** PUBLIC DISCLOSURE COPY **

Form **990**

Internal Revenue Service

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

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

2017
Open to Public Inspection

<u>A F</u>	or the	2017 calendar year, or tax year beginning FEB 21, 2017 and ending	DEC	31, 20	<u> 17</u>									
	heck if pplicable	C Name of organization	D	Employer ide	ntific	cation number								
	Addres	FERRIS WHEEL INNOVATION CENTER												
	Name change Initial	Doing business as 100K IDEAS				434313								
X	return	Number and street (or P.O. box if mail is not delivered to street address)												
	Final return/	615 S. SAGINAW STREET		(8	10) 213-4637 1,059,403.								
	termin- ated	, , , , , , , , , , , , , , , , , , ,												
	Amend return	FLINI, MI 46502	H(a	a) Is this a gro	up re									
	Applica tion pending			for subordin										
		SAME AS C ABOVE	H(b) Are all subordina	ates ind	cluded? Yes No								
		mpt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or	527	If "No," atta	ch a	list. (see instructions)								
		e: ▶ NONE		Group exem										
			Year of for	mation: 201	7 M	State of legal domicile: MI								
Pa		Summary		7000 T170		-								
Φ		Briefly describe the organization's mission or most significant activities: TO PROVI			N.T.Y	<u>\L</u>								
Activities & Governance	-	EDUCATION AND PRACTICAL TRAINING TO STUDENTS	•											
ern		2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.												
Š		Number of voting members of the governing body (Part VI, line 1a)		3	3									
ه د		Number of independent voting members of the governing body (Part VI, line 1b)			4	3								
es		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			5	17								
ivit		Total number of volunteers (estimate if necessary)			6	3								
Act		Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.								
_	l d	Net unrelated business taxable income from Form 990-T, line 34			7b	0.								
				Prior Year		Current Year								
ne		Contributions and grants (Part VIII, line 1h)				1,052,500.								
len.		Program service revenue (Part VIII, line 2g)				6,903.								
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)				0.								
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)												
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)				1,059,403.								
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		_	152,000.									
			s paid to or for members (Part IX, column (A), line 4)											
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			_	141,017.								
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)				<u></u>								
Exp		Total fundraising expenses (Part IX, column (D), line 25) 1,899.				83,332.								
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			\dashv	376,349.								
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12				683,054.								
S	19	nevertue less expenses. Subtract line 16 from line 12	Reginni	ng of Current Y	991									
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Deyllilli	ing of Current 1	Cai	End of Year 848,976.								
Asse Bala	21	rotal liabilities (Part X, line 16)				165,922.								
Vet /	22 1	Net assets or fund balances. Subtract line 21 from line 20			_	683,054.								
Pa	rt II	Signature Block				00370311								
Unde	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements. a	and to the best o	of my	knowledge and belief, it is								
		, and complete. Declaration of preparer (other than officer) is based on all information of which prej				,								
Sigr	,	Signature of officer		Date										
Her	- 1	► DAVID J. OLLILA, PRESIDENT												
		Type or print name and title												
		Print/Type preparer's name Preparer's signature	Date	Chec		PTIN								
Paid		DAVID LOWENTHAL DAVID LOWENTHAL	11/	15/18 self-	employe	P00378651								
Prep		Firm's name PLANTE & MORAN, PLLC		Firm's EIN		38-1357951								
Use	Only	Firm's address 10 S. RIVERSIDE PLAZA, 9TH FLOOR												
		CHICAGO, IL 60606		Phone no.	(3:									
May	the IR	S discuss this return with the preparer shown above? (see instructions)				X Yes No								

Pai	t III	Statement of Program Service			
1	Briofl.	Check if Schedule O contains a respon- y describe the organization's mission:	se or note to any line in this Part III NONE		<u></u>
•	Briefity	y describe the organization's mission.	NONE		
_					
2		ne organization undertake any significan			
		Form 990 or 990-EZ? s," describe these new services on Sche			Yes X No
3		ne organization cease conducting, or ma		ts, any program services?	Yes X No
Ū		s," describe these changes on Schedule		is, any program services:	103 [22]140
4		ribe the organization's program service a		gest program services, as measured by	/ expenses.
	Section	on 501(c)(3) and 501(c)(4) organizations	are required to report the amount of gran	nts and allocations to others, the total e	expenses, and
	reven	ue, if any, for each program service repo		150.000	
4a	(Code:		9,768. including grants of \$		6,903.
		RIS WHEEL INNOVATION S.T.E.A.M. (SCIENCE,			
		VIDING EXPERIMENTAL			
		Y ARE GUIDED IN AIDI			
		NGING PRODUCTS FROM			
		BILITY IN FLINT, MIC			
4 b	(0.1	\/c		\ /a	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	-				
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(0000.			, (victoriae v	· · · · · · · · · · · · · · · · · · ·
					_
_					
4d	Other	program services (Describe in Schedule	e O.)		
	(Expens	ses \$ inclu	ding grants of \$) (Revenue \$)
4e	Total	program service expenses	239,768.		
					Form 990 (2017)

Form 990 (2017) FERRIS WHEEL Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			**
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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,"			
	complete Schedule G. Part III	19	000	X

Form **990** (2017)

Part IV Checklist of Required Schedules (continued)

b If "Yes" to line 20s. did the organization attach a copy of its audited financial statements to this return? 20 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 17 II "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 II "Yes," complete Schedule I, Parts I and II 22 Did the organization answer "Yes" to Part IVI, Section A, line 3, 4, or \$ about compensation of the organization's current and former offices, director, trustees, key employees, and higher compensated employees? If "Yes," complete Schedule I, Part I and III 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, Part I and III				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic operament on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "yes" to Part IX, liscotion A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Parts I and III 24 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 2.4b through 2.4d and complete Schedule K. If "No", go to line 25a 25a Schedule K. If "No", go to line 25a 25b Did the organization maintain an escrow account of the than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25c Did the organization maintain an escrow account of the than a refunding escrow at any time during the year? 25a School 950(16)(3), 601(6)(4), and 501(6)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person line a price year. And that the transaction has not been reported on any of the organization engage in an excess benefit transaction with a disqualified person line a price year. And that the transaction has not been reported on any of the organization sprice Forms 990 or 990 E27. If "Yes," complete Schedule L, Part II 25b X 27b Did the organization provide a grant or other assistance to an officer, director, trustee, key employee? If "Yes," complete Schedule L, Part IV 27c Did the organization provide a grant or other assistance to an officer, director, trustee, key employee? If "Yes," complete Schedule L, Part IV 27c A mentity of which a current or former	20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX, column (A), line 17 // If Yes,* complete Schedule I, Parts I and II 21	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 X 23 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 24 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 25 Did the organization minist an escrow account other than a returnding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization makes are not behalf of issuer for bonds outstanding at any time during the year? 27 24d Did the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I 28 Did the organization are saware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 28 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, furstees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV 29 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, furstees, key employees, indigest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV 29 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, or well of the part V, in the part V	21				
Part IX, column (A), line 2? if "Yes," complete Schedule I, Parts I and III. 2 Id the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule If "No", go to line 25a. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization and an an escrow account other than a refunding secrow at any time during the year? 24d. d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d. b Is the organization avare that it engaged in an excess benefit transaction with a disqualified person during the year? 14d. b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person? If "Yes," complete Schedule I, Part IV "Thes," complete Schedule I, Part IV "Thes," complete Schedule I, Part IV "Yes," complete Schedule I, Part IV "Yes," complete		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule If If Yes, a to the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule If If Yes, or the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule If If Yes, or the year, that was in your case of the year, that was increased or tax-exempt bond search of the year, that was increased or the last day of the year, that was increased and your proceeds of tax-exempt bonds beyond a temporary period exception? 24a	22				
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. I be 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 24th through 24d and complete Schedule II. I be in the Schedule II. I be II. I be in the Schedule II. I be III. I be II.			22		<u> </u>
Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 5 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 6 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 6 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 7 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 8 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 9 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 9 Did the organization are at an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax exempt bonds? 9 Did the organization are at an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax exempt bonds? 9 Did the organization are at an "on behalf of" issuer for bonds outstanding at any time during the year? 9 Did the organization are at at an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax exempt to maintain an excess benefit transaction with a disqualified person any price organization and price and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction expenses benefit transaction with a disqualified person in a prior year, and that the transaction any price for any organiz	23				
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a		, ,			٦,
schedule K, if 'No', go to line 25a b Did the organization mest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an 'on behalf off' issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? d Did the organization act as an 'on behalf off' issuer for bonds outstanding at any time during the year? d Did the organization act as an 'on behalf off' issuer for bonds outstanding at any time during the year? d Did the organization act as an 'on behalf off' issuer for bonds outstanding at any time during the year? d Did the organization act as an 'on behalf off' issuer for bonds outstanding at any time during the year? d Did the organization act as an 'on behalf off' issuer for bonds outstanding at any time during the year? 24d			23		<u> </u>
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 secrow at any time during the year to delease any tax-exempt bonds? 24c 25d 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 of any of the organization and that the transaction with a disqualified person of any of the organization and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 25d 25d 26d 27d 28d 29d 20d 25d 25d 25d 25d 25d 25d 25	24a				
b Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d					
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any tax exempt bonds? d the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d J 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? # "Yes," complete Schedule L, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction reported on any of the organization sprior Forms 990 or 990-E27 # "Yes," complete Schedule L, Part II 25b X 27 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, injenses to complete Schedule persons? # "Yes," complete Schedule L, Part III 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? # "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions; a A current or former officer, director, trustee, or key employee? # "Yes," complete Schedule L, Part IV instructions or direct or indirect owner? # "Yes," complete Schedule L, Part IV instructions? # "Yes," complete Schedule N, Part I instructions? # "Yes," complete Schedule N, Part I instruction solitons on an entity disregarded as separate from the organization under Regulations sections 301,7701-2 and 301,7701-37 # "Yes," complete Schedule R, Part I, # N, or M, or			24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	С	, , ,			
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 b Is the organization averaged 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 in a prior year, and that the transaction has not been reported on any of the organization in prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II I Part II I I I I I I I I I I I I I I I I I					
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II conflicts or employee thereof, a grant assistance to an officer, director, trustee, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III at Acurrent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions of a family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions? If "Yes," complete Schedule R, Part II instructions? If "Yes," complete Schedule R, Part II instructions on tools of the organization related to any tax-exempt or taxable entity? If "Yes," complete Sched			240		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Part I	2 5a		250		v
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	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Note. All Form 990 filers are required to complete Schedule O			38	X	

Form 990 (2017) FERRIS WHEEL INNOVATION CENTER Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c	Х	
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	17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	y over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	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 Advanced in the Financi	ccount	s (FBAR).			
5a	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	ction?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			3.7
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		77
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		<u> </u>
				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?	ıs requ	irea	7.		x
٨	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c		25
u	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		2	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		?	7 6		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of qualified intellectual property, and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, and the organization received a contribution received a contribution received a contribution received a contribution received a contrib			7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?	-		8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	•	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	•			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	٠				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		44		v
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b	990	(2017)
				ı UIIII	-55	(2011)

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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 in Schedule O. See instructions.

	to me da, de, or real scient, december the chearmatanees, proceeded, or analysis in constant of color metablishes.			77
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		77	
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶MI			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) at	/ailable		
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	HEIDI MCARA - (810)213-4637			
	615 S. SAGINAW STREET, FLINT, MI 48502			

Form **990** (2017)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per	box	not cl	Pos heck i ss per	more son i	than on the state of the state	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer P	Key employee	Highest compensated 5		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatior from the organization and related organizations
1) DAVID J. OLLILA PRESIDENT, DIRECTOR	1.00	Х		Х				0.	0.	0
2) JOCELYN K. HAGERMAN	1.00									
ECRETARY, TREASURER, DIRECTOR 3) PHILIP ROSS HAGERMAN	0.00	Х		Х				0.	0.	0
OIRECTOR	1.00	х						0.	0.	0
4) LESLEY SLAVITT EXECUTIVE DIRECTOR (THRU 11/2017)	40.00			х				66 927	0.	0
ARCUITVE DIRECTOR (THRO 11/2017)	0.00							66,827.	0.	0

Form 990 (2017)

rait	Section A. Officers, Directors, Trus	tees, Key Em	oloye	ees,	and	l Hig	ghes	st C	ompensated Employee	S (continued)			
	(A) Name and title	(B) Average hours per	(do box,	not c	Posi heck r ss per nd a di	c) ition more rson i	ີ່ than is botl	one n an	(D) Reportable compensation	(E) Reportable compensation		(F) stimated nount o	
		week (list any hours for related organizations	tee or director		la a di		Highest compensated Employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	fr org	other pensat rom the janization d relate	e on
		below line)	Individual t	Institutional trustee	Officer	Key employee	Highest cor employee	Former			1	anizatio	
			-										
			1										
			1										
			1										
			-										
			-										
			-										
			-										
			-										
	Sub-total								66,827.	0.			0.
	Total (add lines 1b and 1c)							o re	66,827. eceived more than \$100,	0 • 000 of reportable			0.
	compensation from the organization										_	Yes	0 N o
	Did the organization list any former officer, line 1a? <i>If</i> "Yes," complete Schedule J for si	•			•	•	•		•		3		Х
	For any individual listed on line 1a, is the su and related organizations greater than \$150										4		Х
	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com										5		X
	on B. Independent Contractors Complete this table for your five highest con	mpensated inc		ndei	nt cc	ontra	acto	rs th	nat received more than \$	100,000 of compens	ation fr	 om	
	the organization. Report compensation for t (A)	the calendar ye	<u>ear e</u>	ndir	ng w	ith c	or wi	thin 	the organization's tax y		(0		
	Name and business	address	NC	ONE	3				Description of s	ervices	Compe	nsation	1
-								_					
-								_					
r 								_					
2	Total number of independent contractors (in	ncluding but n	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than			
;	\$100,000 of compensation from the organiz	zation >				()				Form	990 (2	2017)

Form 990 (2017) FERRIS

Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ΩS	1 a	Federated campaigns	1a					312 314
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
٦٩		Fundraising events	1 1					
ifts ar A		Related organizations						
s, Bilki		Government grants (contributi		450,000.				
igis	f	All other contributions, gifts, gran	ts, and					
the the		similar amounts not included above	/e 1f	602,500.				
g d	g	Noncash contributions included in lines	1a-1f: \$					
<u>පි පි</u>	h	Total. Add lines 1a-1f			1,052,500.			
				Business Code				
9	2 a	CLIENT PARTICIP	ATION F	900099	6,903.	6,903.		
ē Ķ	b							
Sch	С			_				
Jev Sev	d							
Program Service Revenue	е	<u> </u>						
ъ.		All other program service reve			6,903.			
-		Total. Add lines 2a-2f			0,903.			
	3	Investment income (including						
	4	other similar amounts)						
	5	Royalties	-					
	Ŭ	rioyaldos	(i) Real	(ii) Personal				
	6 a	Gross rents	(1) 11041	(ii) i Greenai				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		· <u>·····</u>				
e	8 a	Gross income from fundraising	-					
Ven		including \$ contributions reported on line						
Be		Part IV, line 18	,					
Other Revenu	h	Less: direct expenses						
ð		Net income or (loss) from fund		•				
		Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses						
	С	Net income or (loss) from gam	ing activities	<u> </u>				
	10 a	Gross sales of inventory, less	returns					
		and allowances	a					
	b	Less: cost of goods sold	b					
-	С	Net income or (loss) from sales	s of inventory .)				
		Miscellaneous Revenue		Business Code				
	b							
	C	All ablaca accessors						
		All other revenue						
	е 12	Total. Add lines 11a-11d Total revenue . See instructions.			1,059,403.	6,903.	0.	0.
732009				······	_,000,1000	0,000		Form 990 (2017)

Form 990 (2017) FERRIS WHEEL Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must compl		•	. ,	
	Check if Schedule O contains a respons			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	152,000.	152,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3					
	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,				
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	129,915.	73,830.	54,186.	1,899
7	Other salaries and wages	149,910.	13,030.	J4,100•	1,099
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	11,102.	7,016.	4,086.	
10	Payroll taxes	11,104.	7,010.	4,000.	
11	Fees for services (non-employees):				
a	Management	49,232.		49,232.	
b	Legal	49,232.		49,434.	
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	2 3/19	315.	2 033	
	column (A) amount, list line 11g expenses on Sch 0.)	2,348. 2,357.	313.	2,033. 2,357.	
12	Advertising and promotion	20,182.	1,914.	18,268.	
13	Office expenses	20,102.	1,914.	10,200.	
14	Information technology				
15	Royalties				
16	Occupancy	4,004.	4,004.		
17	Travel	4,004.	4,004.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	338.		338.	
19	Conferences, conventions, and meetings	330.		330.	
20	Interest				
21	Payments to affiliates	809.		809.	
22	Depreciation, depletion, and amortization	3,251.		3,251.	
23 24	Other expenses. Itemize expenses not covered	3,231.		3,231.	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DUES AND SUBSCRIPTIONS	491.	491.		
b	CLIENT RESEARCH EXPENSE	187.	187.		
C	BUSINESS REGISTRATION &	11.	11.		
d					
e	All other expenses	122.		122.	
25	Total functional expenses. Add lines 1 through 24e	376,349.	239,768.	134,682.	1,899
26	Joint costs. Complete this line only if the organization		===,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_,,
_5	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
70004	11-28-17		L	<u>l</u>	Form 990 (2017

Form 990 (2017) Part X Balance Sheet

ı a	πх	balance Sheet					
		Check if Schedule O contains a response or not	te to any l	ine in this Part X		······	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	618,718.
	2	Savings and temporary cash investments				2	· · · · · · · · · · · · · · · · · · ·
	3	Pledges and grants receivable, net				3	225,000
	4	Accounts receivable, net			4	, , , , , , ,	
	5	Loans and other receivables from current and for					
	•	trustees, key employees, and highest compensation		· · · · · · · · · · · · · · · · · · ·			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
	-	section 4958(f)(1)), persons described in section	•	,			
"		employers and sponsoring organizations of sec					
		employees' beneficiary organizations (see instr).		· ·		6	
Assets	7	Notes and loans receivable, net			7		
As	8	Inventories for sale or use				8	
	9					9	
	-	Land, buildings, and equipment: cost or other	I I				
		basis. Complete Part VI of Schedule D	10a	6.067.			
	h	Less: accumulated depreciation	10h	6,067.	0.	10c	5,258
	11	Investments - publicly traded securities				11	3,233
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - other securities. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	0.	16	848,976		
	17	Accounts payable and accrued expenses				17	165,817
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to current and former					
ties		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L	•			22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	•				
		Schedule D	,		0.	25	105
	26	Total liabilities. Add lines 17 through 25			0.	26	165,922
		Organizations that follow SFAS 117 (ASC 958					·
s		complete lines 27 through 29, and lines 33 ar					
S	27	Unrestricted net assets				27	683,054
<u>ala</u>	28	Temporarily restricted net assets				28	
0 B	29					29	
Ē		Organizations that do not follow SFAS 117 (A	SC 958),	check here			
ᅙ		and complete lines 30 through 34.					
îţ	30	Capital stock or trust principal, or current funds		[30	
SSE	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			0.	33	683,054
_	34	Total liabilities and net assets/fund balances			0.	34	848,976

Form **990** (2017)

Pai	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,05	9,4	03.
2	Total expenses (must equal Part IX, column (A), line 25)	2	37	6,3	49.
3	Revenue less expenses. Subtract line 2 from line 1	3	68	3,0	54.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	68	3,0	54.
Pai	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2017)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

FERRIS WHEEL INNOVATION CENTER 81-5434313 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					1243504.	1243504.
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					1243504.	1243504.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						552,760.
6	Public support. Subtract line 5 from line 4.						690,744.
	ction B. Total Support		•	•		•	•
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4					1243504.	1243504.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					0.	
9	Net income from unrelated business						
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1243504.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	6,903.
	First five years. If the Form 990 is for	•	,			n 501(c)(3)	•
	organization, check this box and stop	~			•		> X
Sec	ction C. Computation of Public						
14	Public support percentage for 2017 (li	ne 6, column (f) di	ivided by line 11, o	column (f))	-	14	%
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2017. If the o					nore, check this box	and
	stop here. The organization qualifies a	as a publicly supp	orted organization	١			
b	33 1/3% support test - 2016. If the o						
	and stop here. The organization quali	fies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact	s-and-circumstan	ces" test, check th	nis box and stop I	here. Explain in Pa	art VI how the organ	ization
	meets the "facts-and-circumstances" t	est. The organiza	tion qualifies as a	publicly supported	organization		▶□
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	e "facts-and-circu	mstances" test, cl	heck this box and	stop here. Explai	n in Part VI how the	•
	organization meets the "facts-and-circ	umstances" test.	The organization of	qualifies as a public	cly supported orga	nization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instructions	

Schedule A (Form 990 or 990-EZ) 2017

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support		· · · · · · · · · · · · · · · · · · ·						
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1 Gifts, grants, contributions, and								
membership fees received. (Do not								
include any "unusual grants.")								
2 Gross receipts from admissions,								
merchandise sold or services per- formed, or facilities furnished in								
any activity that is related to the								
organization's tax-exempt purpose								
3 Gross receipts from activities that								
are not an unrelated trade or bus-								
iness under section 513								
4 Tax revenues levied for the organ-								
ization's benefit and either paid to								
or expended on its behalf					-			
5 The value of services or facilities								
furnished by a governmental unit to								
the organization without charge								
6 Total. Add lines 1 through 5								
7a 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.) Section B. Total Support								
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
9 Amounts from line 6	(a) 2013	(b) 2014	(6) 2010	(u) 2010	(6) 2017	(i) Total		
10a 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								
11 Net income from unrelated business								
activities not included in line 10b, whether or not the business is								
regularly carried on								
12 Other income. Do not include gain or loss from the sale of capital								
assets (Explain in Part VI.)								
14 First five years. If the Form 990 is for	the organization's	s first, second. thir	d, fourth. or fifth t	ax year as a section	n 501(c)(3) organi:	zation,		
check this box and stop here	· ·			•		·		
Section C. Computation of Publi								
15 Public support percentage for 2017 (li	ne 8, column (f) di	vided by line 13, c	olumn (f))		15	%		
16 Public support percentage from 2016	Schedule A, Part	III, line 15			16	%		
Section D. Computation of Inves	tment Income	e Percentage						
17 Investment income percentage for 20	117 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%		
18 Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18	%		
19a 33 1/3% support tests - 2017. If the	Pa 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not							
more than 33 1/3%, check this box ar								
b 33 1/3% support tests - 2016. If the								
line 18 is not more than 33 1/3%, check						▶∐		
20 Private foundation If the organization	n did not check a	hay on line 1/ 10	a or 10h check th	nie hov and see inc	etructions	▶		

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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2		
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10b		<u> </u>

11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of an supported organization? b A family member of a person described in (a) above? If 'Yes' to a.b. or c. provide detail in Part VI. 11b C	Pal	Supporting Organizations (Continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 59% controlled with or a special person described in (a) a for (a) bove? if Yes' to a, b, or c, provide detail in Pert VI. 11b				Yes	No
below, the governing body of a supported organization? 1 A family member of a person described in (a) above? 2. AS\$6 controlled entity of a person described in (a) or (b) above? 3. AS\$6 controlled entity of a person described in (a) or (b) above? 4. Yes 1 to a. b. or c. provide detail in Pert VI. 11b 11c Section B. Type I Supporting Organizations 1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If 'No,' observible. If the organization directors or trustees at all times during the tax year? If 'No,' observible. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictors, if any, applied to supple powers during the tax year 2. Did the organization operate for the benefit of any supported organization other than the supported organization and what conditions or estrictors, if any, applied to supple powers during the tax year in Part VI how providing such benefit carried out the purposes of the supported organization of the than the supported organization and the supported organizations and the supported organizations of the supported organization of the supported organizations of the supported organization of the supported organization of the supported organization of the supported organization or trustees of each of the organization and the supported organization of the supported organization or trustees of each of the organization organization and the supported organization organization organization organiz	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "Yes" describe in Part VI how the supported organization effectively operated, supervised, or controlled the organization's activities. If the organization and more than one supported organization, describe how the powers to appoint and/or embers delectors or trustees, are allocated omong the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization? If "Yes," explain in Part VI how the powers to appoint and/or embers upsopreed organization? If "Yes," explain in Part VI how the powers to appoint acroid remove supported organization? If "Yes," explain in Part VI how providing such benefit carred out the supported organization? If "Yes," explain in Part VI how providing such benefit carred out the supposes of the supported organization? If "Yes," explain in Part VI how control or management of the supporting Organizations 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 organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organization, by the last day of the fifth month of the organization provide to each of its supported organization, to the extent not previously provided? 2 Were any of the organization or the source of the supported organiz	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
section B. Type I Supporting Organizations 1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or frustees at all times during the tax year? If "No," describe in Part VI now the supported organization's directors or frustees at all times during the tax year? If "No," describe in Part VI now the supported organization's directors or frustees at all times during the tax year? If "No," describe in Part VI now the supported organization or describe or or frustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or frustees were allocated among the supported organization 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 that the supported organization (s) that operated, supervised, or controlled the supporting organization and controlled the supporting organization and controlled the supporting organization and controlled the supported organization (s) that operated, supervised, or controlled the supported organization (s) that operated, supervised, or controlled or supported organization (s) If No, 'describe in Part VI how control or management of the supported organizations. 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 or supported organization or management of the supported organization or supported organization or management of the supported organization or supported organization or management of the supported organization organization or tax year. (i) a copy of the Form 990 that was most exceed in the same persons that controlled or managed the supported organization organization or the organization or office organization organization organization organization organization organization organization org		below, the governing body of a supported organization?	11a		
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Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least an najority of the organization's directors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization or extended organization, and the organization 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 of the thin the supported organization of year to the providing such benefit carried out the purposes of the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization; but no perated. Section C. Type II Supporting Organizations 1. Were a majority of the organizations directors or trustees during the tax year also a majority of the directors or trustees of each of the organizations or supported organizations? If "Yes," describe in Part VI how control or management of the supporting Organizations and the same persons that controlled or managed. 1. Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a copy of the Form 900 that was most recently filed as of the date of netification, and (ii) copies of the organization's powering documents in effect on the date of netification, 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 powering documents in effect on the date of netification, to the organization's provided? 2. Were any of the organization is with supported organization's income or assests at all times during the tax year? If "Yes," describe in Part VI how the organization's powering documents in effect on the date of ne			11c		i
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Pai	↑ V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	lov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrated	d Type III supporting orga	nization (see
	instructions).	-		

Schedule A (Form 990 or 990-EZ) 2017

Par	^ব V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	
Secti	ion D - Distributions		•	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemple			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization **Employer identification number** FERRIS WHEEL INNOVATION CENTER 81-5434313 Organization type (check one):

•							
Filers of:		Section:					
Form 990 d	or 990-EZ	X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 990-F	PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
•	a section 501(c)(7	covered by the General Rule or a Special Rule .), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Ru	ıles						
se ar	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
ye	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, II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
	-	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

FERRIS WHEEL INNOVATION CENTER

81-5434313

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		_ \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$500,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions - \$	Person Payroll 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 Occupate Part II for noncash contributions.)

FERRIS WHEEL INNOVATION CENTER

81-5434313

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
		 	990 990-F7 or 990-PF) (2017)

Name of organization Employer identification number FERRIS WHEEL INNOVATION CENTER 81-5434313 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FERRIS WHEEL INNOVATION CENTER

Employer identification number 81-5434313

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		(1) (2) (1) (1)
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	_	
_	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	, , , , ,	
Pai		enization analysis of "Vee" on Form 000 F	Port IV line 7
1	Purpose(s) of conservation easements held by the organization		Fait IV, lille 7.
'	Preservation of land for public use (e.g., recreation or ed	`	orically important land area
	Protection of natural habitat	Preservation of a cert	orically important land area
	Preservation of open space	Freservation of a cert	med historic structure
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.	ed conservation contribution in the form (Held at the End of the Tax Year
а	Total number of conservation easements		
	+ · · · · · · · · · · · · · · · · · · ·		
	Number of conservation easements on a certified historic structure.		
	Number of conservation easements included in (c) acquired af		
	listed in the National Register	· ·	1 1
3	Number of conservation easements modified, transferred, rele		
	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, inspection, 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 easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ing of violations, and enforcing conservat	ion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	·	·
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes t	he organization's accounting for
Da	conservation easements. † III Organizations Maintaining Collections of	Aut Historiaal Trassuras ar Ot	nou Cimilou Acceta
Pai			iler Sillillar Assets.
	Complete if the organization answered "Yes" on Form		
па	If the organization elected, as permitted under SFAS 116 (ASC		·
	historical treasures, or other similar assets held for public exhi	· · ·	ice of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
D	If the organization elected, as permitted under SFAS 116 (ASC	**	
	treasures, or other similar assets held for public exhibition, education to these items:	ucation, or research in furtherance of put	olic 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	sures or other similar assets for financial	
_	the following amounts required to be reported under SFAS 11		gain, provide
а	Revenue included on Form 990, Part VIII, line 1	-	> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2017

732051 10-09-17

	t III Organizations Maintaining C	ollections of A				r Other			(continu		=
	Using the organization's acquisition, accessi								,		-
•	(check all that apply):	on, and other record	.0, 0,1001	carry or tho	ionownig tria	aro a org	riiiodire d	00 01 110 0		.01110	
а	Public exhibition	,	d \square	I oan or exc	hange progra	ams					
b	Scholarly research				mange progre						
c	Preservation for future generations	·		Oti 101							-
4	Provide a description of the organization's co	ollections and explai	n how th	ev further th	ne organizatio	n's exem	nt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of								,		
_	to be sold to raise funds rather than to be ma				-				Yes	☐ No)
Par	t IV Escrow and Custodial Arran										_
	reported an amount on Form 990, Pa			J					·		
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for o	contribution	s or other ass	sets not ir	ncluded				_
	on Form 990, Part X?								Yes	☐ No)
b	If "Yes," explain the arrangement in Part XIII										_
									Amount		_
С	Beginning balance						1c				_
	Additions during the year										_
е	Distributions during the year						1e				_
f	Ending balance								_		_
2 a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or cu	ustodial acco	unt liabilit	y?	L	Yes	L No)
	If "Yes," explain the arrangement in Part XIII.										_
Par	t V Endowment Funds. Complete		nswered	"Yes" on Fo	1						_
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four y	ears back	_
	Beginning of year balance										_
	Contributions										_
	Net investment earnings, gains, and losses										_
	Grants or scholarships										_
е	Other expenditures for facilities										
	and programs										_
	Administrative expenses					+					_
g	End of year balance		- /:		\\						_
2	Provide the estimated percentage of the curr	rent year end baland	•	j, column (a)) neid as:						
a	Board designated or quasi-endowment Permanent endowment	 %	%								
	Temporarily restricted endowment	%									
C	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	•	ation tha	t are held ar	nd administer	ed for the	organiza	ation			
-	by:	colori or the organiz	ation tha	t are mora ar	ia aariiiilotoi	00 101 1110	organiza		[·	res No	_
	(i) unrelated organizations								3a(i)	110	_
	/>								3a(ii)		_
b	If "Yes" on line 3a(ii), are the related organiza								3b		_
4	Describe in Part XIII the intended uses of the									•	_
Par	t VI Land, Buildings, and Equipm			·							
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	, line 11a. S	See Form 990	, Part X, li	ine 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book	value	
		basis (invest	ment)	basis	(other)	dep	reciation				_
1a	Land										_
	Buildings										_
	Leasehold improvements										_
d	Equipment				6,067.		8 (09.	5	,258.	<u>. </u>
	Other										

Schedule D (Form 990) 2017

5,258.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. column (B), line 10c.)

		EL INNOVATIO	ON CENTER	81-54343	13 Page
Part \	/II Investments - Other Securities.				
	Complete if the organization answered "Yes'				
(a) Des	scription of security or category (including name of security)	(b) Book value	(c) Method of v	/aluation: Cost or end-of-year mar	ket value
	ncial derivatives				
	sely-held equity interests				
(3) Oth	er				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
<u>(H)</u>					
	ol. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part	/III Investments - Program Related.				
	Complete if the organization answered "Yes'				
	(a) Description of investment	(b) Book value	(c) Method of v	/aluation: Cost or end-of-year mar	ket value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
<u>(7)</u>					
(8)					
(9)					
	ol. (b) must equal Form 990, Part X, col. (B) line 13.) X Other Assets.				
Part I					
	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11d. See Form 990,		alcualua.
	(a _i	Description		(b) Bo	ok value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)		4=1			
Part 2	Column (b) must equal Form 990, Part X, col. (B) lin Other Liabilities.	<u>ne 15.) </u>			
i dit i		" on Form 000 Dort IV	line 11e or 11f Coe Form	n 000 Port V line 25	
	Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV	(b) Book value	11 990, Fart A, IIIIe 25.	
1.	(1,7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1		(b) Book value	-	
	Federal income taxes DONATIONS PAYABLE		105.	-	
	DOMULTOMO LUTUDHE		103.	-	
(3)					
(4)					
<u>(5)</u>				-	
(6)				-	
(7)				-	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

(9)

105.

Par	rt XI	Reconciliation of Revenue per Audited Financial	Statements With Revenue	per Return.	
		Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1	Total	revenue, gains, and other support per audited financial statements	s	1	
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b		ted services and use of facilities			
С		veries of prior year grants			
d		(Describe in Part XIII.)			
е	Add li	ines 2a through 2d		2e	
3	Subtr	act line 2e from line 1		3	
4		ınts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	ines 4a and 4b		4c	
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 12.)	5	
Pa	rt XII	Reconciliation of Expenses per Audited Financial		s per Return.	
		Complete if the organization answered "Yes" on Form 990, Part I			
1		expenses and losses per audited financial statements		1	
2		ints included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а		ted services and use of facilities			
b	Prior	year adjustments	2b		
С		losses			
d	Other	(Describe in Part XIII.)	2d		
е		ines 2a through 2d			
3		act line 2e from line 1		3	
4		ints included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а		tment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.)	<u>4b</u>		
		ines 4a and 4b			
5 Dai	lotal	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li Supplemental Information.	ne 18.)	5	
		1 11	and 4. Dort IV lines 1h and 0h. Dor	t V line 4: Dort V line 0: Dort	VI
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		t v, iiile 4, Part A, iiile 2, Part	۸۱,
111162	Zu anc	3 4b, and Fart All, lines 2d and 4b. Also complete this part to provide	de arry additional information.		

Schedule D (Form 990) 2017

SCHEDULE I (Form 990)

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.

2017
Open to Public Inspection

Schedule I (Form 990) (2017)

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** 81-5434313 FERRIS WHEEL INNOVATION CENTER Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X No criteria used to award the grants or assistance? Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) UNIVERSITY OF MICHIGAN GOV'T 3003 SOUTH STATE STREET, SUITE 9000 ANN ARBOR, MI 48109 38-6006309 ORGANIZATION 0 PROGRAM SUPPORT 100,000. XLERATEHEALTH PO BOX 99281 46-1319390 501(C)(3) LOUISVILLE, KY 40269 50,000. 0. PROGRAM SUPPORT Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

732101 11-01-17

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

(a) Type of grant or assistance	(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 assistan
Supplemental Information. Provide the information	on required in Part I, lin	e 2; Part III, columr	n (b); and any other ad	ditional information.	

SCHEDULE O

(Form 990 or 990-EZ)

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 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

FERRIS WHEEL INNOVATION CENTER

Employer identification number 81-5434313

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: UNDERPRIVILEGED, URBAN AND RURAL AREAS AS THEY ARE GUIDED IN AIDING INVENTORS, INNOVATORS, AND ENTREPRENEURS AT ANY STAGE IN BRINGING PRODUCTS FROM CONCEPT TO MARKET.

FORM 990, PART VI, SECTION A, LINE 2:

DIRECTORS JOCELYN K. HAGERMAN AND PHILIP R. HAGERMAN HAVE A FAMILY RELATIONSHIP.

DIRECTORS DAVID J. OLLILA, JOCELYN K. HAGERMAN AND PHILIP R. HAGERMAN HAVE BUSINESS RELATIONSHIP.

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

THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE/REVIEW MANAGEMENT REVIEWS THE COMPLETED FORM 990 AND THE ORGANIZATION'S FORM 990. PROVIDES A FULL COPY TO ALL VOTING MEMBERS OF THE GOVERNING BODY PRIOR TO FILING.

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

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

FERRIS WHEEL INNOVATION CENTER	81-5434313
AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SH	ALL LEAVE THE
GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION	ON OF A CONFLICT
OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOA	RD OR COMMITTEE
MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE PROCESS FOR DETERMINING COMPENSATION OF THE EXECUTIVE	DIRECTOR CONSISTS
OF USING INDEPENDENT COMPARABLE DATA FROM OUTSIDE SOURCES	SUCH AS
COMPENSATION SURVEYS AND SALARY GUIDES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERE	ST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQU	EST.
	_

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 Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2017

Name of	the organization FERRIS WHEEL	INNOVATION CENTER				Er	mployer identific 81-54343		ımber
Part I	Identification of Disregarded Entities. Comple	ete if the organization answered "Yes	on Form 990, Part IV, line 33	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-year a			(f) ontrolling tity)
	Identification of Related Tax-Exempt Organiz	ations Complete if the organization	answered "Ves" on Form 990) Part IV line 34 h	necause it had one o	or more	e related tay-ever	nnt	
Part II	organizations during the tax year. (a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ect controlling entity	Section 5	olled
			loreign country)		501(c)(3))			Yes	No
		_							
		_							

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

34

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)	(h	1)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		amount in box 20 of Schedule		Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	lo
SKYPOINT VENTURES, LLC -	_										
46-5529157, 601 S. SAGINAW											
STREET, SUITE 204, FLINT, MI	MANAGEMENT										
48502	SERVICES	ΜI	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
SKYPOINT MANAGEMENT, LLC -											
47-3165022, 601 S. SAGINAW]										
STREET, SUITE 204, FLINT, MI	MANAGEMENT										
48502	SERVICES	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
DIVIDE BY DESIGN, LLC -											
30-0971835, 601 S. SAGINAW]										
STREET, SUITE 204, FLINT, MI]										
48502	INTERIOR DESIGN	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
DRYDEN BUILDING, LLC -											
80-0953566, 601 S. SAGINAW	1										
STREET, SUITE 204, FLINT, MI]										
48502	RENTAL PROPERTY	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	ction b)(13) rolled tity?
		,						Yes	No

Schedule R (Form 990) 2017

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

Name, address, and EIN Name, address, and EIN Name, address, and EIN Name, address, and EIN Primary activity Primary activity Controlling Controlling			I		· 			1 .		T	T	
FIRST STREET FLINT, LLC - 46-3794813, 601 S. SAGINAW STREET, SUITE 500, FLINT, MI 48502 RENTAL PROPERTY MI N/A N/A N/A N/A N/A N/A N/A N/	(a)	(b)	(c)	(d)	(e)	(f)	(g)			(i)		(k)
FIRST STREET FLINT, LLC - 46-3794813, 601 S. SAGINAW STREET, SUITE 500, FLINT, MI 48502 RENTAL PROPERTY MI N/A N/A N/A N/A N/A N/A N/A N/	Name, address, and EIN of related organization	Primary activity	domicile	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year			Code V-UBI	Genera manag	l or Percentage
FIRST STREET FLINT, LLC - 46-3794813, 601 S. SAGINAW STREET, SUITE 500, FLINT, MI 48502 RENTAL PROPERTY MI N/A N/A N/A N/A N/A N/A N/A N/	or rolated organization		foreign	Orienty	excluded from tax under	moonio	assets			20 of Schedule	partne	r?
46-3794813, 601 S. SAGINAW STREET, SUITE 500, FLINT, MI 48502 RENTAL PROPERTY MI N/A N/A N/A N/A N/A N/A N/A FLINT FERRIS BUILDING, LLC - 46-3794734, 601 S. SAGINAW STREET, SUITE 500, FLINT, MI	EIDOM OMDERM RIINM IIO		country)		Sections 512-514)			Yes	No	K-1 (FOIII 1005)	Yesi	lo
STREET, SUITE 500, FLINT, MI 48502 RENTAL PROPERTY MI N/A		-										
48502 RENTAL PROPERTY MI N/A		-										
FLINT FERRIS BUILDING, LLC - 46-3794734, 601 S. SAGINAW STREET, SUITE 500, FLINT, MI		DENMAI DRODEDMY	мт	NT / 7	NT / 7	NT / 7	NT / 7	NT / 7		NT / 7	NT / 2	NT / 7
46-3794734, 601 S. SAGINAW STREET, SUITE 500, FLINT, MI		RENTAL PROPERTY	MT	N/A	N/A	N/A	N/A	IN/A	-	IN/A	IN / F	IN/A
STREET, SUITE 500, FLINT, MI		-										
		-										
4000/2 REMITED PROPERTY MI N/A		DENMAI DDODEDMY	мт	NT / 7	NT / N	NT / 7A	NT / 7	NT / 7		NT / 7	NT / 2	NT / 7
	48502	RENTAL PROPERTY	MT	N/A	N/A	N/A	N/A	N/A	-	N/A	IN / F	N/A
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Yes No

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

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b		
С	Gift, grant, or capital contribution from related organization(s)				1c	X	
	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
	Performance of services or membership or fundraising solicitations for related organ				11		X
	Performance of services or membership or fundraising solicitations by related organ				1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		X
					10		X
р	Reimbursement paid to related organization(s) for expenses				1p		X
	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		X
	If the answer to any of the above is "Yes," see the instructions for information on whether the second seco						
	(a) Name of related organization	_ (b)	(c)	(d)			
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount in	volved		
		3,60 (2.0)					
(1)							
(O)							
(2)							
(2)							
(3)							
(4)							
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(5)							
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(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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									