EXTENDED TO NOVEMBER 15, 2021

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ 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.

Open to Public Inspection

<u> </u>	For the 2	2020 calendar year, or tax year beginning	and	d ending		
В	Check if applicable:	C Name of organization CORPORATION FOR ADVANCEMEN	T OF MEDICA	L L	D Employer identifi	cation number
	Address change	TECHNOLOGIES, INC.				
	Name change	Doing business as			52-20798	27
\vdash	Initial return	Number and street (or P.O. box if mail is not delivered to	street address)	Room/suite	E Telephone numbe	
Ē	Final return/	1 BOSTON PLACE, 26TH FLOOR	<u> </u>		617-523-	3535
_	ated Amended	City or town, state or province, country, and ZIP or f	oreign postal code		G Gross receipts \$	729,377.
늗	retum Applica-	BUSTON, MA UZIUO			H(a) is this a group re	
<u> </u>	tion pending	F Name and address of principal officer: FAINA S	HTERN			S? Yes 💹 No
		1 BOSTON PLACE 26TH FLOOR,			H(b) Are all subordinates i	nctuded? Yes No
		npt status: X 501(c)(3) 501(c)() ◀ (inse	ert no.) 4947(a)(1)	or 527	1 ,, ,,,, a,,,,,,,	list. See instructions
		▶ WWW.ADMETECH.ORG			H(c) Group exemption	
		ganization: X Corporation Trust Association	Other -	L Year	of formation: 1997	A State of legal domicile; MD
Pa		Summary				
Governance		iefly describe the organization's mission or most signific DVANCES IN PROSTATE CANCER C				
Ē	_	neck this box 🕨 🔲 if the organization discontinued				
, ve		umber of voting members of the governing body (Part VI			3	2
ŏ		umber of independent voting members of the governing		***************	4	1
প্ৰ গ		otal number of individuals employed in calendar year 202				10
iŧ		otal number of volunteers (estimate if necessary)				0
Activities	70 10	stal unrelated business revenue from Part VIII. enlures (C			7a	0.
ĕ	/ a IC	otal unrelated business revenue from Part VIII, column (C et unrelated business taxable income from Form 990-T, F	on the second			0.
	D 146	st differated business taxable income from Form 990-1, i	arti, me ii			
Revenue	8 C	patributions and greats (Dart VIII line 4h)		\vdash	Prior Year 509,806.	Current Year 6 25 , 7 1 2 .
		ontributions and grants (Part VIII, line 1h)			414,825.	77,000.
Š	1		······		3.	77,000.
æ		vestment income (Part VIII, column (A), lines 3, 4, and 7c			24,962.	26,665.
		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10			949,596.	
_		tal revenue - add lines 8 through 11 (must equal Part VII			949,390.	729,377.
		rants and similar amounts paid (Part IX, column (A), lines			0.	0.
		enefits paid to or for members (Part IX, column (A), line 4			338,962.	
Expenses		alaries, other compensation, employee benefits (Part IX,			330,362.	344,136.
ē		ofessional fundraising fees (Part IX, column (A), line 11e)		ö.	0.	V •
ŭ		tal fundraising expenses (Part IX, column (D), line 25)			440 014	212 400
		her expenses (Part IX, column (A), lines 11a-11d, 11f-24d			449,914.	313,498.
		tal expenses. Add lines 13:17 (must equal Part IX, colun			788,876.	657,634.
-8	19 Re	evenue less expenses. Subtract line 18 from line 12			160,720.	71,743.
Net Assets or Fund Balances				Be	ginning of Current Year	End of Year
SSe	20 To	tal assets (Part X, line 16)	•••••		353,620. 26,891.	816,933.
ige age	21 To	tal liabilities (Part X, line 26)	•	······	326,729.	418,461.
읆	22 Ne	et assets or fund balances. Subtract line 21 from line 20 Signature Block			320,129.	398,472.
						a transitation and ballot it is
		s of perjury, I declare that I have examined this return, including				y knowledge and dellet, it is
uue,	, correct, a	and complete. Declaration of preparer (other than officer) is base	eo on all information of w	nich preparer	nas any knowledge.	.=
		Signature of officer			I Date	
Sig	- 1.				Date	
Her	e	FAINA SHTERN, PRESIDENT Type or print name and title				
	-			11	Date Check C	PTIN
b -1-			r's signature		II	
Paid			RT C. INGLE	,	sett-employ	
		rm's name INGLE & ASSOCIATES,	חחת		Firm's EIN	27-3571151
use	Only F	rm's address 35 WALNUT STREET	00401			1 495 9050
		WELLESLEY HILLS, MA			Phone no. / 8	1-425-2050
May	/ the IRS	discuss this return with the preparer shown above? See	e instructions			💹 Yes 🔲 No

	n 990 (2020) TECHNOLOGIES, INC.	52-2079827	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		•
	THE ORGANIZATION REPRESENTS A UNIQUE INTEGRATED MULTI-I	NSTITUTIONAL	١,
	MULTI-DISCIPLINARY EFFORT WHICH EXPEDITES ADVANCEMENT,		
	EVALUATION AND IMPLEMENTATION OF ADVANCED IMAGING TOOLS		
	SCREENING, EARLY DIAGNOSIS AND TREATMENT OF PROSTATE CA	NCER.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	'Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses,	and
_	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 539,971. including grants of \$) (Rever	nue \$ 625,	712.
	RESEARCH- THE ORGANIZATION IDENTIFIES FUNDS AND ADMINIS		:H &
	DEVELOPMENT PROJECTS CONDUCTED AT LEADING ACADEMIC AND		***
	INSTITUTIONS TO EXPEDITE THE ADVANCEMENT OF TECHNOLOGIE DIAGNOSIS AND TREATMENT OF LIFE THREATENING DISEASES.	S THAT IMPRO	VE_
	DIAGNOSIS AND IREAIMENT OF LIFE THREATENING DISEASES.		
		· · · · · · · · · · · · · · · · · · ·	
		·	
		·	
4b	(Code:) (Expenses \$ including grants of \$) (Reven		
40	(Code:) (Expenses \$ including grants of \$) (Reven	iue \$	—— '
			 -
			
			 ··
		, <u>.</u>	
		· · · · · · · · · · · · · · · · · · ·	
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
		· · · · · · · · · · · · · · · · · · ·	
	<u> </u>		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 539,971.		00 :
		Form 9	90 (2020)

Form 990 (2020) TECHNOLOGIES, INC.

Part IV | Checklist of Required Schedules

52-2079827

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	i .
	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		Х
	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		х
	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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	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 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		<u>x</u>
b	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		_X
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 17.0(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X.
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14a		X
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u>X</u>
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	-	<u>X</u>
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 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	17		<u>х</u> х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII; line 9a? If "Yes," complete Schedule G, Part III	18 19		<u>x</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2020) TECHNOLOGIES, INC.
Part IV Checklist of Required Schedules (continued)

52-2079827

			Yes	No
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 27 If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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 J	23	Х	
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			٠,
	Schedule K. If "No," go to line 25a	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			х
	transaction with a disqualified person during the year? If *Yes,* complete Schedule L, Part I	25a		<u> </u>
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	ac.		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
~-	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			<u> </u>
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//		-	
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			7.
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	OCL		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
032004	12-23-20	Form	990 (2020)

52-2079827

	ottomerio regarding ettici inter intigo una rax compilarios (commisso)			
2-	Enter the number of employees and as Form W.O. Target that of Warrant Toronto.		Yes	No
28	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 10			
			X	ł
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		-
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	├	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b_	-	
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<u> </u>	<u> </u>
U	If "Yes," enter the name of the foreign country			
6.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		-X
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 -	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c	 -	
va	any ambility there that were mad for deal with less that I am I all the ambility is a	6-		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
	was not for the district of	C.		ŀ
7	Organizations that may receive deductible contributions under section 170(c).	6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		- ·	X
b	15 9 Van II diid dha annaninatin matik dha danna shifi da an ashir da an ashir da a	7a		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
٠	to file Form 8282?	7c		x
ď	IABNO-River Market Mark	. /C		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	 7e		
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 6		—
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	 	\vdash
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			<u> </u>
	sponsoring organization have excess business holdings at any time during the year?	8	·	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
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:	j		
а	Gross income from members or shareholders			l
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			L
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			7.5
14a		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	,_		v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	امدا		 X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If_"Yes," complete Form 4720, Schedule O.	16		
	ii_ res, Complete romi 4720, Schedule O.	Form	990	(2020)
		UIIII	JJU	(دددل)

Form 990 (2020) TECHNOLOGIES, INC. 52-2079827 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI		,	X		
Sec	tion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	?				
	If there are material differences in voting rights among members of the governing body, or if the governing	1				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent 1b	_				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1				
·-		2		~X		
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	-	1—			
•		١,	Į	Х		
4		3	-	X		
	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	<u> </u>			
6	Did the organization have members or stockholders?	6	_	Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or					
	more members of the governing body?	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		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
а	The governing body?	8a	Х			
b	Each committee with authority to act on behalf of the governing body?	8b	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 on Schedule O	9		Х		
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		
	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	Х			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	 ''''	<u> </u>			
12a						
b		12a 12b		X		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	121				
·		12c				
13	in Schedule O how this was done Did the organization have a written whistleblower policy?	13	-	Х		
14		\vdash		X		
	Did the organization have a written document retention and destruction policy?	14	<u> </u>			
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? The approximation of CSO Support of Providing Support of Contemporary (Contemporary Contemporary Cont			· -		
a	The organization's CEO, Executive Director, or top management official	15a		X		
D	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		X		
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	İ				
	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	لـبــا			
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►MA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only) avail	able		
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd finar	ncial			
	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					
	FAINA SHTERN - 617-523-3535					
	1 BOSTON PLACE, BOSTON, MA 02108					

Form 990 (2020) TECHNOLOGIES, INC. 52-2079827

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	offi	not o	Pos heck	itior more	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W·2/1099-MISC)	compensation from the organization and related organization
1) FAINA SHTERN PRESIDENT	40.00	x		х				170 005	0	,
2) CAROLYN REUL	5.00	12	 	^	┝			170,885.	0.	(
DIRECTOR	3.00	Х						0.	0.	(
									<u> </u>	
		_								
·										·
					ļ.,					
V 119-111-		<u> </u>								

TECHNOLOGIES, INC. 52-2079827 Page 8

Form 990 (2020) TECHNOLO									52-20	79	827	Page	e 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week	box,	(C) Position (do not check more than box, unless person is bo officer and a director/trus			than is bot	h an		(E) Reportable compensation from related		Esti amo	(F) mated ount of ther	
	(list any hours for related organizations below line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W·2/1099-MISC)	organizations (W-2/1099-MISC	>)	comp fro orga and	ensation the nization related nizations	1
							_						
										\dashv			
,													
													_
					_	_				$\frac{1}{1}$			
								1.000					<u> </u>
1b Subtotal			• • • • • • • • • • • • • • • • • • • •					170,885.		0.	·		$\frac{0}{0}$.
c Total from continuation sheets to Part Vid Total (add lines 1b and 1c)							>	170,885.		0 .1			<u>).</u>
 Total number of individuals (including but no compensation from the organization 					_				0,000 of reportable			,	1
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											3		lo X
For any individual listed on line 1a, is the su and related organizations greater than \$150.	ım of reportabl	le co	mpe	ensa	ation	n and	d ot				. ,	x	<u>.</u>
Did any person listed on line 1a receive or a rendered to the organization? If "Yes," commended to the organization of the section B. Independent Contractors								ted organization or indivi	dual for services		5		ĸ
Complete this table for your five highest co	mpensated inc	depe	nde	nt c	onte	racto	ors t	that received more than	\$100.000 of comp	ens:	ation fro	om	—
the organization. Report compensation for													
(A) Name and business	address	NC	NE	<u> </u>				(B) Description of s	ervices	C	(C) ompens		
	 			.									_
<u> </u>													
													_
Total number of independent contractors (i \$100,000 of compensation from the organi		ot lir	nite	d to	tho (se li:)	stec	d above) who received m	nore than				

Form 990 (2020) TECHNOLOGIES, INC. 52-2079827 Page 9
Part VIII | Statement of Revenue

		Check if Schedule O	conts	ine a reenone	e or note to any lir	on this Dart VIII			
		Greek if Schedule O	June	ans a respons	e of note to any in	(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Membership dues Fundraising events Related organizations	ibution ibutibution ibution ibution ibution ibution ibution ibution ibution ib	1c 1d 1d 1d 1e s, and e 1f 1g \$	594,612.	625,712.			;
	T "	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		***************************************	Business Code				:
ġ.	2 a	SPONSORSHIPS			611430	77,000.	77,000.		
Ĕ.	Ь					-		-	
2 2	c					-			-
ž a	d							\ <u>.</u>	
Program Service Revenue	e								
<u>.</u>	f	All other program service	rever	nue					
	g	Total. Add lines 2a-2f			<u></u>	77,000.			:
	3	Investment income (includ							
		other similar amounts)							
	4	Income from investment of		-	•				
	5	Royalties	······						
	_	_		(i) Real	(ii) Personal				
			6a						
			6b						1
		Rental income or (loss)	6c						
		Net rental income or (loss) Gross amount from sales of	۳	(i) Securities	(ii) Other				
	/ a	assets other than inventory		(i) Securities	(ii) Other				
		Less: cost or other basis	7a		+				
ē		and sales expenses	7ь						1
ther Revenue	С		7c						
Re		Net gain or (loss)			•				
Je.		Gross income from fundralsing							t.
₩.		including \$	•	of					
		contributions reported on	line '	1c). See					}
		Part IV, line 18		Ва	3				
	b	Less: direct expenses		8t					
		Net income or (loss) from							
	9 a	Gross income from gaming	-	I .					i !
		Part IV, line 19							į
		Less: direct expenses)				
		Net income or (loss) from (-		P				
	iv a	Gross sales of inventory, l							
	.	and allowances			1]
		Net income or (loss) from:							
╗		Her moonic or hossy from :	-a163	or inventory ,	Business Code				
ສູ	11 a	INTERNSHIP RE	IM	BURSEME	611710	26,665.	26,665.		
scellaneous Revenue	b					•	,	*	
<u>ह</u> 8	c								
<u> </u>	d	All other revenue							
	е	Total. Add lines 11a-11d			 	26,665.			
	12	Total revenue. See instructio	ns			729.377.	103,665.	0.	0.

TECHNOLOGIES, INC. 52-2079827 Page 10

Form 990 (2020) TECHNOLOGIES,
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		
	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				
2	Grants and other assistance to domestic individuals. See Part IV, line 22			-	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV lines 15 and 16				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	152 004	140 060	2 022	
_	trustees, and key employees	152,884.	149,062.	3,822.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	147,138.	1/2 120	3 000	
7	Other salaries and wages	14/,130.	143,139.	3,999.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
•		18,000.	18,000.	· · · -	<u>.</u>
9	Other employee benefits	26,114.			
10	Payroll taxes	20,114.	25,461.	653.	
11	Fees for services (nonemployees):				
	Management				
D	Legal	16,000.		16,000.	
C 	Accounting	10,000.		10,000.	 -
d	Lobbying Professional fundraising services. See Part IV, line 17				
e e					
1	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				· · · · · · · · · · · · · · · · · · ·
13		25,181.	1,185.	23,996.	
14	Office expenses	23,101.	1,103.	23,330.	
15	Royalties	···			
16	Occupancy	49,530.		49,530.	·- <u>-</u>
17	Travel	1,474.	315.	1,159.	
18	Payments of travel or entertainment expenses		3231	1,133.	
	for any federal, state, or local public officials	_			
19	Conferences, conventions, and meetings			· ·	
20	Interest	94.	94.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	682.		682.	 :
23	Insurance	12,815.	5,984.	6,831.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	CONSULTANTS	158,677.	156,239.	2,438.	
b	RESEARCH	25,000.	25,000.	0.	
С	CONFERENCE EXPENSES	15,492.	15,492.	0.	
đ	MEMBERSHIPS AND SUBSCRI	4,518.	0.	4,518.	
e	All other expenses	4,035.		4,035.	
25	Total functional expenses. Add lines 1 through 24e	657,634.	539,971.	117,663.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				
032010	12-23-20				Form 990 (2020)

Form 990 (2020) TECHNOLOGIES, INC. 52-2079827 Page 11
Part X | Balance Sheet

art	X	· · · · · · · · · · · · · · · · · · ·				
		Check if Schedule O contains a response or note to any line in this Part	x			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		284,859.	1	584,544
	2	Savings and temporary cash investments		· · · · · · · · · · · · · · · · · · ·	2	
	3	Pledges and grants receivable, net			3	
-	4	Accounts receivable, net		66,714.	4	231,024
	5	Loans and other receivables from any current or former officer, director,				
- [. trustee, key employee, creator or founder, substantial contributor, or 35	%		i :	
		controlled entity or family member of any of these persons	L		5	
	6	Loans and other receivables from other disqualified persons (as defined				
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) [6	
2	7	Notes and loans receivable, net		, <u></u>	7	
2225	8	Inventories for sale or use			8	
[†]	9	Prepaid expenses and deferred charges			9	- \
] .	10a	Land, buildings, and equipment: cost or other		-		
- 1		basis. Complete Part VI of Schedule D 10a 6,	988.			
ı	b	Less: accumulated depreciation 10b 5,	623.	2,047.	10c	1,365
-	11	Investments - publicly traded securities		"	11	
-	12	Investments - other securities. See Part IV, line 11	·····		12	
-	13	Investments - program-related. See Part IV, line 11			13	
.	14	Intangible assets			14	-
- -	15	Other assets. See Part IV, line 11	·····-		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		353,620.	16	816,933
1	17	Accounts payable and accrued expenses		22,698.	17	45,491
- [-	18	Grants payable		·	18	
-	19	Deferred revenue	······	•	19	167,500
1:	20	Tax-exempt bond liabilities	·····- -		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	····· -		21	
ء ا	22	Loans and other payables to any current or former officer, director,	·····			
		trustee, key employee, creator or founder, substantial contributor, or 35	_%			
1		controlled entity or family member of any of these persons	1		22	
ر ا	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		4,193.	24	205,470
- 1	25	Other liabilities (including federal income tax, payables to related third	·····			
		parties, and other liabilities not included on lines 17-24). Complete Part 3	، ا			
		of Schedule D	`		25	
12	26	Total liabilities. Add lines 17 through 25	·····-	26,891.	26	418,461
1		Organizations that follow FASB ASC 958, check here				
		and complete lines 27, 28, 32, and 33.		•		•
2	27	Net assets without donor restrictions]	326,729.	27	398,472
2	28	Net assets with donor restrictions		•	28	- · · · · · · · · · · · · · · · · · · ·
		Organizations that do not follow FASB ASC 958, check here	j	* ·· <u></u>		
:		and complete lines 29 through 33.				
2	29	Capital stock or trust principal, or current funds	-	- ·	29	
3	30	Paid-in or capital surplus, or land, building, or equipment fund			30	-
3	31	Retained earnings, endowment, accumulated income, or other funds			31	· · · ·
1	32	Total net assets or fund balances		326,729.	32	398,472
	33	Total liabilities and net assets/fund balances	·····- -	353,620.	33	816,933

Forn	1990 (2020) TECHNOLOGIES, INC.	52-207	9827	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1]			77.
2	Total expenses (must equal Part IX, column (A), line 25)	2			34.
3	Revenue less expenses. Subtract line 2 from line 1	3	7	1,7	43.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	32	6,7	29.
5	Net unrealized gains (losses) on investments	5		•	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	39	8,4	<u>72.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1 1		ŗ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			!
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			j
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	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 separat	e basis,			
	consolidated basis, or both:		1 1		
	X Separate basis Consolidated basis Both consolidated and separate basis		ļl		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?	•••••	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	-			
_	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		1 1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2020)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2020

Open to Public Inspection

Name of the organization CORPORATION FOR ADVANCEMENT OF MEDICAL **Employer identification number** TECHNOLOGIES. INC. 52-2079827 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. 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). 2 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v), 7 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.) Я 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 university: 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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 II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed (v) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization (vi) Amount of other In your gove ina document' (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2020 TECHNOLOGIES, INC.

[Part II] Support Schedule for Organizations Described in the schedule for Organization of the schedule for

52-2079827 Page 2

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and		, ,	1.,	1-7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(7)
	membership fees received. (Do not						
	include any "unusual grants.")	1014978.	634,832.	773,081.	901,056.	702,712.	4026659.
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	1014978.	634,832.	773,081.	901,056.	702,712.	4026659.
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)						
6	Public support, Subtract line 5 from line 4.						4026659.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1014978.	634,832.	773,081.	901,056.	702,712.	4026659.
8	Gross income from interest,		-				
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			355.	3.		358.
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.)			11,786.	24,962.	26,665.	63,413.
11	Total support. Add lines 7 through 10						4090430.
12	Gross receipts from related activities,	etc. (see instruction	ons)		-	12	36,760.
	First 5 years. If the Form 990 is for th					601(c)(3)	
	organization, check this box and stor	here		***************************************	· · · · · · · · · · · · · · · · · · ·	***********	<u> </u>
Sec	tion C. Computation of Publ						
	Public support percentage for 2020 (14	98.44 %
	Public support percentage from 2019					15	99.12 %
16a	33 1/3% support test - 2020. If the o	-				•	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes	_					
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	re. Explain in Part '	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported o	organization		▶□
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circum	nstances test, che	ck this box and st	op here. Explain ir	Part VI how the	
•	organization meets the facts-and-circ				• • •	***********	▶Щ
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2020

52-2079827 Page 3

Schedule A (Form 990 or 990-EZ) 2020 TECHNOLOGIES, INC. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						1
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in	ĺ				•	
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-						l .
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	1		ļ			
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						İ
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						
						<u> </u>
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(h) 0017	(-) 0010	(4) 0040	(-) 0000	(0 T-1-1
	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6 10a Gross income from interest.						<u> </u>
dividends, payments received on						}
securities loans, rents, royalties,		İ				`
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						<u> </u>
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				İ		
regularly carried on]		
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)				İ	,	
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst second third	fourth or fifth tax	vear as a section.	501(c)(3) organizat	ion
check this box and stop here						▶ □
Section C. Computation of Publ						
15 Public support percentage for 2020 (column (f))		15	%
16 Public support percentage from 2019					16	
Section D. Computation of Inves					1 10 1	70
17 Investment income percentage for 20			ne 13. column (f)	.	17	%
18 Investment income percentage from :					18	% 17 in not
19a 33 1/3% support tests - 2020. If the	-					I / IS NOT
more than 33 1/3%, check this box a				-		PU
b 33 1/3% support tests - 2019. If the						
line 18 is not more than 33 1/3%, che			•		=	
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t i	nis box and see in	structions	>

Schedule A (Form 990 or 990-EZ) 2020 TECHNOLOGIES, INC.

52-2079827 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B 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 line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to __determine whether the organization had excess business holdings.)

		Yes	No
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	10b		

Sch	edule A (Form 990 or 990-EZ) 2020 TECHNOLOGIES, INC. 52-2	07982	7 p	age 5
Pa	rt IV Supporting Organizations (continued)			•
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and		1	
	11c below, the governing body of a supported organization?	11a	1	
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		•	1
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		1	110
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	1		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	l		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	ļ	
2	Did the organization operate for the benefit of any supported organization other than the supported		 	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	<u> </u>	l —
Sec	tion C. Type II Supporting Organizations		1	
-	7,7		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		165	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Sec	tion D. All Type III Supporting Organizations] 1	<u> </u>	l
	The state of the s		V	N.
1	Did the organization provide to each of its supported organizations, but he lost day of the fifth month of the		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	İ		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ļ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If *No, * explain in Part VI how		l	
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2	<u> </u>	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			Ì
	significant voice in the organization's investment policies and in directing the use of the organization's			ļ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3	L	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruction			
a	The organization satisfied the Activities Test. Complete line 2 below.	S)		
b				
	The organization is the parent of each of its supported organizations. Complete line 3 below.	!==4=.==!=	1	
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below.	Instruction		
2			Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
Þ	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			l
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	1		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	-		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	į į		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		.	
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sch	edule A (Form 990 or 990-EZ) 2020 TECHNOLOGIES, INC.			52-2079827 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	nizations	· · · · · · · · · · · · · · · · · · ·
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI) See instructions
	All other Type III non-functionally integrated supporting organizations mu			,
Sec	tion 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		<u> </u>
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
_2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
_5.	Income tax imposed in prior year	5 .		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	<u> </u>		
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 TECHNOLOGIES, INC. 52-2079827 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6. Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2020 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2020 Amount for 2020 Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2020 a From 2015 b From 2016 c From 2017 d From 2018 e From 2019 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount Carryover from 2015 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2021. Add lines 3 and 4c. Breakdown of line 7: a Excess from 2016 b Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 TECHNOLOGIES, INC.	52-2079827 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a; 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, I line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a (See instructions.)	17a or 17b; Part III, line 12; ines 1 and 2; Part IV, Section C, Part V. Section B. line 1e: Part V
	,	<u>, </u>
•••		
	·	
		

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

CORPORATION FOR ADVANCEMENT OF MEDICAL TECHNOLOGIES, INC.

Employer identification number 52-2079827

	organization answered "Yes" on Form 990, Part IV, line to	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised funds	(b) i dilus and other accounts
2	Total number at end of year Aggregate value of contributions to (during year)	-	
3	Aggregate value of grants from (during year) Aggregate value of grants from (during year)	· · · · · · · · · · · · · · · · · · ·	<u> </u>
4			
	Aggregate value at end of year	# - 4 - 4 - 4 - 4	<u></u>
5	Did the organization inform all donors and donor advisors in wri		
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or o		
Da	impermissible private benefit? rt II Conservation Easements. Complete if the organ	:	YesUN
), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (for example, recreation	' 	of a historically important land area
	Protection of natural habitat	Preservation (of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements	·····	2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
d			
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, relea		
	year ▶	, 5 ,,	
4	Number of states where property subject to conservation easer	ment is located ▶	
5	Does the organization have a written policy regarding the period		- of
	violations, and enforcement of the conservation easements it he		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
	>	3	
7	Amount of expenses incurred in monitoring, inspecting, handlin	g of violations, and enforcing conserv	vation easements during the year
	▶ \$	g or working, and ornoroung our poor	ration casements daming the year
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 17	70(b)(4)(B)(i)
-	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
Ŭ	balance sheet, and include, if applicable, the text of the footnot	•	
	organization's accounting for conservation easements.	e to the organization's financial state	ments that describes the
Pai	t III Organizations Maintaining Collections of A	art Historical Treasures or	Other Similar Assets
	Complete if the organization answered "Yes" on Form 99		Other Similar Assets.
10	If the organization elected, as permitted under FASB ASC 958,		A condition to the state of the
ıa			
	of art, historical treasures, or other similar assets held for public		
	service, provide in Part XIII the text of the footnote to its financia		
D	If the organization elected, as permitted under FASB ASC 958,		
	art, historical treasures, or other similar assets held for public ex	inibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treasures	res, or other similar assets for financ	ial gain, provide
	the following amounts required to be reported under FASB ASC	~	
а	Revenue included on Form 990, Part VIII, line 1		> \$

Sche	edule D (Form 990) 2020 TECHNOI	OGIES, INC					52-20	79827	Page 2
Pa	rt III Organizations Maintaining (Collections of A	rt, Hist	torical Tr	easures, o	r Other	Similar Asse	ts(continu	ued)
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other record	ds, checl	k any of the	following that	make sigi	nificant use of its	i	
а	Public exhibition		ı 🗀 ı	Loan or exc	hange progra	m			
b	Scholarly research	·			mango progra				
c	Preservation for future generations				·				
4	Provide a description of the organization's of	collections and expla	in how th	nev further t	he organizatio	n's exem	ot nurpose in Par	t XIII.	
5	During the year, did the organization solicit								
	to be sold to raise funds rather than to be m							Yes	☐ No
Pai	rt IV Escrow and Custodial Arrar								
<u> </u>	reported an amount on Form 990, Pa			3			000, r u ,		
1a	Is the organization an agent, trustee, custoo	lian or other interme	diary for	contribution	ns or other ass	sets not in	cluded		
	on Form 990, Part X?		-					Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			
		•	Ü					Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
e	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or co	ustodial accou	unt liability	?	Yes	No
	If "Yes," explain the arrangement in Part XIII					_			
	rt V Endowment Funds. Complete								
		(a) Current year	(b) P	rior year	(c) Two years	s back (d)	Three years back	(e) Four y	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities	:							
	and programs					j			
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:				
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%	_						
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held a	nd administer	ed for the	organization		
	by:							١	res No
	(i) Unrelated organizations						*************	3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	ired on S	chedule R?			***************************************	3b	
4	Describe in Part XIII the intended uses of the		owment f	unds.					
Par	t VI Land, Buildings, and Equipn								<u></u>
	Complete if the organization answere	ed "Yes" on Form 99	0, Part IV	⁷ , line 11a. S	See Form 990,	Part X, lin	e 10.		
	Description of property	(a) Cost or o		(b) Cost	or other	٠,	umulated	(d) Book	value
		basis (investi	ment)	basis	(other)	depre	ciation		
	Land								
	Buildings								
	Leasehold improvements								
d	Equipment				6,988.		5,623.	1	,365.
	Other								- 22-
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X. colun	nn (B), line 1	UC.)		▶	1	,365.

Schedule D (Form 990) 2020

CORPORATION FOR ADVANCEMENT OF MEDICAL 52-2079827 Page 3 TECHNOLOGIES, INC. Schedule D (Form 990) 2020 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (c) Method of valuation: Cost or end-of-year market value (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (B) (C) (D) (E) (F) (G) (H)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3)(4) (5) (6)(7)(8)(9)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

(a) Description	(b) Book value	
(1)		_
(2)		
(3)		
(4)	1	
(5)		
(6)		
(7)		Ξ
(8)		
(9)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	>	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d, See Form 990, Part X, line 15

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2	2)	
(3)	
(4	4)	
(5)	
(6	3)	
(7)	
- 10	0)	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2020

CORPORATION FOR ADVANCEMENT OF MEDICAL TECHNOLOGIES, INC. 52-2079827 Page 4 Schedule D (Form 990) 2020 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities _____ c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 40 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information. CORPORATION FOR ADVANCEMENT OF MEDICAL

TECHNOLOGIES, INC.

2020

Open to Public Inspection Employer identification number

52-2079827

Schedule J (Form 990) 2020

Questions Regarding Compensation Yes Νo 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel LX Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain X 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, X trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? X b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

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

TECHNOLOGIES, INC. 52-2079827 Schedule J (Form 990) 2020

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) FAINA SHTERN	(i)	152,885.	0.	18,000.	0.	0.	170,885.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(0)	74111						
	(ii)							
	(0)							
	(ii)							
	(i)							
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	(ii)					1=0		
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	(ii)							

Schedule J (Form 990) 2020

CORPORATION FOR ADVANCEMENT OF MEDICAL TECHNOLOGIES INC

Schedule J (Form 990) 2020	TECHNOLOGIES,	INC.	52	2-2079827 Page 3
Part III Supplemental Informat	ion			-
Provide the information, explanation	on, or descriptions required for	Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and	8, and for Part II. Also complete this part fo	or any additional information.
PART I, LINE 1A:				
THE PRESIDENT REC	EIVES A MONTHLY	HOUSING ALLOWANCE OF \$1,50	0, TOTALING	
\$18,000 PER YEAR.				•
				
		····		
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		mo o		
				Schedule J (Form 990) 2020

SCHEDULE 0

(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.

OMB No. 1545-0047 Open to Public

Name of the organization

CORPORATION FOR ADVANCEMENT OF MEDICAL

Inspection Employer identification number

TECHNOLOGIES, INC.		52-2079827
FORM 990, PART VI, SECTION B, LINE 1		
THE FORM 990 IS REVIEWED BY THE PRES	IDENT PRIOR TO BEING	FILED.
FORM 990, PART VI, SECTION C, LINE 1	9:	
COPIES WILL BE MADE AVAILABLE UPON R	EQUEST.	
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Form 8879-EO	for an Exam	pt Organization	OMB No. 1545-0047
Form OO/ 9-LO			
		, 2020, and ending	²⁰ — 2020
Department of the Treasury Internal Revenue Service		8879EO for the latest information.	
Name of exempt organization			Taxpayer identification number
CORPORATION F	OR ADVANCEMENT OF MEDIC	AL	
TECHNOLOGIES,	INC.		52-2079827
Name and title of officer or pe	rson subject to tax		
FAINA SHTERN			
PRESIDENT			
	Return and Return Information (Wh		
	rn for which you are using this Form 8879-EO		
	2a, 3a, 4a, 5a, 6a, or 7a below, and the amour 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicab		
	e applicable line below. Do not complete more		crea o on the
1a Form 990 check here	X h Total revenue if any /Farm 00/	Doub VIII and own (A) Kno 40)	41 720 377
2a Form 990-EZ check h		D, Part VIII, column (A), line 12) 1990-EZ, line 9)	16 //23,377.
3a Form 1120-POL chec		OL, line 22)	
4a Form 990-PF check h	ere h Tay based on investment	income (Form 990-PF, Part VI, line 5)	
5a Form 8868 check here	b Balance due (Form 8868 li	ine 3c)	5b
6a Form 990-T check he	re b Total tax (Form 990-T Part	: III, line 4)	6h
7a Form 4720 check here		III, line 1)	
	ion and Signature Authorization of	Officer or Person Subject to Ta	7b 3X
Under penalties of perjury,	I declare that X I am an officer of the abov	e organization or lam a person sub	bject to tax with respect to
(name of organization)			
Agent to initiate an electro software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne	fund, and (c) the date of any refund. If applica nic funds withdrawal (direct debit) entry to the e federal taxes owed on this return, and the fir the U.S. Treasury Financial Agent at 1-888-35 thorize the financial institutions involved in the cessary to answer inquiries and resolve issued as my signature for the electronic return and,	financial institution account indicated in t nancial institution to debit the entry to this 3-4537 no later than 2 business days prior processing of the electronic payment of t s related to the payment. I have selected a	the tax preparation s account. To revoke r to the payment taxes to receive a personal
X Lauthorize IN	GLE & ASSOCIATES, LLC		to enter my PIN 79827
ZEZ FAGUIONZO ZZ	ERO firm nan		Enter five numbers, but
a state agency(ie PIN on the return As an officer or pelectronically file	on the tax year 2020 electronically filed returnes) regulating charities as part of the IRS Fed/Solosure consent screen. Derson subject to tax with respect to the organic return. If I have indicated within this return the sax part of the IRS Fed/State program, I will	State program, I also authorize the aforem . nization, I will enter my PIN as my signature nat a copy of the return is being filed with	nentioned ERO to enter my . re on the tax year 2020 a state agency(ies)
Signature of officer or person subject Part III Certifica	ti to tax tion and Authentication		Date ►
	ur six-digit electronic filing identification		
•	your five-digit self-selected PIN.	04719779827 Do not enter all zeros	7
	neric entry is my PIN, which is my signature or turn in accordance with the requirements of P siness Returns.	the 2020 electronically filed return indica	
ERO's signature 🕨		Date Date	
		s Form - See Instructions ne IRS Unless Requested To Do	o So
LHA For Paperwork Red	uction Act Notice, see instructions.		Form 8879-EO (2020)