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# SCANNED JUN 2 2 2010

Form **990-EZ** Department of the Treasury

Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

Open to Public Inspection

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		e 2009 calendar year, or tax year beginning	and e	nding					
D (	Check if pplicab	le Please C Name of organization			D Emp	oloyer i	identification number		
	Address Use IRS AMERICAN FEDERATION FOR MEDICAL RESEARCH								
	Name chang	print or FOITNDATTON			2	2-3	061358		
$\vdash$	Initial	Number and street (or P.O. box, if mail is not delivered to street address	)	Room/suite			number		
F	Terrining See Name and Street (N. 1.0. 50., in main 5 not defined to 3 sect address)  Terrining See Name and Street (N. 1.0. 50., in main 5 not defined to 3 sect address)  1 See Name and Street (N. 1.0. 50., in main 5 not defined to 3 sect address)  1 See Name and Street (N. 1.0. 50., in main 5 not defined to 3 sect address)  1 See Name and Street (N. 1.0. 50., in main 5 not defined to 3 sect address)  1 See Name and Street (N. 1.0. 50., in main 5 not defined to 3 sect address)  1 See Name and Street (N. 1.0. 50., in main 5 not defined to 3 sect address)								
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<u> </u>	Applic pendir					nber 🕨	<del>, _ , _ ,</del>		
	• Sec	tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attacl	n a completed	G Accoun	iting m	ethod:	Cash X Accrual		
		Schedule A (Form 990 or 990-EZ).		Other (s	specify	<b>)</b>			
1 '	Websi	te: ►AFMR.ORG		H Check	<b>▶</b> L	if t	the organization is <b>not</b>		
J ·	Гах-ех	empt status (check only one) $= X 501(c) (3)$ (insert no.) $= 4947(a)(c)$	1) or 5	27 required to	attach	Sched	dule B (Form 990 990-EZ or 990-PF)		
	Check								
		Form 990 return is not required, but if the organization chooses to file a return		-		ф	20,000.7.7.0000 12 0.		
	Add lin	es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 9		<u>-</u>	ui n.	<b>\$</b>	70,666.		
	art I	Revenue, Expenses, and Changes in Net Assets or Fund			iotione				
F-6		<u> </u>	Daidiles	(See the mont	JULIONS				
	1	Contributions, gifts, grants, and similar amounts received				_1_	70,222.		
	2	Program service revenue including government fees and contracts				2	<u></u>		
	3	Membership dues and assessments				3			
	4	Investment income				4	444.		
	5a	Gross amount from sale of assets other than inventory	5a	_					
	Ь	Less: cost or other basis and sales expenses	5b						
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		7		5c			
Φ	آء ا	Special events and activities (complete applicable parts of Schedule G). If any amount	ie from <b>semin</b> a	chack hara	$\Box$				
ᆵ	<u> </u>		is iroin <b>yannin</b> y	, check liefe					
Revenue	"	Gross revenue (net including \$ of contributions	1 - 1						
ř			6a						
		Less: direct expenses other than fundraising expenses	6b						
297		Mannopma or 1048) from precial events and activities (Subtract line 6b from line 6a)				6c			
10	7a	Gross sales of inventory, less returns and allowances	7a						
	<u> </u>	tess: cost of goods sold	7b	•					
1	6	Gross profitor (less) from sales of inventory (Subtract line 7b from line 7a)	•			7c			
L	8	Other revenue (describe			)	8			
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				9	70,666.		
_	10	Grants and similar amounts paid (attach schedule)	STMT 3			10	128,304.		
	11	Benefits paid to or for members	51111 5			11	120,301.		
		•							
Expenses	12	Salaries, other compensation, and employee benefits				12	774		
ë	13	Professional fees and other payments to independent contractors				13	774.		
×	14	Occupancy, rent, utilities, and maintenance				14			
ш	15	Printing, publications, postage, and shipping				15			
	16	Other expenses (describe ►	SEE STAT	PEMENT	<b>1</b> )	16	2,785.		
	17	Total expenses. Add lines 10 through 16			_	17	131,863.		
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18	<61,197.>		
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))							
188		(must agree with end-of-year figure reported on prior year's return)				19	164,992.		
Net Assets	20	Other changes in net assets or fund balances (attach explanation)				20	101,332.		
ž	21	, , ,				-	102 705		
	<del></del>	Net assets or fund balances at end of year. Combine lines 18 through 20	(1.5			21	103,795.		
P	art II					U-EZ.			
		(See the instructions for Part II.)	(-	A) Beginning of			(B) End of year		
22	Cas	th, savings, and investments		178,	<u>992</u>	• 22	113,175.		
23	Lar	d and buildings				23			
24	Oth	er assets (describe ► DUE FROM FEDERATION	) [		0	. 24	1,120.		
25	Tot	al assets		178,	992		114,295.		
26		al liabilities (describe - SEE STATEMENT	2 )	14,			10,500.		
27		assets or fund balances (line 27 of column (B) must agree with line 21)	— ′ <del> </del> —	164,			103,795.		
	171 08-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate inst	tructions.				Form <b>990-EZ</b> (2009)		

### AMERICAN FEDERATION FOR MEDICAL RESEARCH

Form 990-EZ (2009) FOUNDATION			<u> </u>	<u> 30613</u>	58 Page 2
Part III   Statement of Program Service Accomplishme	ents (See the instructions for	Part III.)		Ex	penses
What is the organization's primary exempt purpose? SEE STATEMEN	r 5	·			r section 501(c)(3)
					) organizations and
Describe what was achieved in carrying out the organization's exempt pu			ibe		7(a)(1) trusts, optional
the services provided, the number of persons benefited, and other releva				for others)	
28 GRANTS - GRANTS AND AWARDS TO YOUNG	3 MEDICAL INVE	STIGATORS	<u> </u>	]	
AND ASSIST WITH JOURNAL EXPENSES.					
(Grants \$ 128, 304.) If this amount includes foreign	grants, check here	<b>•</b>		28a	128,304.
29	,				
<del></del>					
70 . 4					
(Grants \$ ) If this amount includes foreign	grants, check here		Щ	29a	
30					
(Grants \$ ) If this amount includes foreign	grants, check here	<b>&gt;</b>		30a	
31 Other program services (attach schedule)	<u> </u>				
(Grants \$ ) If this amount includes foreign	grante check here	_		31a	
	grants, encornere			32	128,304.
32 Total program service expenses (add lines 28a through 31a)  Part IV List of Officers, Directors, Trustees, and Key	Employees		10		
Part IV List of Officers, Directors, Trustees, and Itey	LITPIOYCES: List each one ev	en ir not compensated			
	(b) Title and average hours	(c) Compensation	1	ntributions mployee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
	position	` -0)		eferred	other allowances
			com	pensation	
ALAN L. BUCHMAN, M.D., 900 CUMMINGS	PRESIDENT				
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ABDULLA K. SALAHUDEEN, M.D., 900	PRESIDENT-ELE				-
CUMMINGS CENTER, SUITE 221-U,	2.00	0.	ŀ	0.	0.
FRANCIS J. MILLER, M.D., 900	SECRETARY-TRE			<u> </u>	· ·
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932172	<u> </u>		1		000 E7 (2000)

Yes   No	Pa	rt V Other Information (Note the statement requirements in the instructions for Part V)	-		
33 Dut the organization engage in any activity not previously reported to the IRSP II Pres, statish a detailed description of each activity  34 X  35 If the organization had income from business activities, such as those reported on lines 2, Ea, and 7a (among others), but not reported on Form 990-7, attach is attainment explaining why the organization did not report the income on Form 990-7, attach is attainment explaining why the organization of not report the income on Form 990-7, attach is attainment explaining why the organization of not report the income on Form 990-7, attach is attainment explaining why the organization of not report the income on Form 990-7  36 Dut the organization had uncerted business gross across mome of \$1,000 or more or was it subject to section 6033(s) notice, reporting, and proxy tax requirements?  37 If If the organization income for 900-7 for this year?  38 Dut the organization of portical expenditures, direct or indirect, as described in the instructions.  39 Dut the organization berrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prory year and still outstanding at the end of the period covered by this return?  39 Section 501(c)(7) organizations. Enter:  30 If the organization berrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prory year and still outstanding at the end of the period covered by this return?  39 If I'res, complete Schedule I, Part I and enter the total amount unwholed  30 Section 501(c)(7) organizations. Enter:  30 In the organizations. Enter:  31 Intuition flees and capital combitions included on line 9  32 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax mispes of organization in a prory year, and that the transaction has not been reported on any of the organization in a prory year, and that the transaction has not been reported on any of the organization in a prory year, and that the transaction has not been repo				Yes	No
35 If the organization and income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but net reported on Form 990-T1, attach as tatement explaining why the organization of lines 2, 6a, and 7a (among others), but net reported on Form 990-T1, attach as tatement explaining why the organization of lines 2, 6a, and 7a (among others), but net reported on Form 990-T1, attach as tatement explaining why the organization of net organization 633(e) notice, reporting, and proxy tax requirements?  35 bit 11 **C9**, Task their data xeturn on Form 990-T1 for this year?  36 bit 11 **C9**, Task their data xeturn on Form 990-T1 for this year?  37 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N  37 a If It is a state that data as the their activation of the organization of their organization form organization form organization form organization form organization form organization organization and the period covered by this return?  38 bit the organization form organization organization and the period covered by this return?  39 bit the organization form organization organization and the period organization organizati	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		
35 If the organization that income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.  a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  b If 1'res, 'nate their at ax return on Form 990-Tfor this year?  b If 1'res, 'nate their at their at ax return on Form 990-Tfor this year?  b Ut the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'yes,' complete applicable parts of Sto. N.  35 If If It is a state their at a state their and the instructions.  b 2 37a	34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  5 b If "Yes," that it field a tax return on Form 990-T for this year?  5 b If the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of \$2 EN. N  5 a B offer amount of political expenditures, direct or indirect, as described in the instructions.  5 b Did the organization file Form 1120-POL for this year?  5 a Did the organization file Form 120-POL for this year.  5 a Did the organization file Form 120-POL for this year.  5 a Did the organization file Form 120-POL for file file file file file file file file	35				
and proxy fax requirements?  17 b If Yes, 'has it fived a tax return on Form 990-T for this year?  18 b Out the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, 'a significant of political expenditures, direct or indirect, as described in the instructions.  18 b Out the organization flat Form 1120-POL for this year?  19 b If Yes, 'complete Schedule L, Part II and enter the total amount involved  10 b If Yes, 'complete Schedule L, Part II and enter the total amount involved  11 b Yes, 'complete Schedule L, Part II and enter the total amount involved  12 Section 501(c)(3) organizations. Enter  13 Intitation fees and capital contributions included on line 9  13 Section 501(c)(3) organizations. Enter  14 Intitation fees and capital contributions included on line 9  15 Section 501(c)(3) organizations. Enter association of the organization engage in any section 4955 ► 0.  16 Section 501(c)(3) organizations. Enter association of the organization engage in any section 4955 ► 0.  17 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization managers or disqualified person during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction during the year or is it aware that it engaged in an excess benefit transaction of 10(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization in the year in the amount of tax year, was the organization aparty to a prohibited t		reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			}
and proxy fax requirements?  17 b If Yes, 'has it fived a tax return on Form 990-T for this year?  18 b Out the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, 'a significant of political expenditures, direct or indirect, as described in the instructions.  18 b Out the organization flat Form 1120-POL for this year?  19 b If Yes, 'complete Schedule L, Part II and enter the total amount involved  10 b If Yes, 'complete Schedule L, Part II and enter the total amount involved  11 b Yes, 'complete Schedule L, Part II and enter the total amount involved  12 Section 501(c)(3) organizations. Enter  13 Intitation fees and capital contributions included on line 9  13 Section 501(c)(3) organizations. Enter  14 Intitation fees and capital contributions included on line 9  15 Section 501(c)(3) organizations. Enter association of the organization engage in any section 4955 ► 0.  16 Section 501(c)(3) organizations. Enter association of the organization engage in any section 4955 ► 0.  17 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization managers or disqualified person during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction during the year or is it aware that it engaged in an excess benefit transaction of 10(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization in the year in the amount of tax year, was the organization aparty to a prohibited t	a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			,
38 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a 0.  b Did the organization the Form 1120-POL for this year?  38 a Did the organization the Form 1120-POL for this year?  38 a Did the organization brown from whe any observation of the period covered by this return?  b If "Yes," complete Schedule L, Part II and enter the total amount involved  38 Section 501(c)(3) organizations. Enter:  a Initiation fees and capital contributions included on line 9 (1) or year and still outstanding at the end of the period covered by this return?  b Gestion 501(c)(3) organizations. Enter:  a Initiation fees and capital contributions included on line 9 (1) or year year and the return of the organization engage in any second 4956 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction of the organization engage in any second 4956 excess benefit transaction of the organization is not been reported on any of the organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified person and price year, and that the transaction? If "Yes," complete form 8866-T  L state the states with which a copy of this return is filed. ▶ MA  Telephone no. ▶ 978 – 927 – 8330  ZIP+4 ▶ 01915  b At any time during the calendar year, did the organization manitarial nor a signature or other authority over a fi			35a		Х
38	b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
378 Enter amount of political expenditures, direct or indirect, as described in the instructions.    D D dit he organization bife Form 1120-PQL for this year?  380 D dit he organization bife Form 1120-PQL for this year?  an a prior year and still outstanding at the end of the period covered by this return?  b If Yes, complete Schedule L, Part II and enter the total amount involved  380 N/A  380 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9  5 Gross receipts, included on line 9, for public use of club facilities  40 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911    Section 501(c)(3) organizations. Enter amount of tax imposed on a prior year, and that the transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations organization engage in any section 4958 excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization organization engages in any section 4958 excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations. Enter amount of tax miposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T  1. List the states with which a copy of this return is filed.    MA  Telephone no.    978 927 8 330  1. Yes, In a regulation is the foreign country (such as a bank account, securities account), or other financial Accounts.  A tany time during the calendar year, did the org					
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.    Did the organization tile Form 1120-PQL for this year?    37 b Did the organization the Form 1120-PQL for this year?    38 b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?    b If Yes, complete Schedule L, Part II and enter the total amount involved    38 b N/A    39 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9    b Gross receipts, included on line 9, for public use of club facilities    39 b N/A    40 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911    b Section 501(c)(3) and 501(c)(4) organizations. Dut the organization engage in any section 4958 Excess benefit transaction during the year or is it 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-E27 II Yes, complete Schedule L, Part I    40b X    Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958    0. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.    e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T    10 List the states with which a copy of this return is filed.    MA  Telephone no.    978 9 27 8 33 30    X    40e X    11 Yes, enter the name of the foreign country;    See the instructions for exceptions and filing requirements for Form 10F 90-22.1, Report of Foreign Bank and Financial Accounts.    22p		complete applicable parts of Sch. N	36		X
b Did the organization file Form 120-POL for this year?  38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  b If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A  39a N/A  39a N/A  39b N/A  39b N/A  39b N/A  40 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.  b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess brenefit transaction with a disquilated person in a prior year, and that the transaction has not been reported on any of the organization? Prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part II 40b X  c Section 501(c)(3) and 501(c)(4) organizations. Prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part II 40b X  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualited persons of uring the year under sections 4912, 4955, and 4958 0.  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualited persons during the year under sections 4912, 4955, and 4958 0.  c All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8986-T  40e N  41 List the states with which a copy of this return is filed. ► MA  42a The organization's books are in care of ► PRRII Telephone no. ► 978-927-8330  Located at ► 900 CUMMINGS CENTER, SUITE 221-U, BEVERLY, MA 2IP+4 ► 01915  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country. ►  See the instructions for exceptions and filing requirements for Form T0 F90-22.1, Report of Foreign Bank and Fin	37 a				
188 bill the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  188 bill 11'Yes; complete Schedule, L. Part II and enter the total amount involved  388 bill 11'Yes; complete Schedule, L. Part II and enter the total amount involved  389 bill 11'Yes; complete Schedule, L. Part II and enter the total amount involved  380 bill 11'Yes bill			37b		Х
in a prior year and still outstanding at the end of the period covered by this return?  b   1'*es', complete Schedule L, Part II and enter the total amount involved 3   Section 50 (Ic(X)7 organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.  b Section 50 (Ic(X)3 and 50 (Ic(X)4) organizations. Did the organization engage in any section 4958 excess brenefit transaction during the year or at waver that it engaged in an excess benefit transaction with a disqualified person in an prory year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If 'Yes', complete Schedule L, Part II  c Section 50 (Ic(X)3) and 50 (Ic(X)4) organizations. Enter amount of tax imposed on organization managers or disqualited persons diring the year or at waver that it engaged in an excess benefit transaction with a disqualified person at many of the organization's prior Forms 990 or 990-E2? If 'Yes', complete Schedule L, Part II  c Section 50 (Ic(X)3) and 50 (Ic(X)4) organizations. Enter amount of tax imposed on organization managers or disqualited persons during the year order sections 4912 (495, and 4936 to describe the organization and the time transaction? If 'Yes', complete Form 8886-I  40 Section 50 (Ic(X)3) and 50 (Ic(X)4) organizations. Enter amount of tax on line 40c reimbursed by the organization and 50 (Ic(X)4) organizations. Enter amount of tax on line 40c reimbursed by the organization should be a provided to the schedule L, Part II  40b X  1 List the states with which a copy of this return is field. ► MA  1 List the states with which a copy of this return is field. ► MA  2 The organization's books are in care of ► PERII  40c IV  41 List the states with which a copy of this return is field. ► MA  2 The organization's books are in care of ► PERII  40c IV  41 List the states with which a copy of this return is field. ► MA  2 Telephone no. ► 978 – 927 – 8330  2 Telephone no. ► 978 – 927 – 833					
b If "Yes," complete Schedule L, Part II and enter the total amount involved  38 Section 501 (c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  40 a Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.  b Section 501 (c)(3) and 501 (c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the tax year, was the organization a party to a prohibited tax shetter transaction? If "Yes," complete Form 8886-T  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization a party to a prohibited tax shetter transaction? If "Yes," complete Form 8886-T  d It is the states with which a copy of this return is filed. ► MA  1 List the states with which a copy of this return is fled. ► MA  1 List the organization's books are in care of ► PRRI  Located at ► 900 CUMMINGS CENTER, SUITE 221—U, BEVERLY, MA ZIP+4 ▶ 01915  b At any time during the calendar year, did the organization wantain an office outside of the U.S.?  If "Yes," enter t			38a		X '
39 Section 501(c)(7) organizations. Enter: a Intitation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 : section 4912 ▶ 0 . section 4955 ▶ 0 . b Section 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction uning the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T  Located at the states with which a copy of this return is filed. ► MA  21 The organization's books are in care of ► PRRI Located at ► 900 CUMMITINGS CENTER, SUTTE 221—U, BEVERLY, MA ZIP+4 ► 01915  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; ►  See the instructions for exceptions and filing requirements for Form 10 F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If Yes, *refer the name of the foreign country; ►  Section 4947(3)(1) nonexe	b	1 1 4-			
a Initiation fees and capital contributions included on line 9 to gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 · ; section 4912 ▶ 0 · ; section 4955 ▶ 0 · b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ 0 · c Section 501(c)(3) and 501(c)(4) organizations prior forms 990 or 990-£72 lf Yes; complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations prior forms 990 or 990-£72 lf Yes; complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the tax year, was the organization a party to a prohibited tax shelter transaction. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction. If If Yes, complete Form 8886-T  40e			1		!
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 • b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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-E27 if Yes,* complete Schedule L, Part I  40b	a				
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 • b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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-E27 if Yes,* complete Schedule L, Part I  40b	b	Gross receipts, included on line 9, for public use of club facilities  39b N/A	1		1
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  1. List the states with which a copy of this return is filed.   MA  1. List the states with which a copy of this return is filed.   MA  1. Located at    900 CUMMINGS  CENTER, SUITE 221-U, BEVERLY, MA  ZIP+4   01915  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts.)  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:   See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:   At 20	40 a	· · · · · · · · · · · · · · · · · · ·	1		
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year or is it 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-E27 if Yes,* complete Schedule L, Part I  40b X  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8866-T  40e X  41 List the states with which a copy of this return is filed. MA  42a The organization's books are in care of PRRI  Located at P90 CUMMINGS CENTER, SUITE 221-U, BEVERLY, MA ZIP+4 P01915  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; such as a bank account, securities account, or other financial accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If Yes,* enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If Yes,* enter the name of the foreign country:  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 X  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If Yes,* Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If Yes,* Form 99	b				1
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  40e  X  41 List the states with which a copy of this return is filed. ► MA  42a The organization's books are in care of ► PRRI Located at ► 900 CUMMINGS CENTER, SUITE 221-U, BEVERLY, MA ZIP+4 ► 0.1915  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form 10 F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country: ►  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 N/A  45 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ					, 
or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T  List the states with which a copy of this return is filed.  MA  42a The organization's books are in care of PRRI Tocated at 900 CUMMINGS CENTER, SUITE 221-U, BEVERLY, MA ZIP+4 D1915  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  1 at 1 a		has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  1. List the states with which a copy of this return is filed. MA  1. Located at  900 CUMMINGS	C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
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e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed.   MA  Telephone no.   978-927-8330  Located at  900 CUMMINGS CENTER, SUITE 221-U, BEVERLY, MA ZIP+4  01915  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:   Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  143	d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed.   MA  Telephone no.   978-927-8330  Located at  900 CUMMINGS		organization • 0.	i		1
List the states with which a copy of this return is filed.   MA  The organization's books are in care of PRRI Located at P900 CUMMINGS CENTER, SUITE 221-U, BEVERLY, MA  ZIP+4 01915  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes,' enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  Yes No  Yes No  Yes No  It was a part of Form 990-EZ  At any time during the calendar year, did the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  X  Yes No	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
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Located at > 900 CUMMINGS CENTER, SUITE 221-U, BEVERLY, MA  ZIP+4 > 01915  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:   Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  Yes No  Yes No  Jid the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  At 5 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	41	List the states with which a copy of this return is filed.   MA			
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over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  Yes No  Old the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  At Substance of the U.S.?  At Substance of the U.S.		Located at ▶ 900 CUMMINGS CENTER, SUITE 221-U, BEVERLY, MA ZIP+4 ▶ (	191	5	
account)?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country: ▶  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year   Yes No  1 Yes No  1 Yes No  1 Yes No  1 Yes No  2 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
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and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  1					_
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completed instead of Form 990-EZ 45 X			44		<u> </u>
	45				1
Form <b>990-EZ</b> (2009)		completed instead of Form 990-EZ		<u> </u>	
			Form 9	90-EZ	(2009)

Form 990-E	Z (2009) FOUNDATION			22-30613	58 Page 4
Part VI	Section 501(c)(3) organizations and section 4 organizations and section 4947(a)(1) nonexempt charitable and 51				
office 47 Did th 48 Is the 49a Did th b If "Yes 50 Comp	the organization engage in direct or indirect political campaign activities of the organization engage in lobbying activities? If "Yes," complete Schedule C, Part I are organization engage in lobbying activities? If "Yes," complete Schedule organization a school as described in section 170(b)(1)(A)(II)? If "Yes are organization make any transfers to an exempt non-charitable related of s," was the related organization a section 527 organization? Solete this table for the organization's five highest compensated employees \$100,000 of compensation from the organization. If there is none, enter	edule C, Part II ," complete Schedule E organization? es (other than officers, directors			Yes No 46 X 47 X 48 X 49a X 49b   th received more
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
		_			
<b>51</b> Comp	number of other employees paid over \$100,000 blete this table for the organization's five highest compensated independ inzation. If there is none, enter "None."  NONE	lent contractors who each receive	ved more than \$100,	000 of compensat	on from the
	(a) Name and address of each independent contractor paid more	than \$100,000	(b) Type of ser	vice (c)	Compensation
d Total	number of other independent contractors each receiving over \$100,000		•		
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accorrect, and complete. Declaration of preparer (other than officer) is based on all in Signature of other.  Type or print name and title		ts, and to the best of my knowledge	y knowledge and beli $\mathcal{A}-2\mathcal{B}$ Data	of, it is true,
Paid Preparer's Use Only	Preparer's signature  RAYMOND L. ANSTISS,  Firm's name (or yours if self-employed).  ANSTISS & CO., P.C.  21 GEORGE STREET  LOWELL, MA 01852	Date   Che J   04/05/10 emp		e►	52-2500
May the IR	S discuss this return with the preparer shown above? See instructions	*			Yes No rm 990-EZ (2009)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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. ➤ See separate instructions.

AMERICAN FEDERATION FOR MEDICAL RESEARCH

2009 OMB No 1545-0047

Open to Public Inspection

Employer identification number

										22	-3061358
Part I	Reason	for F	ublic Char	<b>ity Status</b> (All organiz	ations mu	st complet	e this par	t ) See inst	tructions		
The organ	zation is not	a priva	te foundation	because it is (For lines	1 through	11, check	only one b	ox)			
1 🖳	A church, co	nventi	on of churches	s, or association of chur	ches desc	nbed in <b>se</b>	ction 170	(b)(1)(A)(i)	).		
2 🖳	A school des	cribed	in section 17	'O(b)(1)(A)(ii). (Attach Sc	hedule E)						
з 🖳	A hospital or	a coo	perative hospi	tal service organization (	described	ın section	170(b)(1)	(A)(iii).			
4 📖	A medical re	search	organization o	operated in conjunction	with a hos	pital descr	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter th	ie hospital's name,
	city, and sta	te									
5 🗀	-			_	niversity o	wned or op	erated by	a governi	mental uni	t describe	d in
6 📙	· ·		•	•							
7 📖	e organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  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).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975  See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).										
_ []											
<u>8</u> ⊢						•					
9 🗀	_		-	· ·							<del>-</del> -
			· ·			-	-				<del>-</del>
				•	tion 511 ta	ix) trom bu	sinesses a	acquired b	y tne orga	inization a	mer June 30, 1975
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10 L	•			•	•	•			•	v out the r	nurnaces of one or
11 LAL	-			•							•
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f		_		-		-				. , ,	
	_					·					
g	Since Augus	t 17, 2	2006, has the c	organization accepted ai	ny gift or c	ontribution	from any	of the foll	owing per	sons?	
	(i) A perso	n who	directly or ind	lirectly controls, either a	lone or tog	ether with	persons o	described	ın (II) and (	ııı) below,	Yes No
	the gov	eming	body of the s	upported organization?							
	(ii) A family	/ mem	ber of a persor	n described in (i) above?	)						
	(iii) A 35%	contro	olled entity of a	person described in (i)	or (ii) abov	e?					11g(iii) X
h	Provide the	followi	ng information	about the supported or	ganızatıon	(s)					
				T							
(i) Name	of supported		(ii) EIN						(vi) ls	the	(vii) Amount of
orga	anization			(described on lines 1-9					(i) organiz	ed in the	support
		1							<u> </u>		
AMEDI	CAN	-		(see msuuchons))	Yes	No	Yes	No	Yes	No	
<b>SEDED</b> WHEKT	AULTON I	35.2	6056060	112			v		₩	1	104 944
FEDER	ALION	72	003000	IIA	<u> </u>			1		<del>                                     </del>	104,344.
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		1						-		<del>  </del> -	
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		<del> </del>			<del>                                     </del>		1			<del>                                     </del>	
		t			<del>                                     </del>	†		<u> </u>		<del>                                     </del>	
		T									
Total		1								1 1	104 944.

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

chedule A (Form 990 or 990-EZ) 2009 Part II Support Schedule for (	)rganizations	Described in	Sections 170	hV1VAViv) an	770/b\/1\/A\	Page
(Complete only if you checked						
ection A. Public Support						
alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants ")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf			<del></del>		<del> </del>	
The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
Total. Add lines 1 through 3 The portion of total contributions						
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)				!		
Public support. Subtract line 5 from line 4						
ection B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
Other income Do not include gain						
or loss from the sale of capital assets (Explain in Part IV)						
1 Total support. Add lines 7 through 10						
2 Gross receipts from related activities,	etc. (see instruct	ions)		ı	12	
3 First five years. If the Form 990 is for	•	•	d. fourth, or fifth to	ax vear as a secti		
organization, check this box and stop		<b>,,</b>			(-)(-)	►□
ection C. Computation of Publi		rcentage				
Public support percentage for 2009 (li	ne 6, column (f) c	livided by line 11, o	column (f))		14	
5 Public support percentage from 2008	Schedule A, Parl	: II, line 14			15	
Sa 33 1/3% support test - 2009.If the or	ganization did no	t check the box or	n line 13, and line	14 is 33 1/3% or i	more, check this bo	x and
stop here. The organization qualifies	as a publicly supp	oorted organization	1			▶L
<b>b 33 1/3% support test - 2008.</b> If the or	ganization did no	t check a box on I	ne 13 or 16a, and	line 15 is 33 1/39	6 or more, check th	is box
and stop here. The organization quali	•	• • •				▶L
7a 10% -facts-and-circumstances test	_					
and if the organization meets the "fac	ts-and-circumstar	ices" test, check t	his box and <b>ston t</b>	tere. Explain in Pa	art IV how the organ	nization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

**b 10%** -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Part III   Support Schedule for O	rganizations	Described in	Section 509(a	(Complete only	If you checked the bo	ox on line 9 of Part I.
Section A. Public Support		<del></del>			<del></del>	
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants ")			<u>-</u> _	<u> </u>	<u> </u>	
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513		<del> </del>			<del> </del>	
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5				† <del></del>		
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons  b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the					_	
amount on line 13 for the year					<del>                                     </del>	
c Add lines 7a and 7b				<b>†</b>	<del> </del>	
8 Public support (Subtractline 7c from line 6.) Section B. Total Support				<u>!</u>	<u> </u>	
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(a) 2007	(4) 2009	(a) 2000	/f) Total
9 Amounts from line 6	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				-		
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)	<del></del>	<u> </u>	l	L	<u> </u>	<u> </u>
14 First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organi	zation,
check this box and stop here Section C. Computation of Publi	ic Support Pe	ercentage				<u> </u>
15 Public support percentage for 2009 (li			column (f)\		15	%
16 Public support percentage from 2008		•	oolamir (1))		16	%
Section D. Computation of Inves					1.0	
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2	•		,		18	9/
19a 33 1/3% support tests - 2009. If the			on line 14 and lin	e 15 is more than		
more than 33 1/3%, check this box ar	•					<b></b>
b 33 1/3% support tests - 2008. If the	-	• ,		• • •		and
line 18 is not more than 33 1/3%, che	•					<b></b> ▶□
20 Private foundation. If the organization		•	•		•	<b>▶</b> □
			,,		hedule A (Form 99	O or 990-EZ) 200

FORM 990-EZ	OTHER EXPENSES		STATEMENT	1
DESCRIPTION			AMOUNT	
SCHOLARSHIP PROGRAM ADMIN MISCELLANEOUS	ISTRATION		2,50	00.
TOTAL TO FORM 990-EZ, LIN	E 16		2,78	35. —
FORM 990-EZ	OTHER LIABILITIES		STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YEA	<b>\</b> R
ACCOUNTS PAYABLE AND ACCR	UED EXPENSES	14,000.	10,50	00.
TOTAL TO FORM 990-EZ, LIN	F 26	14,000.	10,50	

FORM 990-EZ CASH GRANTS AND ALLOCA	CASH GRANTS AND ALLOCATIONS				
CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT			
SUPPORT FOR EXPERIMENTAL BIOLOGY, CRISIS  AMERICAN FEDERATION FOR MEDICAL RESEARCH 900 CUMMINGS CENTER, SUITE 221-U BEVERLY, MA 01915	RELATED ORGANIZATION	104,944.			
SCHOLARSHIPS VARIOUS INDIVIDUALS	NONE	8,360.			
GENERAL SUPPORT CENTRAL SOCIETY OF CLINICAL RESEARCH 555 E. WELLS STREET, STE. 1100 MILWAUKEE, WI 53202	NONE	15,000.			
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		128,304.			

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		Si	PATEM	ient	4
DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL STRACT?	[	]	YES	[X]	NO
	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. [	j	YES	[X]	мо

990-EZ PG 2 STATEMENT 5

TO PROMOTE AND ENCOURAGE EDUCATION, PROGRAMS, PUBLICATIONS AND SCIENCE TRAINEES FOR THE AFMR AND TO AWARD GRANTS TO YOUNG INVESTIGATORS.