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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 black lung benefit trust or private foundation)

OMB No 1545-0047 Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Inspection

Α	For the	2009 calendar year, or tax year beginning and e	ending	· · · · · · · · · · · · · · · · · · ·				
В	Check if applicable	USE INS ALLIERNALIVES RESERVED AND DEVELOTHER	NT	D Employer identifi	cation number			
	Addres	label or point or FOUNDATION						
	Name change	Doing Business As		23-2740843				
	Initial retum Termin ated	Trottoor and already to a	Room/suite 316	E Telephone numbe (215	r) 887–8076			
一	Amend			G Gross receipts \$	2,254,865.			
Ē	Applic			H(a) Is this a group re	eturn			
	pendir			for affiliates?	Yes X No			
		SAME AS C ABOVE		H(b) Are all affiliates inc	cluded? Yes No			
T	Tax-exe	empt status. X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		If "No," attach a	list. (see instructions)			
		e: ► WWW.ARDF-ONLINE.ORG		H(c) Group exemption				
		organization X Corporation	L Year		A State of legal domicile PA			
	art I	Summary						
	1	Briefly describe the organization's mission or most significant activities: ARDF	WORKS	TO SOLVE T	HE ETHICAL			
Governance	'	AND PRACTICAL PROBLEMS OF ANIMAL EXPERIME	ENTATI	ON BY PROVI	DING A			
Ë		Check this box Fig. 1 if the organization discontinued its operations or dispos						
Š	1	Number of voting members of the governing body (Part VI, line 1a)		3	8			
		Number of independent voting members of the governing body (Part VI, line 1b)		4	6			
Activities &		Total number of employees (Part V, line 2a)		5	0			
Ę.		. , , , , , , , , , , , , , , , , , , ,		6	0			
.₹	1	Total number of volunteers (estimate if necessary) Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
Ā	li e			7b	0.			
	b	Net unrelated business taxable income from Form 990·T, line 34		Prior Year	Current Year			
		0.11	-	18,756.	37,997.			
ne		Contributions and grants (Part VIII, line 1h)		10,730.	31,771.			
Revenue		Program service revenue (Part VIII, line 2g)		1266 202	> <59,909.			
è		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<266,203.	2 (39,909.			
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		19,390.	101 010			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<228,057.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		166,742.	192,207.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)						
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		41,728.	38,109.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		****				
ğ	ь	Total fundraising expenses (Part IX, column (D), line 25)						
Ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		99,069.	59,258.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		307,539.	289,574.			
	19	Revenue less expenses Subtract line 18 from line 12 5051 450		<535,596.	<311,486.>			
Net Assets or	3		Be	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		6,064,705.	6,988,923.			
NA P	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26) MAY 18 2010		7,771.				
35	22	Net assets or fund balances Subtract line 21 from line 20		6,056,934.	6,988,923.			
P	art II	Signature Block OGDEN, UT						
<u> </u>		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and	d statements,	and to the best of my knowled	ge and belief, it is true, correct,			
,		and complete Declaration of preparer (other than officer) is based on all information of which preparer has a	ny knowledge		//.			
Sig		Mag (& down.		1 5/	14/10			
: UN		Signature of officer		Date /				
, '''	16	SUE A. LEARY, PRESIDENT						
•		Type or print name and title						
· —		I Poto	Ch	eck if Prepar	er's identifying number			
Preparer's signature LEONARD P. METKOWSKI								
Pre	parer's	Firm's name (or PARENTEBEARD LLC	1 611	EIN D				
Usi	Only	yours if 1000 a mile man parties out me 225		CIN	· · · · · · · · · · · · · · · · · · ·			
		address, and MATIVEDAL DA 10255		Dhana as L	10-647-8100			
_		 		Phone no P 0				
<u>M</u> a	y the II	RS discuss this return with the preparer shown above? (see instructions)						
932	001 02-0	₄₋₁₀ LHA For Privacy Act and Paperwork Reduction Act Notice, see the se	parate ins	tructions.	Form 990 (2009)			

6/6

1 Bestly describe the expensation's mission: THE MISSION OF THE ARDF IS TO FUND AND PROMOTE THE DEVELOPMENT, VALIDATION AND ADOPTION OF NON-ANIMAL METHODS IN BIOMEDICAL RESEARCH, PRODUCT TESTING AND EDUCATION. 2 Did the organization undertake any significant program services during the year which were not listed on the prior from 990 or 990-22? If "Yes, describe these new services on Schedule O. If "Yes, describe these new services on Schedule O. If "Yes, describe these orhanges on Schedule O. If "Yes, describe the services or the services of the organization's three largest program services by expenses Section 501(c)(q) and 501(c)(q) organizations and section 497(q)(q) trusts are required to report the smooth of grants and selections 501(c)(q) organizations and selection 497(q)(q) trusts are required to report the smooth of grants and selection 501(c)(q) organizations and selection 5		t III Statement of Program Service Accomplishments										
PRODUCT TESTING AND EDUCATION. 2 Destine organization undertake any significant program services during the year which were not tested on the prior Form 990 or 990-E27 If Yes, "Gearche these new services on Schedule 0. 3 Destine organization cease conducting, or make significant changes in how it conducts, any program services? If Yes, "Gearche these news services on Schedule 0. 4 Describe the externe purpose achievements for each of the organization's three largest program services by expenses Section 501(c(5)) and 501(c(5)) and 501(c(5)) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4 (Code:)(Expenses 2 258, 938. including grants of \$ 192, 207.)(Revenue \$ 0.) THE ALTERNATIVES RESEARCH GRANT PROGRAM FUNDS RESEARCH PROJECTS THAT DEVELOP NON-ANIMAL ALTERNATIVES TO TRADITIONAL ANIMAL EXPERIMENTS. SPONSORSHIP OF SCIENTIFIC MEETINGS PROMOTES ALTERNATIVES. 4 (Code:)(Expenses \$ including grants of \$)(Revenue \$) 4 (Code:)(Expenses \$ including grants of \$)(Revenue \$) 4 (Code:)(Expenses \$ including grants of \$)(Revenue \$) 4 (Code:)(Expenses \$ including grants of \$)(Revenue \$) 4 (Code:)(Expenses \$ including grants of \$)(Revenue \$) 4 (Code:)(Expenses \$ including grants of \$)(Revenue \$) 4 (Code:)(Expenses \$ including grants of \$)(Revenue \$) 4 (Code:)(Expenses \$ including grants of \$)(Revenue \$) 4 (Code:)(Expenses \$ including grants of \$)(Revenue \$) 4 (Code:)(Expenses \$ including grants of \$)(Revenue \$) 4 (Code:)(Expenses \$ including grants of \$)(Revenue \$) 4 (Code:)(Expenses \$ including grants of \$)(Revenue \$) 4 (Code:)(Expenses \$ including grants of \$)(Revenue \$) 4 (Code:)(Expenses \$ including grants of \$)(Revenue \$)	·	Briefly describe the organization's mission: THE MISSION OF THE ARDF IS TO FUND AND PROMOTE THE DEVELOPMENT,										
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		0.50,000										
	<u>4e</u>											

Form 990 (2009) ' FOUNDATION

Part IV Checklist of Required Schedules 23-2740843 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for] .	
	public office? If "Yes," complete Schedule C, Part I	3_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X	_
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide		ŀ	
	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 term, permanent, or quasi-endowments?		•	
	If "Yes," complete Schedule D, Part V	10	<u> </u>	Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI			
•	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 167 If "Yes," complete Schedule D, Part VII			
•	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			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			Х
	Schedule D, Parts XI, XII, and XIII	12		^
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No It "Yes " completing Schedule D. Parts XI. XII. and XIII is optional			
	The foot completing conducted by that only and the control of the	42		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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,	14a		
D	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
45		170		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	х	
46	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	- <u>'`</u>		
16	located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		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	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
		Form	990 (2009)

	1990 (2009) FOUNDATION 23-27	40843	5 P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		١.,	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			١
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	 	<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	Ì	İ	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	_23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	<u> </u>	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	1	Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualifie	ed		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	ł	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		-	
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	-		
	Schedule L, Part III	27	i	Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	Instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
·		28c	х	
29	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		Х
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			X
04	contributions? If "Yes," complete Schedule M	30	 -	_ <u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?		Ì	х
~~	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32	 	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			_U
	sections 301.7701-2 and 301.7701-3? 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, Parts II, III, IV, and V, line 1	34	X	<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	i i		
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			1

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Note. All Form 990 filers are required to complete Schedule O.

23-2740843 FOUNDATION Page 5 Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of								
	U.S Information Returns. Enter -0- if not applicable								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 0								
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь							
4a	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)?	4a		X					
ь	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								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			1					
	Tax Shelter Transaction?								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible?	6a		X					
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?								
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	_		.					
	provided to the payor?	7a		X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>					
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v					
	to file Form 8282?	7с	 	X					
	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_		Х					
	benefit contract?	7 <u>e</u> 7 f		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h	-	\vdash					
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the								
0	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings								
	at any time during the year?	8		ĺ					
۵	Sponsoring organizations maintaining donor advised funds.								
9		9a		1					
	 a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 								
ь 10	Section 501(c)(7) organizations. Enter:	9Ь	····						
а	Initiation fees and capital contributions included on Part VIII, line 12								
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
	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	_	<u></u>					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								

Form **990** (2009)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Sec</u>	tion A. Governing Body and Management									
		۰	Yes	No						
	Enter the number of reining memory of the gereaming coop	8 6								
b	Effet the homber of voting members that are independent	읙								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		v						
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v						
	of officers, directors or trustees, or key employees to a management company or other person?	3	-	X X X						
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		<u>.</u>						
5	* '									
6	Does the organization have members or stockholders?	6		Х						
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			v						
	governing body?	7a		X						
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
	by the following:		٧							
		8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)									
		40	Yes	No X						
	Does the organization have local chapters, branches, or affiliates?	10a								
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.								
	and branches to ensure their operations are consistent with those of the organization?	10b	X							
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	^							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1.0		Х						
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a								
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	1.00								
	to conflicts?	12b								
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	100								
	in Schedule O how this is done	12c		X						
13	Does the organization have a written whistleblower policy?	13		X						
14	Does 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?	150	х							
	The organization's CEO, Executive Director, or top management official	15a	X							
Ь	Other officers or key employees of the organization	15b	•							
16	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)									
IVa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		х						
	taxable entity during the year?	16a								
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	16b								
<u> </u>	exempt status with respect to such arrangements?	100								
	List the states with which a copy of this Form 990 is required to be filed ▶PA, MN	<u>.</u>								
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availab	le for								
18	public inspection Indicate how you make these available. Check all that apply.	.5 ,01								
10	Own website A nother's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	ncial							
19		wie iiile	riciai							
20	statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:	•							
20	THE FOUNDATION – (215) 887–0816	anon.								
	801 OLD YORK RD, SUITE 316, JENKINTOWN, PA 19046									
	OOL OND TOKK KD, BOTTH STO! GHAKTHIOMA, FR 19040	Form	990	2000						

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

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 Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours	(c	(C) Position (check all that apply)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
SUE A. LEARY PRESIDENT	20.00	х	•	х		-		20,000.	20,000.	10,226
JOSEPH LUDWIG	20.00	<u> </u>		Λ				20,000.	20,000.	10,220
VICE PRESIDENT	1.00	х		x	_			0.	0.	0
AARON MCINTYRE IREASURER	3.00	X		 X				0.	0.	0
MARGARET DAWSON	1 3.00	1								
SECRETARY	1.00	X		Х				0.	0.	0
DOUGLAS R. BARR, SR.										
BOARD MEMBER	1.00	X						0.	0.	0
RICHARD I. TORPEY, ESQ.										
BOARD MEMBER	1.00	X		L		<u> </u>		0.	0.	0
JEANNE K. BRAY									_	
BOARD MEMBER	1.00	X				ļ		0.	0.	0
DENISE COWIE BOARD MEMBER	1.00	X						0.	0.	0
DOARD MENDER	1.00							0.		
			-							
		_								
								' I		

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Part VII Section A. Officers, Directors, Tr	1	mple	yee			High	est						
(A)	(B) (C) Average Position							(D)	(E)	(F)			
Name and title	Average hours	 (c				n app	lv)	Reportable compensation	Reportable compensati	- 1		timate lount	
	per week	Individual trustate or director	Institutional frustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from relate organization (W-2/1099-MI	d ns	comp fro orga and	other	ation ie tion ted
													
											- · · <u>-</u>		
			_										
												_	
												- .	
1b Total	<u></u>					>		20,000.	20,0	00.	10),2	26.
2 Total number of individuals (including but recompensation from the organization ▶	not limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100	,000 in reportab	le			0
3 Did the organization list any former officer			, key	/ em	plo	yee,	or h	nighest compensated er	nployee on			Yes	No
 line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si and related organizations greater than \$15 	um of reportab	le co							the organization	ļ.	3	71111	X
Did any person listed on line 1a receive or the organization? If "Yes," complete Scheol	accrue compe	nsatı	on f						ices rendered to		5		Х
Section B. Independent Contractors													
Complete this table for your five highest countries the organization. NONE	ompensated in	depe	ende	nt c	ontr	racto	rs ti		\$100,000 of cor	mpensa			
(A) Name and business	address					<u>. </u>	_	(B) Description of s	ervices	Co	(C empen		n
					_		+						
							+						
							\dashv						
							+						
Total number of independent contractors (\$100,000 in compensation from the organi		ot lir	nite	d to		se lis	ted	above) who received m	ore than				
										F	orm 9	90 (2009)

<21,912.>

932009 02-04-10 d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions

<59,909.>

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

D-	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). Do not include amounts reported on lines 6b, Total expanses Program service Management and Fundraising									
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to governments and	172 207	172 207							
	organizations in the U.S. See Part IV, line 21	172,207.	172,207.		·····					
2	Grants and other assistance to individuals in									
_	the U.S. See Part IV, line 22									
3	Grants and other assistance to governments,									
	organizations, and individuals outside the U.S.	20,000.	20,000.							
	See Part IV, lines 15 and 16	20,000.	20,000.		 					
4	Benefits paid to or for members	_ 			<u></u>					
5	Compensation of current officers, directors,	25,113.	17,685.	7,428.						
_	trustees, and key employees Compensation not included above, to disqualified	23/113.	17,003.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
6	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	10,358.	10,358.							
8	Pension plan contributions (include section 401(k)									
•	and section 403(b) employer contributions)									
9	Other employee benefits	1,667.	1,667.							
10	Payroll taxes	971.	777.	194.						
11	Fees for services (non-employees).									
а	Management									
b										
c	· · · · · [19,128.		19,128.						
d	Lobbying									
е	Professional fundraising services See Part IV, line 17									
f	Investment management fees									
g	Other									
12	Advertising and promotion	3,375.	3,375.							
13	Office expenses	467.		467.						
14	Information technology									
15	Royalties	14 041	11 022	2 000						
16	Occupancy	14,041.	11,233.	2,808.						
17	Travel	5,869.	5,869.							
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	1 206	1 206		 					
19	Conferences, conventions, and meetings	1,296.	1,296.							
20	Interest									
21	Payments to affiliates	581.	465.	116.						
22	Depreciation, depletion, and amortization	233.	403.	233.						
23	Insurance	233.		233.						
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)									
а	COMMUNICATION TAROR	6,800.	6,800.							
b	DOTAMINA AND DUDITONITO	4,548.	4,548.							
c	MET EDUONE	2,262.	2,036.	226.						
d	DOCUMENT AND CUITDITAGE	358.	322.	36.						
е	DECEMBOU C THEODMANTON	300.	300.							
f	All other expenses									
25	Total functional expenses. Add lines 1 through 24f	289,574.	258,938.	30,636.	0					
26	Joint costs. Check here if following									
	SOP 98-2 Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation				Form 990 (2009					

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Par	t X	Balance Sheet				15.
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		124,003.	1	95,897
	2	Savings and temporary cash investments		440,493.	2	409,253
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	6,314.	4		
	5	Receivables from current and former officers, di				
		employees, and highest compensated employe				
		of Schedule L		5		
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)) and persons described in section 49				
		Part II of Schedule L		6		
,	7	Notes and loans receivable, net			7	325
	8	Inventories for sale or use			8	
:	9	Prepaid expenses and deferred charges	•		9	
-		Land, buildings, and equipment: cost or other	1			
		basis. Complete Part VI of Schedule D	10a 9,396.			
	ь	Less: accumulated depreciation	10b 9,204.	773.	10c	192
	11	Investments - publicly traded securities		5,123,960.	11	192 6,067,450
	12	Investments - other securities. See Part IV, line	11		12	
	13	Investments - program-related. See Part IV, line	i i		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	369,162.	15	415,806	
İ	16	Total assets. Add lines 1 through 15 (must equ	6,064,705.	16	415,806 6,988,923	
寸	17	Accounts payable and accrued expenses	7,771.	17		
	18	Grants payable	·	18	· · · · · · · · · · · · · · · · · · ·	
	19	Deferred revenue	•		19	
	20	Tax-exempt bond liabilities			20	
.	21	Escrow or custodial account liability. Complete	Part IV of Schedule D	<u></u>	21	1 -11
<u> </u>	22	Payables to current and former officers, directo	ľ			
		highest compensated employees, and disqualif				
ן נ		of Schedule L	da porcono: completo : ait ii		22	
	23	Secured mortgages and notes payable to unrel	ated third parties		23	·
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25	ŀ	7,771.	26	0
\dashv	20	Organizations that follow SFAS 117, check h	are X and complete	.,,,,,,		
,		lines 27 through 29, and lines 33 and 34.	ere P EEE and complete			
ן נ	27	Unrestricted net assets		5,714,447.	27	6,597,691
	28	Temporarily restricted net assets			28	
1	29	Permanently restricted net assets		342,487.	29	391,232
	29	•	heck here			
		Organizations that do not follow SFAS 117, c	neck nere			
	20	complete lines 30 through 34.			30	
	30	Capital stock or trust principal, or current funds			31	·····
ć	31	Paid-in or capital surplus, or land, building, or ed	[32	
Net Assets of rulio balances	32	Retained earnings, endowment, accumulated in	icome, or other lunds	6,056,934.	33	6,988,923
	33	Total net assets or fund balances	}	6,064,705.		6,988,923
	34	Total liabilities and net assets/fund balances		0,004,703.	J4	Form 990 (2009

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ALTERNATIVES RESEARCH AND DEVELOPMENT

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Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		х
b	M	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	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 required audit	İ		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	000	<u> </u>

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

FOITH 390 OF 990-E2)

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. ► See separate instructions.

2009

Open to Public Inspection

Name of the organization

ALTERNATIVES RESEARCH AND DEVELOPMENT FOUNDATION

Employer identification number 23-2740843

Parti	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t.) See ins	tructions.		
he organ	ization is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)			
1 🔲			s, or association of chur			_).		
2	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)						
3			ital service organization	•	n section	170(b)(1)	(A)(iii).			
4		•	operated in conjunction					(b)(1)(A)(ii	i). Enter ti	he hospital's name.
	city, and state	-	•		•				·	•
5 🔲	-		benefit of a college or u	niversity ov	vned or or	perated by	a govern	mental uni	t describe	ed in
•,	_	(b)(1)(A)(iv). (Compl	-							,
6 🗀			ent or governmental uni	t describer	t in coetie	n 170/h\/	11/41/4			
7 🗔		-	<u> </u>					r from the	gonoral r	ublic decembed in
'	-	•	eives a substantial part	or its supp	on nom a	governme	ziitai uiiit t		general L	bublic described in
• 🗀	-	b)(1)(A)(vi). (Comple	•	(0	D4 II \					
8 -	•		section 170(b)(1)(A)(vi).	•	-					
9 🗀	_	•	elves: (1) more than 33							•
		•	nctions - subject to certa	•		•				-
			axable income (less sec	tion 511 ta	x) from bu	sinesses	acquired b	y the orga	inization a	itter June 30, 1975
—		509(a)(2). (Complete	•							
10	_	•	perated exclusively to te	•	-			-		_
11 X	-	-	perated exclusively for the		•			-		
			ations described in secti				2). See se e	ction 509(a	a)(3). Che	ck the box that
			organization and compl		_					
	a Type I	b L	• •	c X Typ		-			d└──	Type III - Other
e			at the organization is not							
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or s	ection 509(a)(2).
f	if the organiza	ation received a writ	ten determination from	the IRS tha	it it is a Ty	pe I, Type	II, or Type	e		
	supporting or	ganization, check th	nis box							
9	Since August	17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the foll	owing pers	sons?	
	(i) A persor	n who directly or inc	lirectly controls, either al	one or tog	ether with	persons o	described	ın (ii) and (i	iii) below,	Yes No
	the gove	rning body of the s	upported organization?							11g(i) X
	(ii) A family	member of a persor	n described in (i) above?	+						11g(ii) X
	(iii) A 35% c	ontrolled entity of a	person described in (i) o	or (ii) above	?					11g(iii) X
h	Provide the fo	ollowing information	about the supported or	ganızatıon(s).					
(i) Name	of supported	(II) EIN	(iii) Type of	(IV) is the o	rganization	(v) Did yo	u notify the	(vi) Is		(vii) Amount of
	inization	• ,	organization (described on lines 1-9	in col (i) lis			ion in col.	organization (i) organization	ed in the	support
			above or IRC section	governing	10cument?	(I) of you	r support?	US	2	
			(see instructions))	Yes	No	Yes	No	Yes	No	
SEE S	CHEDULE									
[9		X		Х	l	X	170,000.
SEE S	CHEDULE									
r			9		X		X		X I	20,000.
										
			+	4		,	+		t	

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Schedule A (Form 990 or 990-EZ) 2009

190,000.

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

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

Sch	edule A (Form 990 or 990 EZ) 2009 Irt III Support Schedule for (Organizations	Described in	Section 509(a)(2) (Complete only	/ If you ch	necked the bo	Page 3 x on line 9 of Part I
	ction A. Public Support		<u>. </u>					
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
	Gifts, grants, contributions, and							
	membership fees received. (Do not		1					
	Include any "unusual grants.")						ĺ	
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		}			1		
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					1		
	the organization without charge					ľ		
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
_	Add lines 7a and 7b					†		
	Public support (Subtract line 7c from line 6)	······································				 		
	etion B. Total Support		<u> </u>		1	<u> </u>		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(0)	2009	(f) Total
	Amounts from line 6	(4) 2005	(b) 2000	(6) 2007	(4) 2000	1	2003	To rotal
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
ь	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
c	Add lines 10a and 10b					1		
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							
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)				<u> </u>			
	First five years. If the Form 990 is for	the organization's	s first second thir	d fourth or fifth t	ax vear as a section	on 501(c	:)(3) organiza	etion.
. •	check this box and stop here	J. gainzanoll	o., 5000mg, mm	_, mor mor m	,	55 110	,,-, 5.game	▶□
Sec	tion C. Computation of Publ	ic Support Pe	rcentage					
	Public support percentage for 2009 (I			column (fi)		15		%
16	Public support percentage from 2008		•			16		
	tion D. Computation of Inves					1.0		
17	Investment income percentage for 20			ne 13 column (ft)		17		
18	Investment income percentage from 2			ie 15, column (i))		18		
	33 1/3% support tests - 2009. If the			on line 14, and line	a 15 is more than		and line 13	
100							, and mie 17	▶ □
.	more than 33 1/3%, check this box at 33 1/3% support tests = 2008. If the		•				33 1/394 -	od
0	33 1/3% support tests - 2008. If the	-						
20	line 18 is not more than 33 1/3%, che		-				-	
20	Private foundation. If the organization	n did not check a	50x on line 14, 19	a, or 130, check if				or 990-EZ) 2009

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organization ALTERNA	ATIVES RESEARCH A	ND DEVELOPM	MENT Emp	oloyer identification number
	FOUNDAT		_,		23-2740843
Pa		ganization is exempt und	der section 501(c) or is a section 527	organization.
	Provide a description of the organic Political expenditures Volunteer hours	zation's direct and indirect politi	cal campaign activities	s in Part IV. ▶:	\$
Pa	rt I-B Complete if the or	ganization is exempt und	der section 501(c)(3).	
	Enter the amount of any excise tax			>	\$
2	Enter the amount of any excise tax	cincurred by organization manag	gers under section 495	5	\$
3	If the organization incurred a section	on 4955 tax, did it file Form 4720) for this year?		Yes No
4a	Was a correction made?				Yes No
122	If "Yes," describe in Part IV		1: 504	\	(-\(0\)
	**************************************	ganization is exempt und			
	Enter the amount directly expende				\$
2	Enter the amount of the filing orga	nization's funds contributed to o	ther organizations for s	_	•
_	exempt function activities	- Add boos 4 and 0 Fator have	1100 DO	▶ !	<u> </u>
3	Total exempt function expenditure	s Add lines 1 and 2. Enter here	and on Form 1120-PO	L,	t t
4	line 17b Did the filing organization file Form	1120-POL for this year?			Yes No
	Enter the names, addresses and e	-	IN) of all section 527 p	oolitical organizations to whi	
_	For each organization listed, enter				
	that were promptly and directly de	livered to a separate political org	ganization, such as a se	eparate segregated fund or	a political action committee
	(PAC) If additional space is neede	d, provide information in Part IV.			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

932041 02-04-10

LHA

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Schedule C (Form 990 or 990-EZ) 2009

ALTERNATIVES RESEARCH AND DEVELOPMENT 23-2740843 Page 2 Schedule C (Form 990 or 990-EZ) 2009 FOUNDATION Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). X If the filing organization belongs to an affiliated group B Check ▶ if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group **Limits on Lobbying Expenditures** organization's totals (The term "expenditures" means amounts paid or incurred.) totals Ō 500. 1 a Total lobbying expenditures to influence public opinion (grass roots lobbying) 10,121. <u>o</u> . b Total lobbying expenditures to influence a legislative body (direct lobbying) Ō. 10,621. c Total lobbying expenditures (add lines 1a and 1b) 289,574. 1,973,029. d Other exempt purpose expenditures 289,574. 1,983,650. e Total exempt purpose expenditures (add lines 1c and 1d) 57,915. 249,183. Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. \$100,000 plus 15% of the excess over \$500,000. Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. 14,479 62,296. g Grassroots nontaxable amount (enter 25% of line 1f) Ō. h Subtract line 1g from line 1a. If zero or less, enter -0-0. i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 Yes No reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (d) 2009 (e) Total (b) 2007 (c) 2008(a) 2006 (or fiscal year beginning in) 249,183. 1,009,785. 241,990 254,657. 263,955 2a Lobbying nontaxable amount

8,201.

63,664

544

5,546.

60,498

546

2,214. Schedule C (Form 990 or 990-EZ) 2009

500.

10,621.

62,296.

1,514,678.

29,824.

252,447.

378,671.

5,456.

65,989

624.

b Lobbying ceiling amount

(150% of line 2a, column(e))

d Grassroots nontaxable amount e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

c Total lobbying expenditures

23-274<u>0843 Page 3</u>

Schedule C (Form 990 or 990-EZ) 2009 FOUNDATION 23-274084

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

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteer? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If Yes, 'describe in Part IV' j Total. Add lines 1c through 1i 2 b Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If Yes, 'enter the amount of any tax incurred under section 4912 c If Yes,' enter the amount of any tax incurred under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A] Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Do the porganization appear to carryover lobbying and political expenditures from the prior year? 2 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." 1 Dues, assessments and similar amounts from members Section 162(e) indeductible lobbying and political expenditures (do not include amounts of political expenses or which the section 527(f) tax was paid). 2 a Urrent year b Carryover f			(:	a)	(b	o)
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? if Yes,' describe in Part IV j Total. Add lines 1c through 1i 2 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if Yes,' enter the amount of any tax incurred under section 4912 c if Yes,' enter the amount of any tax incurred by organization managers under section 4912 d if the filino organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A] Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Vers substantially all 90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? 3 Did the organization agree to carryover lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2 Current year Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Dues, assessments and similar amounts from members 1 Carryover from last year 2 Description of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political exp					·	<u></u>
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Raillies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total. Add lines 1c through 11 2	1	During the year, did the filing organization attempt to influence foreign, national, state or				
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c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total. Add lines 1c through 11 2e Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A] Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Vers substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-A] Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues f If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditu	b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total. Add lines to through 11 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carryover lobbying and political expenditures from the prior year? 2 Did the organization agree to carryover lobbying and political expenditures from the prior year? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? 1 Dues, assessments and similar amounts from members 2 Section 162(e) in BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total A Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues d If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politica	С	Media advertisements?				
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	Par	t IV Supplemental Information				
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Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part or any additional information.						
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Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009 Open to Public Inspection

Name of the organization

ALTERNATIVES RESEARCH AND DEVELOPMENT FOUNDATION

Employer identification number 23-2740843

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
LA	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	Impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualr	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year ►	_	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
D-	conservation easements. rt III Organizations Maintaining Collections o	f Art Historical Transumas or C	Other Similar Assats
Pa	Organizations Maintaining Collections o Complete if the organization answered 'Yes' to Form		Other Similar Assets.
	Complete if the organization answered Tes to Form	330, 7 art 14, inte 0	
4-	If the organization elected, as permitted under SFAS 116, no	at to report in the revenue statement and h	anlance cheet works of art, historical
ıa	treasures, or other similar assets held for public exhibition, e		
	the footnote to its financial statements that describes these		Joine Service, provide, in Fait XIV, the text of
			non sheet works of art, historical treasures
b	or other similar assets held for public exhibition, education, or		
	these items:	or research in furtherance of public service	e, provide the following amounts relating to
	(i) Revenues included in Form 990, Part VIII, line 1		▶ ¢
			► \$ ► \$
•	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre	acuree or other cimilar assets for financi	
2	the following amounts required to be reported under SFAS 1		ai gairi, provide
_	Revenues included in Form 990, Part VIII, line 1	To relating to these items.	▶ \$
a	A		► \$ ► \$
Ь	Assets included in Form 330, Fait A		· · ·

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

	ALTERNA	TIVES RESI	EARCH	AND D	EVELOP.	MENT			
Sche	dule D (Form 990) 2009 FOUNDAT	ION					23-2	2740843	Page 2
Par	t III Organizations Maintaining C	collections of A	Art, His	torical Tr	easures,	or Other	Similar As	sets (continu	ed)
3	Using the organization's acquisition, accessi								
	(check all that apply)								
а	Public exhibition		d 🔲	Loan or exc	hange progra	ams			
b	Scholarly research			Other	0, 0				
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expl:	ain how t	hev further t	he organizati	on's exemp	t purpose in l	Part XIV.	
	During the year, did the organization solicit of								
5	to be sold to raise funds rather than to be me					Ci Sirinai as	3013	Yes	□ No
Da	t IV Escrow and Custodial Arran					s* to Form 9	990 Part IV II		
	reported an amount on Form 990, Pa		nete ii Oi	yanızatıon a	ilsweled 16	5 10 1011113	30,1 alt 14, li	110 3, 01	
			adiami far		an or other or	note not inc	aludad		
1a	Is the organization an agent, trustee, custod	ian or other interme	ediary lor	Contribution	is or other as	ssets not inc	ciuded	Yes	□ No
	on Form 990, Part X?		e 11	4 - 1 - 1				res	NO
b	If "Yes," explain the arrangement in Part XIV	and complete the i	rollowing	table:				A	
							 	Amount	
C	Beginning balance						1c		
d	Additions during the year						1d		·
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on F	orm 990, Part X, Iın	e 21?					Yes	No
<u>b</u>	If "Yes," explain the arrangement in Part XIV.								
Par	TY Endowment Funds. Complete	f the organization a	answered	"Yes" to Fo	rm 990, Part	IV, line 10.			<u>.</u>
	:	(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d)	Three years ba	ick (e) Four ye	ars back
1a	Beginning of year balance					, . , , , , , , , , , , , , , , , , , ,	1-1		
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities		1						
	and programs								
f	Administrative expenses								
g	End of year balance					***************************************	••••••		
2	Provide the estimated percentage of the year	r end balance held	as:	······································	<u>.</u> t				
	Board designated or quasi-endowment	" one selection have	%						
b	Permanent endowment	 %							
_		<u></u>							
	Are there endowment funds not in the posse	• • •	zation th	at are held a	and administe	ered for the	organization		
Ja		ssion of the organi	zation tii	at are note o	ara aariiinist	orca for the	organization	Ye	es No
	by:							3a(i)	3 110
	(i) unrelated organizations							3a(ii)	
	(ii) related organizations		0-5-	at the DO					
	If "Yes" to 3a(II), are the related organization:	•						3b	
4	Describe in Part XIV the intended uses of the				Don't V. Iraa	10			
1-8	t VI Investments - Land, Building							(d) D = -1	
	Description of investment	(a) Cost or basis (investigation		1 ' '	t or other (other)		imulated ciation	(d) Book v	alue
1a	Land								
ь	Buildings								
c	Leasehold improvements								
d	Equipment				9,396.		9,204.		192.

192. Schedule D (Form 990) 2009

d Equipment

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

	!)		23-2740843 Page 3
Schedule D (Form 990) 2009 FOUNDATION Part VII Investments - Other Securities.		·	20 2710010 Tage C
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
- Inancial derivatives			
Closely-held equity interests			
Other			
		<u> </u>	
 			
otal. (Col (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments - Program Related.	See Form 990, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of	
(-,		Cost or end-of-yea	r market value
		· · · · · · · · · · · · · · · · · ·	
			· · · · · · · · · · · · · · · · · · ·
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶		<u>,,,</u>	
Part IX Other Assets. See Form 990, Part X, III			(1) D. 1. 1.
	a) Description		(b) Book value 391,232
BENEFICIAL INTEREST IN PERPE ACCRUED INVESTMENT INCOME	TOAL TRUST		24,574
ACCROED INVESTMENT INCOME			24,314
			115 006
Total. (Column (b) must equal Form 990, Part X, col (B) I			▶ 415,806.
Part X Other Liabilities. See Form 990, Part			·
(a) Description of liability	/L\ .	Amount	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)		▶ 415,806
	her Liabilities. See Form 990, Part X, line 25.		
1.	(a) Description of liability	(b) Amount	
Federal Income t	taxes		
Intal (Column /	b) must equal Form 990 Part Y col (R) line 25.1	₽	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for

uncertain tax positions under FIN 48 932053 02-01-10

Schedule D (Form 990) 2009

NET UNREALIZED GAINS ON PERPETUAL TRUSTS (161,970)

Schedule D (Form 990) 2009

Schedule F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ALTERNATIVES RESEARCH AND DEVELOPMENT FOUNDATION

to Form 990, Part IV, line 14b.

Employer identification number

Schedule F (Form 990) 2009

TION 23-2740843

General Information on Activities Outside the United States. Complete if the organization answered "Yes"

1				s to substantiate the amount of the gra election criteria used to award the gra		Yes No
2	For grantmakers. Desc	ribe in Part IV the	e organization's p	procedures for monitoring the use of g	rant funds outside the United St	ates.
3	Activities per Region. (U	lse Schedule F-1	(Form 990) if add	ditional space is needed.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
						-
						0.
Tota	iis 🔽) 0	0			l <u> </u>

932071 02-01-10

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ALTERNATIVES RESEARCH AND DEVELOPMENT

FOUNDATION

Use Schedule F-1 (Form 990) if additional space is needed.

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Schedule F (Form 990) 2009 Part II

Page 2

23-2740843

ount (f) Manner of non-cash cash disbursement assistance (h) Description (i) Method of an individual other)	20,000.WIRE TRANSFER 0.					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by
(e) Amount of cash grant	20,				 	ie foreign cou
(d) Purpose of grant	SUPPORT FOR THE 8TH WORLD CONGRESS ON ALTERNATIVES AND ANIMAL USE IN THE					Enter total number of recipient organizations listed above that are recognized as charities by th
(c) Region	САИАDA					ns listed above that are
(b) IRS code section and EIN (if applicable)						recipient organizatio
1 (a) Name of organization		``				2 Enter total number of r

SEE PART IV FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2009

ALTERNATIVES RESEARCH AND DEVELOPMENT

FOUNDATION

Schedule F (Form 990) 2009 FOUNDATION 23–2740843

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16 Use Schedule F-1 (Form 990) if additional space is needed.

Page 3

23-2740843

(h) Method of valuation (book, FMV, appraisal, other)	,					Schedule F (Form 990) 2009
(g) Description of non-cash assistance						Schedul
(f) Amount of non-cash assistance						
(e) Manner of cash disbursement						
(d) Amount of cash grant						
er of its						
(b) Region						- - -
(a) Type of grant or assistance (b) Region recipier recipier						

ALTERNATIVES RESEARCH AND DEVELOPMENT 23-2740843 Page 4 Schedule F (Form 990) 2009 FOUNDATION Part IV Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information. PART II, COLUMN (D): REGION: CANADA (D) PURPOSE OF GRANT: SUPPORT FOR THE 8TH WORLD CONGRESS ON ALTERNATIVES AND ANIMAL USE IN THE LIFE SCIENCES.

932074 02-01-10 Schedule F (Form 990) 2009

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2009
2009
Open to Public Inspection

Employer identification number

23-2740843

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

ALTERNATIVES RESEARCH AND DEVELOPMENT

FOUNDATION

GARIA LAMBROS RESEARCH -RESOURCE ON ALTERNATIVES RESOURCE ON ALTERNATIVES PROFESSIONAL AUDIENCE ATHEROSCLEROSIS STUDIES **HICROARRAYS IN TOXICITY** FOR ALTTOX AN INTERNET DOUGLAS CLARK RESEARCH WARREN ROSE RESEARCH JAMES STONE RESEARCH (h) Purpose of grant POR ALTWEB, INTERNET IN-VITRO MODEL FOR or assistance AUCOSITIS STUDIES CELL CULTURE FOR BACTERIA STUDIES X Yes ARTERY MODEL OF ALL AUDIENCES recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ame and address of organization (b) EIN (c) IRC section if applicable cash grant or government assistance cash grant assistance or government of government assistance assistance cash grant assistance cash grant assistance cash grant assistance other) Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection XX X N/A ö Ö ö 0 ö ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 000 ,000 40,000 40,000 40 000 2,000 6 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of section 501(c)(3) and government organizations 501(C)(3) General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations FOR ALTERNATIVES TO ANIMAL TESTING BOARD OF REGENTS OF THE UNIVERSITY 1 (a) Name and address of organization OF WISCONSIN - 21 N. PARK STREET JOHN HOPKINS UNIVERSITY- CENTERS MASSACHUSETTS GENERAL HOSPITAL -CALIFORNIA - 2150 SHATTUCK AVE. SUITE 6401 - MADISON, WI 53715 SUITE 313 - BERKELEY, CA 94704 191 HUNTINGTON AVE. SUITE 300 SCIENCES - 309 E. 2ND STREET HUMANE SOCIETY OF THE UNITED REGENTS OF THE UNIVERSITY OF WESTERN UNIVERSITY OF HEALTH - 651 N WOLFE ST. W 7032 -THE GENERAL HOSPITAL CORP. STATES - 2100 L STREET -WASHINGTON, DC 20037 BALTIMORE, ND 21205 POMONA, CA 91766 BOSTON, MA 02199 Parti Partil

Schedule I (Form 990) 2009

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

23-2740843 Schedule | (Form 990) 2009 FOUNDATION

Schedule | Fart III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of non-cash assistance
					•
Part IV Supplemental Information. Complete this part to provide the information required in Part i, line 2, and any other additional information.	de the information	required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: GRANT	REPORTS 1	ARE REQUIRED AND		ANY UNUSED FUNDS	
MUST BE RETURNED OR USED FOR APPROVED		PURPOSES ONLY.			
GRANT MONIES UNDER 5,000 CAUSED THE	IE AMOUNTS	S REPORTED	AMOUNTS REPORTED ON THIS SCHEDULE	CHEDULE	
TO BE LESS THAN THE AMOUNTS REPORTED		ON PART IX, LINE 1	E 1.		

Schedule I (Form 990) 2009

SCHEDULE'L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

1

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

(b) Description of transaction

2009

Open To Public Inspection

(c) Corrected?

No

Yes

Name of the organization ALTERNATIVES RESEARCH AND DEVELOPMENT FOUNDATION

(a) Name of disqualified person

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Employer identification number 23-2740843

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose To From To From To From (b) Conginal principal amount (c) Original principal amount (d) Balance due default? Yes No	
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose the organization? To From (c) Organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person the organization? To From (c) Organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (b) Relationship between interested (c) Amount of transaction transaction of transact	
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose the organization? To From (c) Original principal amount (d) Balance due default? Yes No Yes	1
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose the organization? To From (c) Original principal amount (d) Balance due default? To From Yes No Yes	
Complete if the organization answered "Yes" on Form 990, Part IV, line 28, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loan to or from the organization? To From (c) Original principal amount (d) Balance due (e) In default? Yes No Yes	
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose To From To	
(a) Name of interested person and purpose (b) Loan to or from the organization? To From To	
To From Yes No Y	(g) Writte
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount and type assistance. Part IV Business Transactions Involving Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship between interested person of transaction (d) Description of transaction (e) organization (d) Description of transaction (e) organization (e) organization (e) organization (e) organization (figure 28a, 28b, or 28c.	Yes I
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount and type assistance. Part IV Business Transactions Involving Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship between interested person of transaction (d) Description of transaction (e) organization (d) Description of transaction (e) organization (e) organization (e) organization (e) organization (figure 28a, 28b, or 28c.	
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Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount and type assistance. Part IV Business Transactions Involving Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship between interested person of transaction (d) Description of transaction (e) organization (d) Description of transaction (e) organization (e) organization (e) organization (e) organization (figure 28a, 28b, or 28c.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of transaction (d) Description of transaction (e) Organization	
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of transaction (d) Description of transaction (e) Organization	
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of transaction (d) Description of transaction (e) Organization	
(a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of transaction (d) Description of transaction Yes	
Ye	e) Sharing rganization revenues
	Yes I
AARON MCINTYRE MEMBER OF THE BOARD 58,397. INVESTMENT	X
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Schedule L (Form 990 or 99)	

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

ALTERNATIVES RESEARCH AND DEVELOPMENT FOUNDATION

Employer identification number 23-2740843

Schedule O (Form 990) 2009

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SCIENTIFIC SOLUTION: DEVELOPING AND IMPLEMENTING ALTERNATIVE METHODS TO
ANIMAL USE. OUR PROGRAMS ADVANCE THE FIELD OF ALTERNATIVES THROUGH
FUNDING OF QUALITY RESEARCH AND SCIENTIFIC MEETINGS.
FORM 990, PART VI, SECTION B, LINE 11: THE PRESIDENT, TREASURE, AND BOARD OF DIRECTORS REVIEWS THE FORM 990 BEFORE IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS EVALUATES AND DETEREMINES THE AMOUNT OF COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST
FORM 990, PART XI, LINE 2C
THE PROCESS IN WHICH THE COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT
ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: AARON MCINTYRE
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
MEMBER OF THE BOARD / VP IN THE COMPANY THAT MANAGES AAVS INVESTMENTS
(C) AMOUNT OF TRANSACTION \$ 58397.
(D) DESCRIPTION OF TRANSACTION: INVESTMENT FEES
(E) SHARING OF ORGANIZATION REVENUES? = NO

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

932211 02-03-10

Schedule R (Form 990) 2009 Employer identification number 23-2740843 Open to Public Inspection OMB No 1545-0047 Direct controlling Direct controlling entity entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) NONE End-of-year assets status (if section Public charity ORGANIZATION 501(c)(3)) e EXEMPT ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Exempt Code Total income section ন্ত 501(C)(3) ত্র ▶ See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) PENNSYLVANIA RESEARCH AND DEVELOPMENT LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. ► Attach to Form 990. EDUCATE THE PUBLIC ON Primary activity Primary activity PROBLEMS OF ANIMAL EXPERIMENTATION ALTERNATIVES FOUNDATION 23-0341990, 801 OLD YORK NOBLE PLAZA AMERICAN ANTI-VIVISECTION SOCEITY Name, address, and EIN Name, address, and EIN of related organization of disregarded entity PA 19046 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R JENKINTOWN, (Form 990) Part II Part !

ALTERNATIVES RESEARCH AND DEVELOPMENT FOUNDATION

Schedule R (Form 990) 2009

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

Page 2

23-2740843

6	General or managing partner?	Yes No	<u>.</u>	 	 	 .		 	 	_		elated
8	Code V-UBI Gamount in box	K-1 (Form 1065)										nad one or more r
ε	Disproportion- ate allocations?	ş		 								ause It
	Dispro ate allo	Yes		 		 		_	 			4 becs
(6)	Share of end-of-year	gesels										90. Part IV. line
ω	Share of total income											d "Yes" to Form 9
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)										ne organization answere
(9)	Direct controlling entity											Trust (Complete if the
(2)	Legal domicile (state or foreign	country)				 						rooration or
(q)	Primary activity											anizations Taxable as a Co
(a)	Name, address, and EIN of related organization											Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990. Part IV line 34 because it had one or more related

organizations treated as a corporation or trust during the tax year.) Part IV

organizations treated as a corporation of trost during the tax feat-	real.						
(e)	(q)	(0)	(p)	(p)		(6)	(£)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership

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

Note Complete line 1 if any entity is listed in Darts II III or IV of this schedule		N Sex
 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II:IV? 		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a X
b Gift, grant, or capital contribution to other organization(s)		1b X
c Gift, grant, or capital contribution from other organization(s)		1c X
d Loans or loan guarantees to or for other organization(s)		X PI
e Loans or loan guarantees by other organization(s)		Te X
f Sale of assets to other organization(s)		×
g Purchase of assets from other organization(s)		X X
h Exchange of assets		th X
i Lease of facilities, equipment, or other assets to other organization(s)		1i X
j Lease of facilities, equipment, or other assets from other organization(s)		1, X
k Performance of services or membership or fundraising solicitations for other organization(s)		1k X
l Performance of services or membership or fundraising solicitations by other organization(s)		+
m Sharing of facilities, equipment, mailing lists, or other assets		+
n Sharing of paid employees		1n X
o Reimbursement paid to other organization for expenses		10 X
p Reimbursement paid by other organization for expenses		T _p
Chhartmandar of cook or proposity to other proposition(c)		×
r Other transfer of cash or property from other organization(s)		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	nsaction thresholds	
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) ALL TRANSACTIONS LESS THAN 50,000		0
(4)		
(5)		
(9)		
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Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

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

(a) (b)	(a)	(0)	9	(e)	€	(6)	ε
						101 12	
Name, address, and EIN of entity	Frimary activity	Legal domicile (state or foreign	Section 501(c)(3)	Snare of end-of- year assets	tionate	amount in box 20	managing
			Yes No		Yes No	(Form 1065)	Yes No
	1						
			_				
					_		_
			-				
						Schedule R (Form 990) 2009	n 990) 2009