the section 527(f) tax was paid).		0-		
	Current year				
	Carryover from last year				
C					
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the control of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and process the exceeds				
			4		
5	expenditures next year? Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information		3		
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	n list\· Part II-	Δ lines 1 a	nd 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	J 113t), 1 alt 117	, iii 103 T a	11d 2 (OCC	
	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
	, , , , , , , , , , , , , , , , , , , ,				
THI	E ORGANIZATION ATTEMPTED AT GETTING PRO EV LEGISLAT	ION PAS	SED A	г оніс	)
ST	ATE HOUSE BY TESTIFYING AND ATTEMPTED AT GETTING PRO	O AMERI	CA MA	DE AND	)
PRO	O CLEAN ENERGY POLICY IMPLEMENTED AT FEDERAL LEVEL	BY SPEA	KING	WITH	
GO7	VERNMENT OFFICIALS AND REVIEWING LEGISLATION.				

Schedule C (Form 990) 2022

## **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

TECH BELT ENERGY INNOVATION CENTER

**Employer identification number** \*\*-\*\*\*0738

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Accounts	<ul> <li>Complete if th</li> </ul>	е
	organization disenses to our our coo, raintry, mis	(a) Donor advi	sed funds	(b) Funds	and other accou	nts
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 w	vriting that the assets I	neld in donor advise	ed funds		
	are the organization's property, subject to the organization's e	exclusive legal control	>		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	☐ No
Pai	rt II Conservation Easements. Complete if the org					
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply	).			
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of	a historically imp	oortant land area	
	Protection of natural habitat		Preservation of	a certified histor	ic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contr	bution in the form	of a conservation	easement on th	e last
	day of the tax year.			He	ld at the End of th	e Tax Year
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired at	fter July 25,2006, and	not on a			
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				ing the tax	
	year					
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations,	and enforcing cons	ervation easeme	nts during the ye	ear
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and	enforcing conservat	ion easements d	uring the year	
8	Does each conservation easement reported on line 2(d) above	, ,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation	n easements in its rev	enue and expense	statement and		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	's financial stateme	ents that describe	es the	
Da	organization's accounting for conservation easements.	Aut Historical To		O::I A		
Pal	organizations Maintaining Collections of		easures, or Ot	ner Similar A	ssets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 958	'				
	of art, historical treasures, or other similar assets held for publ			-	lic	
	service, provide in Part XIII the text of the footnote to its finance					
b	, ,					
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furth	erance of public	service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
				\$_		
2	If the organization received or held works of art, historical trea			gain, provide		
	the following amounts required to be reported under FASB AS					
	, , , , , , , , , , , , , , , , , , , ,					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Sc	hedule D (Form	990) 2022

232051 09-01-22

Par	rt III Organizations Maintaining Co	ollections of Ar	t, Histo	rical Tre	easures, o	r Other	Similar A	Assets	(contin	nued)
3	Using the organization's acquisition, accessic	n, and other record	s, check	any of the	following that	t make sig	nificant use	of its		
	collection items (check all that apply):									
а	Public exhibition	c	j 🔲 L	oan or exc	hange progra	am				
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how the	ey further th	ne organizatio	on's exem	pt purpose	in Part	XIII.	
5	During the year, did the organization solicit or	receive donations	of art, his	torical treas	sures, or othe	er similar a	assets			
	to be sold to raise funds rather than to be ma	intained as part of t	he organi	zation's co	llection?				Yes	☐ No
Par	rt IV Escrow and Custodial Arrang								ine 9, or	
	reported an amount on Form 990, Par			_						
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for c	ontribution	s or other ass	sets not in	cluded			
	on Form 990, Part X?								Yes	☐ No
b										
									Amount	t
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year									
f	Ending balance						1f			
2a							y?	$\square$	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	n has been	provided on	Part XIII				
Par	rt V Endowment Funds. Complete if	the organization an	swered "	Yes" on Fo	orm 990, Part	IV, line 10	).			
		(a) Current year	<b>(b)</b> Pi	rior year	(c) Two yea	rs back (	<b>d)</b> Three yea	rs back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	011 121 ( ( )212									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	, column (a	)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held ar	nd administer	red for the	;			
	organization by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as requir	red on Sc	hedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment fu	ınds.						
Pai	rt VI Land, Buildings, and Equipme									
	Complete if the organization answered	I "Yes" on Form 990	), Part IV,	line 11a. S	See Form 990	, Part X, li	ne 10.			
	Description of property	(a) Cost or o		. ,	t or other		cumulated		(d) Bool	k value
		basis (investr	ment)		(other)	dep	reciation			
1a	Land				0,000.					0,000.
b	Buildings			4,38	6,807.	8	40,607	7 •	3,540	5,200.
С	Leasehold improvements							$\perp$		
d	Equipment			16	8,838.		<u>66,928</u>	3.	101	1,910.
e	Other									
Total	I. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X colum	n (B) line 1	0c )				3,698	3,110.

Schedule D (Form 990) 2022

Schedule D (F	Form 990) 2022	TECH	BELT	ENERGY	INNOVATION	CENTER	**-***0738	Page 3
Part VII	nvestments -	Other Sec	urities.					
— (	Complete if the or	agnization and	wared "Ve	e" on Form 0	00 Part IV line 11h S	ee Form 990 Part	Y line 12	

<del>-</del>		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
T-1-1 (O-1 (b)1 F 000 D-+V1 (D) I' 10 )		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

Part VIII Investments - Program Related.

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	
	I

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASE LIABILITIES	6,671.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	6,671.

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

Schedule D (Form 990) 2022

Pa	art XI Reconciliation of Revenue per Aud	ited Financial Statements	With Reve	enue per Re	turn.		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited fi	nancial statements			1	2,250,839	9 <b>.</b>
2	Amounts included on line 1 but not on Form 990, Par	t VIII, line 12:					
а	a Net unrealized gains (losses) on investments	L	2a				
b	<b>b</b> Donated services and use of facilities		2b	22,412.			
С	c Recoveries of prior year grants		2c				
d	d Other (Describe in Part XIII.)	L	2d				
е	e Add lines 2a through 2d				2e	22,412	
3	Subtract line 2e from line 1				3	2,228,427	7.
4	Amounts included on Form 990, Part VIII, line 12, but	not on line 1:					
а	a Investment expenses not included on Form 990, Part	VIII, line 7b	4a				
b	b Other (Describe in Part XIII.)	L	4b				
С	c Add lines 4a and 4b				4c		<u>).</u>
5	Total revenue. Add lines 3 and 4c. (This must equal F	orm 990, Part I, line 12.)			5	2,228,427	7.
Pa	art XII Reconciliation of Expenses per Au		s With Exp	enses per R	leturr	1.	
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial state	ments			1	2,175,601	<u>l.</u>
2	Amounts included on line 1 but not on Form 990, Par	t IX, line 25:					
а	a Donated services and use of facilities		2a	22,412.			
b	b Prior year adjustments		2b				
С	c Other losses		2c				
d	d Other (Describe in Part XIII.)	L	2d				
е	e Add lines 2a through 2d				2e	22,412	
3	Subtract line 2e from line 1				3	2,153,189	<u> </u>
4	Amounts included on Form 990, Part IX, line 25, but i	not on line 1:					
а	a Investment expenses not included on Form 990, Part	VIII, line 7b	4a				
b	b Other (Describe in Part XIII.)		4b			_	
С	c Add lines <b>4a</b> and <b>4b</b>				4c		<u>).</u>
		Form 990 Part I line 18 )			5	2,153,189	

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; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X, LINE 2:

#### FIN 48 (ASC 740) FOOTNOTE:

THE FOLLOWING FOOTNOTE IS INCLUDED IN THE FINANCIAL STATEMENTS: THE CENTER IS A NON-PROFIT ORGANIZATION THAT IS TAX EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE CENTER AND HAS CONCLUDED THAT, AS OF DECEMBER 31, 2022 THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE SUCH RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. AS OF DECEMBER 31 2022, THE CENTER'S INCOME TAX YEARS REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, AS WELL AS, VARIOUS STATE AND LOCAL TAXING AUTHORITIES, GENERALLY FOR THREE YEARS.

Schedule D (Form 990) 2022

Schedule D	) (Form 990) 2022	TECH	${ t BELT}$	ENERGY	INNOVATION	CENTER	**-***0738	Page 5
Part XIII	(Form 990) 2022 Supplemental Inform	mation	/aantinuad	1				. age e
r are zem	cappionioniai inion		(Continuea)	)				
-								

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

### **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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number TECH BELT ENERGY INNOVATION CENTER \*\*-\*\*\*0738

Part I Fundraising Activities required to complete this par	Complete if the organization answet	red "Y	es" on	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais	sed funds through any of the followin  e X Solicitat  f X Solicitat  g X Special  or oral agreement with any individual  cart VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-governising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or con contribu	istody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
ZO GONGUI ETNG TTG	OD AND LID FRENCE AND	V-				
O CONSULTING LLC - 460 E FEDERAL ST, YOUNGSTOWN, OH	GRANT WRITING AND DEVELOPING FUNDRAISING	Yes	No X	122,267.	56,578.	65,689.
3 List all states in which the organization	on is registered or licensed to solicit c	ontribu	utions	122,267. or has been notified	56,578. it is exempt from req	65,689. gistration
or licensing.						
OH						

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

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

CHAMP FONTING EVENT (event type) (event type) (total number) (ad oc), (a) through col. (c)			of fundraising event contributions and gro			vents with gross receipt	ts greater than \$5,000.
EVENT (event type) (event type) (total number) col. (e) c				(a) Event #1	<b>(b)</b> Event #2	• •	''
1 Gross receipts   (event type)   (event type)   (total number)   Col. (e)						NONE	(add col. (a) through
1 Gross receipts					(event type)	(total number)	col. <b>(c)</b> )
2 Less: Contributions 19,702. 19,702. 3 Gross income (line 1 minus line 2) 5,500. 5,50	ne			(overne type)	(ovone type)	(total Hambol)	
3 Gross income (line 1 minus line 2) 5,500 5,500 5,500 5,500 5,500 6  4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 320 320 320 320 320 320 320 320 320 320	Reven	1	Gross receipts	25,202.			25,202.
4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (s) 2, 132  Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990 EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (ad col. (a) through col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (ad col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (ad col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (ad col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (ad col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (ad col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (ad col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (ad col. (a) through col. (c) Other gaming (d) Total gaming (ad col. (a) through col. (c) Other gaming (ad col		2	Less: Contributions	19,702.			19,702.
5 Noncash prizes  6 Rent/facility costs  7 Food and beverages  8 Entertainment  9 Other direct expenses summary. Add lines 4 through 9 in column (d)  10 Direct expense summary. Add lines 4 through 9 in column (d)  2 , 132  Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo  (b) Pull tabs/instant bingo/progressive bingo  (c) Other garning (d) Total garning (ad col. (a) through col. (a) through col. (a) through col. (b) Full tabs/instant bingo/progressive bingo  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  Yes % Y		3	Gross income (line 1 minus line 2)	5,500.			5,500.
6 Rent/facility costs  7 Food and beverages  8 Entertainment  9 Other direct expenses summary. Add lines 4 through 9 in column (d)  10 Direct expense summary. Subtract line 7 from line 1, column (d)  2 Cash prizes  6 Volunteer labor  7 Direct expense summary. Add lines 2 through 9 in column (d)  2 Cash prizes  6 Volunteer labor  9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities:  a Is the organization licensed to conduct gaming activities:  a Is the organization licensed to conduct gaming activities:  a Is the organization licensed to conduct gaming activities:  a Is the organization licensed to conduct gaming activities:  a Is the organization licensed to conduct gaming activities:  a Is the organization licensed to conduct gaming activities:  a Is the organization licensed to conduct gaming activities:  a Is the organization licensed to conduct gaming activities:  a Is the organization licensed to conduct gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  10 a Vera any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  10 a Vera any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  10 a Vera any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  10 a Vera any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  10 a Vera any of the organization is gaming licenses revoked, suspended, or terminated during the tax year?  10 a Vera any of the organization is gaming licenses.		4	Cash prizes				
8 Entertainment 9 Other direct expenses 3,048. 10 Direct expense summary. Add lines 4 through 9 in column (d) 2,132  Part III   Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo   (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming (ad col. (a) through col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming (ad col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming (ad col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming (ad col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming (ad col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming (ad col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming (ad col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming (ad col. (a) through col. (d) through col. (d) Total gaming (ad col. (a) through col. (d) Total gaming		5	Noncash prizes				
8 Entertainment 9 Other direct expenses 3,048. 10 Direct expense summary. Add lines 4 through 9 in column (d) 2,132  Part III   Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo   (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming (ad col. (a) through col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming (ad col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming (ad col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming (ad col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming (ad col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming (ad col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming (ad col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming (ad col. (a) through col. (d) through col. (d) Total gaming (ad col. (a) through col. (d) Total gaming	sesued	6	Rent/facility costs				
8 Entertainment 9 Other direct expenses 3,048. 10 Direct expense summary. Add lines 4 through 9 in column (d) 2,132  Part III   Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo   (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming (ad col. (a) through col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming (ad col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming (ad col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming (ad col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming (ad col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming (ad col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming (ad col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming (ad col. (a) through col. (d) through col. (d) Total gaming (ad col. (a) through col. (d) Total gaming	irect Ex	7	Food and beverages	320.			320.
9 Other direct expenses 3,048. 3,048. 10 Direct expenses summary. Add lines 4 through 9 in column (d) 2,132  Part III   Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo   (b) Pull tabs/instant   (c) Other gaming   (d) Total gaming (ad col. (a) through col. (b) Pull tabs/instant   (c) Other gaming   (d) Total gaming (ad col. (a) through col. (b) Pull tabs/instant   (c) Other gaming   (d) Total gaming (ad col. (a) through col. (b) Pull tabs/instant   (c) Other gaming   (d) Total gaming (ad col. (a) through col. (b) Pull tabs/instant   (d) Total gaming (ad col. (a) through col. (b) Pull tabs/instant   (d) Total gaming (ad col. (a) through col. (b) Pull tabs/instant   (d) Total gaming (ad col. (a) through col. (b) Pull tabs/instant   (d) Total gaming (ad col. (a) through col. (b) Pull tabs/instant   (d) Total gaming (ad col. (a) through col. (b) Pull tabs/instant   (d) Total gaming (ad col. (a) through col. (b) Pull tabs/instant   (d) Total gaming (ad col. (a) through col. (b) Pull tabs/instant   (d) Total gaming (ad col. (a) through col. (b) Pull tabs/instant   (d) Total gaming (ad col. (a) through col. (b) Pull tabs/instant   (d) Total gaming (ad col. (a) through col. (c) Other gaming   (d) Total gaming (ad col. (a) through col. (c) Other gaming   (d) Total gaming (ad col. (a) through col. (c) Other gaming   (d) Total gaming (ad col. (a) through col. (c) Other gaming   (d) Total gaming (ad col. (a) through col. (c) Other gaming   (d) Total gaming (ad col. (a) through col. (c) Other gaming   (d) Total gaming (ad col. (a) through col. (c) Other gaming   (d) Total gaming (ad col. (a) through col. (c) Other gaming   (d) Total gaming (ad col. (a) through col. (c) Other gaming   (d) Total gaming (ad col. (a) through col. (c) Other gaming   (d) Total gaming (ad col. (a) through col. (c) Other gaming   (d) Total gaming (ad col. (a) through col. (c) Other gaming (ad col. (a) through col. (c) Other gaming (ad col. (a) throug		8	Entertainment				
10 Direct expense summary. Add lines 4 through 9 in column (d) 2, 132  Part III Saming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than  \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (col. (a) through col. (col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (col. (a) through col. (col. (a) t		9		3,048.			3,048.
Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (col. (a) through col. (c) (a) through col. (c) Other gaming (col. (c) Other		10		9 in column (d)			3,368.
\$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (ad col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (ad col. (a) through col. (c) Other gaming (d) Total gaming (ad col. (a) through col. (c) Other gaming (d) Total gaming (ad col. (a) through col. (c) Other gaming (d) Total gaming (ad col. (a) through col. (c) Other gaming (d) Total gaming (ad col. (a) through col. (c) Other gaming (d) Total gaming (ad col. (a) through col. (c) Other gaming (d) Total gaming (ad col. (a) through col. (c) Other gaming (d) Total gaming (ad col. (a) through col. (c) Other gaming (d) Total gaming (ad col. (a) through col. (c) Other gaming (d) Total gaming (ad col. (a) through col. (c) (d) Total gaming (ad col. (a) through col. (c) (e) Other gaming (d) Total gaming (ad col. (a) through col. (c) (e) Other gaming (d) Total gaming (ad col. (a) through col. (c) (e) Other gaming (d) Total gaming (ad col. (a) through col. (c) (e) Other gaming (d) Total gaming (ad col. (a) through col. (c) (e) Other gaming (d) Total gaming (ad col. (a) through col. (c) (e) Other gaming (d) Total gaming (ad col. (a) through col. (c) (e) Other gaming (d) Total gaming (ad col. (a) through col. (c) (e) Other gaming (d) Total gaming (particle states) (particle state			Net income summary. Subtract line 10 from li	ne 3, column (d)			2,132.
Canal Bingo	Pa	rt I	<b>II Gaming.</b> Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
1 Gross revenue			\$15,000 on Form 990-EZ, line 6a.	<b>.</b>	1		
2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses    Yes	nue			(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses    Yes	eve!						
3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines 2 through 5 in column (d)  8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes N	Ь	1	Gross revenue				
3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines 2 through 5 in column (d)  8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes N							
5 Other direct expenses	Se	2	Cash prizes				
5 Other direct expenses	xpense	3	Noncash prizes				
5 Other direct expenses	irect E	4	Rent/facility costs				
6 Volunteer labor No		_	O				
6 Volunteer labor No No No No  7 Direct expense summary. Add lines 2 through 5 in column (d)  8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes No		5	Other direct expenses				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  N		6	Volunteer labor				
9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  N		7	Direct expense summary. Add lines 2 through	5 in column (d)			
9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  N		o	Not gaming income summer. Subtract line 7	from line 1 column (d)			
a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  Yes  N		0	Net gaming income summary. Subtract line /	nom line 1, column (d)			<u> </u>
a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  Yes  N	a	Fnt	ter the state(s) in which the organization condu	cts gaming activities.			
b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  15 Yes N							Yes No
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes N							
	~		, <del>-</del>				
		_					
	10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	ear?	Yes No
	b	If "	Yes," explain:				
		_					
		_					

Schedule G (Form 990) 2022

232082 10-27-22

Schedule G (Form 990) 2022 TECH BELT ENERGY INNOVATION CENTER **-	·***0738	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
<b>b</b> An outside facility		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		,,,
The little faile halfe and address of the person who propares the organization of garning special events books and records.		
Name		
Name		
Address		
Additess		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes [	No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
of gaming revenue retained by the third party \$		
c If "Yes," enter name and address of the third party:		
on 100, onto hand address of the time party.		
Name		
Address		
Additess		
16. Caming manager information:		
16 Gaming manager information:		
Nama		
Name		
Gaming manager compensation \$		
Gaming manager compensation \$		
Description of continue provided		
Description of services provided		
Director/officer Employee Independent contractor		
Director/officer Employee Independent contractor		
47 Mandalana Pakilandiana		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		<b>— .</b> .
retain the state gaming license?	L Yes L	No
<b>b</b> 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 \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, lines 9, 9b	, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
GGWPDW B G DIDE T TIME OD TIGE OF THE WIGHT B TIME THE TI	. ~	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISEF	ls:	
(I) NAME OF FUNDRAISER: KO CONSULTING LLC		
(-)		
(I) ADDRESS OF FUNDRAISER: 460 E FEDERAL ST, YOUNGSTOWN, OH 445	03	
(II) ACTIVITY: GRANT WRITING AND DEVELOPING FUNDRAISING STRATEGY	<u> </u>	

Schedule G	(Form 990)	TECH	${ t BELT}$	ENERGY	INNOVATION	CENTER	**-***0738	Page 4
Part IV	G (Form 990)  Supplemental Inform	mation	(continued	1				g
. artii	- Cupplemental inter-	mation	<u>(continuea)</u>	)				
					<u> </u>			

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  TECH BELT	ENERGY IN	NOVATION C	ENTER				Employer identification number **-***0738
Part I General Information on Grants a	nd Assistance						
<ul> <li>Does the organization maintain records or criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro</li> </ul>	stance?						
Part II Grants and Other Assistance to recipient that received more than					anization answered "\	Yes" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NEW RESOURCE SOLUTIONS, LLC 762 W UNION ST, SUITE E							
ATHENS, OH 45701	**-***2342		15,000.	0.			ESP PROGRAM
SPECIAL POWER SOURCES, LLC 930 W ELY ST ALLIANCES, OH 44601	**_***8596		17,102.	0.			ESP PROGRAM
LAND ENERGY, INC. 1265 WEST 65TH ST CLEVELAND, OH 44102	**-***0745		22,000.	0.			ESP PROGRAM
SOLARSPACE 9040 S RITA RD, SUITE 1270 TUCSON, AZ 85747	**-***1409		10,000.	0.			ESP PROGRAM
NEXTECH MATERIALS, LTD. 404 ENTERPRISE DRIVE LEWIS CENTER, OH 43035	**-***1978		33,000.	0.			ESP PROGRAM
POWER TO HYDROGEN 6655 SINGLETREE DRIVE COLUMBUS, OH 43229	**-***7504		15,024.	0.			ESP PROGRAM
<ul><li>2 Enter total number of section 501(c)(3) a</li><li>3 Enter total number of other organization</li></ul>							

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

Schedule I (Form 990) 2022

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
				1
roquired in Part Llin	o 2: Part III. colum	a (b): and any other ac	Iditional information	L
required in rait i, iiir	e z, r art III, colum	ir (b), and any other ac	ditional information.	
	required in Part I, lin	required in Part I, line 2; Part III, column	required in Part I, line 2; Part III, column (b); and any other ac	required in Part I, line 2; Part III, column (b); and any other additional information.

## **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 Inspection

Name of the organization

Employer identification number

TECH BELT ENERGY INNOVATION CENTER	**-***0738
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 REVIEW:	
FORM 990 WAS REVIEWED BY THE INTERNAL AFFAIRS COMMITTEE FO	
THEN TAKEN TO THE EXECUTIVE COMMITTEE FOR APPROVAL. THE F	ORM 990 IS THEN
MADE AVAILABLE TO ALL BOARD MEMBERS. IN THE PRIOR YEAR, FO	ORM 990 WAS
REVIEWED AND APPROVED BY THE FINANCE COMMITTEE (NOW THE IN	ITERNAL AFFAIRS
COMMITTEE) AND THE BOARD.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE BOARD IS REMINDED AT EACH BOARD MEETING TO IDENTIFY AN	IY POTENTIAL
CONFLICTS OF INTEREST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE CENTER'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AN	ID CONFLICT OF
INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROGRAM SUBCONTRACTOR:	
PROGRAM SERVICE EXPENSES	560,458.
MANAGEMENT AND GENERAL EXPENSES	5,696.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	566,154.
PAYROLL SERVICE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	18,270.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022	Page 2
Name of the organization TECH BELT ENERGY INNOVATION CENTER	Employer identification number **-***0738
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,270.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	584,424.

#### **SCHEDULE R** (Form 990)

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

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization \*\*-\*\*\*0738 TECH BELT ENERGY INNOVATION CENTER

	(a)	(b)	(c)	(d)		(e)			(f)	
	Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	I	ome	End-of-year	assets	Direct o	controlling ntity	g
TECH BEI	LT LAND COMPANY LLC									
125 WES	T MARKET STREET									
WARREN,	OH 44481	INACTIVE	оніо		0.		0.	BRITE ENERGY	Y INNOV	ATORS
Part II	Identification of Related Tax-Exempt Organizations during the tax year.	nizations. Complete if the organization	on answered "Yes" on Form 990	), Part IV, line 34,	becaus	e it had one	or more	related tax-exe	mpt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	statu	(e) olic charity is (if section	Dire	(f) ct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
			3 77		5	01(c)(3))			Yes	No

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

Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionata	Code V-UBI	General o	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
				1					1		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Schedule R (Form 990) 2022

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		
	Gift, grant, or capital contribution to related organization(s)						
С	Gift, grant, or capital contribution from related organization(s)				1c		
	Loans or loan guarantees to or for related organization(s)						
	Loans or loan guarantees by related organization(s)						
f	Dividends from related organization(s)				1f		
g	Sale of assets to related organization(s)				1g		
i	Exchange of assets with related organization(s)				1i		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		
k	Lease of facilities, equipment, or other assets from related organization(s)						
ı	Performance of services or membership or fundraising solicitations for related organ						
	Performance of services or membership or fundraising solicitations by related organ						
	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		
0	Sharing of paid employees with related organization(s)				10		
	Reimbursement paid to related organization(s) for expenses						
q	Reimbursement paid by related organization(s) for expenses				1q		
	Other transfer of cash or property to related organization(s)						
	Other transfer of cash or property from related organization(s)				1s		
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered rela	tionships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	t involved		
1)							
2)							
3)							
4							
4)							
<b>5</b> )							
5)							
6)							
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(1	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec	Share of	Share of	Dispr	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentage
of entity		(state or foreign	related, unrelated,	partners sec 501(c)(3) orgs.?	total	end-of-year	alloca	tions?	amount in box 20	managii	ownership
		country)	sections 512-514)	Yes No		assets	Yes	No	(Form 1065)	Vec N	
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### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print \*\*-\*\*\*0738 TECH BELT ENERGY INNOVATION CENTER File by the Number, street, and room or suite no. If a P.O. box, see instructions. 125 W MARKET ST. filing your return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. WARREN, OH 44481 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) RICK STOCKBURGER, PRESIDENT ullet The books are in the care of lackbox 125 WEST MARKET - WARREN, OH 44481 Telephone No. ► 330-395-3500 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this If it is for part of the group, check this box 🕨 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023 the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or tax year beginning and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

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instructions

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)