

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

_				<u></u>											
	For the	2009 calen	dar year,	or tax year	beginning 7	/01	, 2	009, a	nd endin	ig 6/		,	2010		
В	Check if a	pplicable	i	C			· 				D Employ	er Identif	ication Num	ber	
	Addre	ess change	Please use IRS label	McLaugh	nlin Resea	rch In	stitute				81-	04592	235		
	Name	e change	or print or type.	for Bio	omedical S	cience	es, Inc.				E Telepho				
	\vdash	See 1520 23rd Street South 406-452-6208													
	\vdash		Instruc-	Great I	Falls, MT	59405						102	0200		
	\mathbf{H}	ination	tions.										4 -	. 0 4 0	
	Amer	nded return	<u> </u>	1							G Gross r			94,8	
	Applı Applı	cation pending		and address of							a group retur		ates?	a 1	X No
_				As C Abo	ove						affiliates inc attach a list		ructions) L	Yes	No
<u>L</u>	Tax-e	xempt statu	us X 501	1(c) (3)◀ (insert no)	4947(a)(1) o	ır	527			(00000			
J	Webs	ite: > ww	w.mont	tana.edu	/wwwmri/					H(c) Group	exemption ni	umber 🟲			
ĸ	Form of	f organization	X Corpora	ation Tru	st Association	Othe	>	L Ye	ar of Forma	tion 198	9 M s	State of le	gal domicile	MT	
	art I	Summa													
نــــا				ganization's	mission or mos	st signific	ant activities	The	Inst	itute'	e miee	ion	is to	impr	0776
					<u>innovative</u>										5 ve_
Activities & Governance															
nař					understand										
Ϋ́		heck this bo	DITITA	/_to_ner	irological iization disconti	_oisea	ses_using	<u></u>	e_mous	se_as_1		ier s	ystem.	_ 1 ne	
မွ					governing body			aispos	sea or me	ore man 2	370 01 115	3			24
প্					embers of the g			line 1	lb)			4			23
Hes	1		-	oyees (Part	_	ovening	body (i dit vi,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				5			44
₹				-	ate if necessary	Λ						6			0
Act					venue from Par		umn (C) line	12				7a			0.
		-			come from Forn			12				7b			0.
	 	et amelatet	2 003//103	3 taxable in	come nom rom	, ,				Т.					
											rior Year			nt Yea	
ē	8 C			nts (Part VII						4	1,479,9	1/1.	3,	924,(<u> </u>
ē	9 P	-		nue (Part VI			.				10.			01 1	705
ģ	10 Ir				ımn (A), lines 3		•			 	-13,5			21,3	
	11 0				(A), lines 5, 6d,					<u> </u>	121,4			36,0	
4 U Hevenue	12 T				gh 11 (must eq			A), line	2 12)		1,587,8			981,4	
9	13 G	irants and s	ımılar am	ounts paid	(Part IX, columi	n (A), line	es 1-3).			<u> </u>	984,0)74.		<u>803, 6</u>	86.
7	14 B	enefits paid	I to or for	members (Part IX, column	(A), line	4)								
	15 S	alaries, oth	er compe	nsation, em	ployee benefits	(Part IX,	column (A), I	ines 5	5-10)	2	2,053,3	342.	1,9	936,:	L30.
i š	16a P	rofessional	fundraisir	no fees (Pai	rt IX, column (A), line 11	e)								
Expenses	ЬТ			•	X, column (D),	•	•	1/7	770.						
ĴΦ	1			-		•		14/	, , , , , , ,		407 (24	1	A C F '	
	11/ 0				(A), lines 11a-1						427,9			465,3	
Ś	1	-			must equal Par		mn (A), line 2	(5)			1,465,3			205,	
		evenue less	s expense	es Subtract	line 18 from lin	e 12				_	122,5	509.	<u></u>	223,	<u> 127 .</u>
Net Assets or Fund Balancos	Ì									Begin	nning of Y	ear	End	of Yea	r
7	20 T	otal assets	(Part X, I	ine 16)						14	1,399,8	391.	14,8	802,8	331.
\$ B	21 T	otal liabilitie	es (Part X	(, line 26)							2,227,4			542,	
žį	22 N	let assets n	r fund hal	lances Sub	tract line 21 froi	m line 20					2,172,4			259,8	
	art II		ure Blo		aract into 21 iron	11 11/10 20					-, -, -,	<u> </u>	12/	2007	
<u></u>					<u> </u>		4				11.11.1		1.4.4.4.4.4		
		true, correct,	and complete	e Declaration o	have examined this preparer (other than	officer) is t	pased on all inform	nation of	which prep	arer has any	knowledge	JI IIIY KIIO	wiedye aliu i	Jener, it i	5
Sig	an	▶ ~//	_	AK	/					1	3 Fet	2 20	1/		
He		Signature	of other	71 00							ate	3 -	<u> </u>		
		1. */	ν		D1 D							<u>'ا</u> م			
			ge A. Frint name an	Carlson	<u>, Ph.D.</u>					Pres	ident/	DIREC	<u> </u>		
		Туре огр	mint name an	id title								16			
_			_	$\overline{}$	////	11	, /)	Da	te		theck if etf-	(se	parer's ident e instruction	lifying nu s)	mber
	iid	Preparer's		10. 11			//	1	75		mployed F	· []			
Pr		signature (142 M	juen	You	<u> </u>	_ ~	ーノー			N/	/A		
pa	rer's	Firm's name ((or ser	r/K-M	ohland										
	se nly	yours if self-	// 27.0		rroot Driv	ле					in ► 1	I/A			
JI	ıı y	employed), address, and ZIP + 4	·		s, MT 5940							(406	453-	-6967	 -
Ma	v the IR	1=" -			eparer shown a		e instructions						X Yes		No
	,					(3)							,		

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/29/09

Form **990** (2009)

Form	n 990 (2009) McLaughlin Research Institute	81-0	<u> 45923</u>	5		Page 2
Par	rt III Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission					
	See Schedule 0	-				
			_ -	- - -		
2	Did the organization undertake any significant program services during the year which were not listed or	on the prior			_	
	Form 990 or 990-EZ?			Yes	X	No
	If 'Yes,' describe these new services on Schedule O					
3	3,, y	ervices?		Yes	X	No
	If 'Yes,' describe these changes on Schedule O					
4	Describe the exempt purpose achievements for each of the organization's three largest program service and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and section 4947(a)(1) trusts are required to report the amount of grants are required to report the grants are required to re	es by expens and allocation	ses. Sed is to oth	ction 5 ners, t	01(c) he tota	(3) al
	expenses, and revenue, if any, for each program service reported					
						
42	a (Code (Expenses \$ 3,761,044. including grants of \$ 727,866.)					39 <u>.</u>)
	Scientists at the Institute are attacking the challenging proble					
	disease (AD) from many angles. The AD is one of a class of sever					
	diseases being studied at the Institute, and pieces of the Alzhe					
	come from any of studies on any of these disorders, which include				<u> </u>	
	Parkinsonism, frontotemporal dementia, and dementia with Lewy bo					
	scientists are applying their recently developed methods for a s					
	prion infection to frontotemporal dementia and AD. These and sim					<u>.e</u>
	door to eventual identification of apparently healthy people des					
	degenerative brain diseases in later life. Fourteen publications	<u>authore</u>	d_by			
	Institute scientists were published in scientific journals during	<u>ig_the_la</u>	st_f	i <u>sc</u> a	1	
	year.	~				
41	b (Code. (Code. (128, 380.) Including grants of \$ 75,800.)	(Revenue	Ś	-	Δ 31	55.)
7.	The Institute serves as a resource for science education in a ru					
	research university. Summer internships for high school students					- – –
	long been available at the Institute. A grant from the Howard Hu			<u>:-</u>		
	Institute allowed expansion of this program to foster supplement			emen	ts t	
	the curriculum and to offer public lectures on scientific topics					·=
	The goals of the Institute's education programs are to foster cr				ZI.	
	enhance science literacy and help train the next generation of s					- - -
	In the past summer, 6 high school students, 6 high school teacher	 _		10 9	choc	<u> </u>
	teacher, and 3 undergraduates participated in the Institute's la					<u>-</u>
	education internship programs.					
	000000000000000000000000000000000000000					
		-				
			^			
40	c (Code) (Expenses \$ including grants of \$) (Revenue	\$)
					-	
						- - -
		- -				
						
			 -			-
			-			
	A Other and a service of December 2011 11 20					
4	d Other program services (Describe in Schedule O)				 -	
	(Expenses \$ including grants of \$) (Revenue	\$)	
4	e Total program service expenses ► 3,889,424.					

Form 990 (2009) McLaughlin Research Institute	81-0459235	Page 2
Rantilli Statement of Program Service Accomplishments		
Briefly describe the organization's mission		
See Schedule O		
2 Did the organization undertake any significant program services during the year which were not	listed on the prior	
Form 990 or 990-EZ?	Yes X	No
If 'Yes,' describe these new services on Schedule O		
3 Did the organization cease conducting, or make significant changes in how it conducts, any pro	gram services?	No
If 'Yes,' describe these changes on Schedule O		
4 Describe the exempt purpose achievements for each of the organization's three largest program and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gexpenses, and revenue, if any, for each program service reported	services by expenses. Section 501 rants and allocations to others, the	(c)(3) total
4a (Code:) (Expenses \$3,761,044. Including grants of \$727,500	coblem of Alzheimer's several deadly brain Alzheimer's puzzle coul aclude prion diseases, avy bodies. Institute a systems approach of d similar studies open de destined to develop cions authored by	<u>d</u>
The Institute serves as a resource for science education in research university. Summer internships for high school studing been available at the Institute. A grant from the Howar Institute allowed expansion of this program to foster supple the curriculum and to offer public lectures on scientific to The goal of the Institute's education programs are to foster enhance science literacy and help train the next generation. In the past summer, 6 high school students, 6 high school to teacher, and 3 undergraduates participated in the Institute education internship programs.	a rural region lacking dents and teachers have defined Hughes Medical ements and improvements opics for the community of scientists.	to
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d Other program services (Describe in Schedule O)		
	venue \$)	
Ae Total program service expenses > 3.889.424.		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x ·	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		_x_
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? 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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V		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	Х	
•	• 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 16? If 'Yes,' complete Schedule D, Part VII	*	1, 2 4 1	.·
•	 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 	%	<u>,</u> (*	, - "
	• 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	(3)		.;}**
	 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 	×		Ä
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	х	4
12/	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X	16	3	*
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ı	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		Х
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
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 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, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17	_	х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
	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		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	L J	X

Page 4

Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 X Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 23 X Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 Х 24a 24b **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a 25a X disqualified person during the year? If 'Yes,' complete Schedule L, Part I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Х 25b Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III 27 Х Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV X 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Х Schedúle L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV **28c** X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 30 contributions? If 'Yes,' complete Schedule M X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х line 1 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 Х 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is 37 treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38

BAA

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

Form 990 (2009)

38

a	13 tatements regarding other ins rinings and rax compnance			
_	5		Yes	No
1	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable 21	· ' ' ' ' '	?''• 	λ.; ,
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	. 1	* **	, .
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2	a 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 2 a 4 4		4	
2	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
- 1	b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>	3b		
4:	a 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
- (b If 'Yes,' enter the name of the foreign country: ►		14.5	٠.
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	د.		شنفس
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
١	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6	a 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		х
ı	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	4	i.	*/
1	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	A made a	X
ı	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
•	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
	d if 'Yes,' indicate the number of Forms 8282 filed during the year 7d		W	<u>*</u>
•	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	<u> X</u>	25.53
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X 6
9	Sponsoring organizations maintaining donor advised funds.	30.47	9/39	. 3
•	a Did the organization make any taxable distributions under section 4966?	9a		
ı	b Did the organization make any distribution to a donor, donor advisor, or related person?	9Ь		Ĺ
10	Section 501(c)(7) organizations. Enter.	談擇	1	
ŧ	a Initiation fees and capital contributions included on Part VIII, line 12	44		
	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		4.72	
	Section 501(c)(12) organizations. Enter:	38		
	a Gross income from other members or shareholders	100		
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	1300 1411 1411 1411		- 25 g
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
_ {	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year [12b]	, ·	* \$	
		Earn-	000	,0000

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>	ction A. Governing Body and Management				
				Yes	No
1:	Enter the number of voting members of the governing body	1a 24	3,	~ , 26.5° 25.5°	i.
(Enter the number of voting members that are independent	1b 23	ž.	. *	
2	Did any officer, director, trustee, or key employee have a family relationship or a business re officer, director, trustee or key employee? See Schedule O	elationship with any other	2	<u>X</u>	,,
3	Did the organization delegate control over management duties customarily performed by or u of officers, directors or trustees, or key employees to a management company or other personal company or oth	under the direct supervision on?	3		Х
4	Did the organization make any significant changes to its organizational documents		4		Х
	since the prior Form 990 was filed?				
5	Did the organization become aware during the year of a material diversion of the organizatio	n's assets?	5		Х
6	Does the organization have members or stockholders?		6		Х
78	Does the organization have members, stockholders, or other persons who may elect one or igoverning body?	more members of the	7a		Х
ı	Are any decisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions under the following:	ertaken during the year by			
á	a The governing body?		8a	Х	
	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who ca organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	nnot be reached at the	9		х
Sec	tion B. Policies (This Section B requests information about policies not i	required by the Internal			
Reve	enue Code)				
				Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?		10a		Х
t	o If 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	10Ь		l
11	Has the organization provided a copy of this Form 990 to all members of its governing body	before filing the form?	11	Х	
11 /	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990	See Schedule O	رُوْ الْمَرِجُهُ	14/30	1,63
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Х	
t	${\bf 0}$ Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts ${\bf 0}$	that could give rise	12b	х	
•	Does the organization regularly and consistently monitor and enforce compliance with the po Schedule O how this is done See Schedule O	licy? If 'Yes,' describe in	12c	х	
13	Does the organization have a written whistleblower policy?		13	Х	
14	Does the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and dec	approval by independent cision?		77982	2 4 2
8	The organization's CEO, Executive Director, or top management official See Schedule	: O	15a	Х	
t	Other officers of key employees of the organization		15b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions)				
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar entity during the year?	arrangement with a taxable	16a		X
t) If 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard status with respect to such arrangements?	to evaluate its participation the organization's exempt	16b	<u> </u>	
Sec	tion C. Disclosures		•	•	
17	List the states with which a copy of this Form 990 is required to be filed ► None				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, as inspection. Indicate how you make these available. Check all that apply.	nd 990-T (501(c)(3)s only) av	aılabl	e for p	oublic
	Own website Mother's website Mulpon request				
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents available to the public See Schedule O	nents, conflict of interest poli	cy, an	id fina	ncıal
	State the name, physical address, and telephone number of the person who possesses the b	•			
- –	George A. Carlson, PhD. 1520 23rd Street South Great Fall	s MT 59405 406-452	<u>2-62</u>	08	

BAA

Form 990 (2009)

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 organizations'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 employees.'
- 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

Check this box if the organization did not compensate any current officer, director, or trustee.												
(A)	(B)			(c)			(D)	(E)	(F)		
Name and Title	Average hours per week	ndividual trustee or director		Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
George A. Carlson, Ph.D.												
President	40	X		X	X			170,201.	0.	26,445.		
Nancy O'Brien												
Director	1	X						0.	0.	0.		
Gary Bjelland												
Chairman	1	X			L.			0.	0.	0.		
Bethann McGregor												
Secretary	1	Х						0.	0.	0.		
Robert E. Nebel												
Treasurer	1	Х	<u> </u>					0.	0.	0.		
Charles Abernathy	Į											
Director	1	Х						0.	0.	0.		
Shannon Anderson	İ											
Director	1	Х						0.	0.	0.		
Glenn W. Bliss]											
Director	11	X						0.	0.	0.		
David Cameron, Ph.D.												
Director	1	X						0.	0.	0.		
Susan Humble				ĺ								
Director	1	Х						0.	0.	0.		
Randy Gray	[
Director	1	Х						0.	0.	0.		
Thomas C. Key, M.D.												
Director	1	Х						0.	0.	0.		
Phillip A. Krezowski, MD.												
Director	1	X					L	0.	0.	0.		
John Lane												
Director	1	X						0.	0.	0.		
John Lawton												
Director	1	X						0.	0.	0.		
Jann Leppien, Ph.D.												
Director	1	<u>X</u>						0		0		
Sandy Peters												
Director	1	Х	L					0.	0.	0.		

TEEA0107L 11/10/09

Part VII Section A. Officers, Directors, Trus	tees, k	(ey	En	ıplo	oye	es,	an	d Highest Con	npensated Emp	loyees (cont.)
(A)	(B)			(c)			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee	Institutional trustee	check Officer		Highest compensated		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Kathy Rice Director	1	Х						0.	0.	0.
Evelyn Rider, M.D. Director	1	Х						0.	0.	0.
Erik Sletten Director	1	Х						0.	0.	0.
Brad Talcott Director	1	х						0.	0.	0.
Dr. Irving Weissman Director	1	Х						0.	0.	0.
Arlyne Reichert Honorary Board	1	Х						0.	0.	0.
Jerry K. Mohland Finance Officer	40			Х				14,639.	0.	0.
Jeanine Morreim Finance Officer	40			Х				49,553.	0.	8,341.
John A. Mercer, PhD. Professor	40					Х		100,100.	0.	10,608.
1 b Total 2 Total number of individuals (including but not limite)							>	334,493.	0.	45,394.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization
2

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee
	on line 1a ⁵ If 'Yes.' complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person

	Yes	No
	X 10	
3		Х
2		
4	X	
	1.0	9
5		Х

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation
Sletten Construction Company 1000 25th Street North Great Falls, MT	Building Contractor	2,349,143.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 1

Pa	rt VIII Statement of Revenue					
		3. 11. 11. 11.	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS		,213. ,382. ►	3,924,019.	36, 3 dec	4	A. 4
	 Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond prod Royalties 	•	63,928.	M EN A		63,928.
	6a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)	•			. ; ;	y · · · · · · · · · · · · · · · · · · ·
	` - 1 	Other	4 % % %		2008	
		,346. ,346.	-42,543.	-41,346.		-1,197.
OTHER REVENUE	8a Gross income from fundraising events (not including \$. 7 * *	* * *		1 ; \$
	c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19	•	ģ.	, y , , , ,	8	• (" %
	b Less direct expenses c Net income or (loss) from gaming activities	>		<u>*** </u>		* *
	10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b		* * *	*		<i>></i> *
	c Net income or (loss) from sales of inventory	•		** ***	3	,
	Miscellaneous Revenue Business	Code	36 003	36 003	·	
	11a Miscellaneous Income		36,003.	36,003.		
	d All other revenue					
	e Total. Add lines 11a-11d		36,003.	· •	(%) ((€) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
_	12 Total revenue. See instructions		3,981,407.	-5,343.	0.	62,731.

Form 990 (2009) McLaughlin Research Institute

Part IX | Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).						
		(D)	(0)			

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	723,599.	723,599.	general expenses	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	75,800.	75,800.		···
3	Grants and other assistance to governments,	73,000.	75,000.		*
•	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	4,287.	4,287.		-
4	Benefits paid to or for members	4,207.	4,201.		
5	Compensation of current officers, directors, trustees, and key employees	223,827.	53,792.	161,761.	8,274.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in				_
-	section 4958(c)(3)(B)	0.	872,162.	0. 344,508.	63,209.
	Other salaries and wages Pension plan contributions (include section	1,279,879.	872,162.	344,508.	63,209.
8	401(k) and section 403(b) employer contributions)	125,361.	77,195.	42,207.	5,959.
9	Other employee benefits	176,769.	108,851.	59,515.	8,403.
	Payroll taxes	130,294.	99,507.	23,324.	7,463.
11	Fees for services (non-employees)				
a	ı Management				
	Legal	410.		410.	
	Accounting	10,250.		10,250.	
	Lobbying		2 3	e & 3 1	
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
•	Other Advertising and promotion	9,919.		1,783.	8,136.
13	Office expenses	23,906.		20,140.	3,766.
14	Information technology	10,546.		10,546.	<u> </u>
15	Royalties				
16	Occupancy				
17	Travel	30,709.	23,282.	6,438.	989.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,569.		1,569.	
20	Interest	431.		431.	
21	Payments to affiliates				<u>-</u>
	Depreciation, depletion, and amortization	417,850. 27,528		417,850.	
	Insurance Other expenses Itemize expenses not	21,528.	, , , , , , , , , , , , , , , , , , ,	21,528.	* * * * 1
	covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				* *
2	Utilities	290,951.		290,951.	<u>X:</u>
	Supplies - Laboratory	145,736.	145,736.		
	: Animal Care & Services	102,901.	102,901.		
	Repairs & Maintenance - Bldg	70,052.		70,052.	
	Small Equipment	52,738.	35,344.	17,394.	
	All other expenses	269,822.	1,566,968.		41,571.
	Total functional expenses. Add lines 1 through 24f	4,205,134.	3,889,424.	167,940.	147,770.
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				
BAA					Form 990 (2009)

			(A) Beginning of year		(B) End of year
_	1	Cash – non-interest-bearing	200.	1	200.
	2	Savings and temporary cash investments	1,970,836.	2	345,154.
	3	Pledges and grants receivable, net	1,209,179.	3	453,165.
	4	Accounts receivable, net	1,037.	4	14,516.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
_		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
A S S E T	7	Notes and loans receivable, net		7	
E	8	Inventories for sale or use	18,412.	8	20,853.
Ś	9	Prepaid expenses and deferred charges	31,750.	9	24,148.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 14,038,085.			
	Ь	Less: accumulated depreciation 10b 4,419,377.	7,447,770.	10 c	9,618,708.
	l	Investments – publicly-traded securities	3,710,692.	11	3,983,389.
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	10,015.	15	342,698
	16	Total assets. Add lines 1 through 15 (must equal line 34)	14,399,891.	16	14,802,831
	17	Accounts payable and accrued expenses	1,454,592.	17	1,431,602
	18	Grants payable		18	
	19	Deferred revenue	296,778.	19	657,484
.	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	·
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II		i vigit	
<u> </u>		of Schedule L		22	
S	23	Secured mortgages and notes payable to unrelated third parties	318,168.	23	291,960.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	157,941.	25	161,918.
	26	Total liabilities. Add lines 17 through 25	2,227,479.	26	2,542,964.
N E		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29 and lines 33 and 34.			
Š	27	Unrestricted net assets	8,021,540.	27	9,707,594.
Ē	28	Temporarily restricted net assets	1,713,470.	28	80,258.
Ś	29	Permanently restricted net assets	2,437,402.	29	2,472,015.
R		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete			Showe Water
		lines 30 through 34.		135.4.5	
5	30	Capital stock or trust principal, or current funds		30	
3	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
,	32	Retained earnings, endowment, accumulated income, or other funds		32	<u> </u>
のせしてるいいの	33	Total net assets or fund balances.	12,172,412.	33	12,259,867.
		Total liabilities and net assets/fund balances	14,399,891.	34	14,802,831.

Form 990 (2009) McLaughlin Research Institut	Form 990 (2009)	McLaughlin	Research	Institut
---	------------------------	------------	----------	----------

81-0459235

Page **12**

			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	. 'Y	<u>``</u> ,''	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.	3 "		i i
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	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	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		arii	
	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:	13.0		
	X Separate basis Consolidated basis Both consolidated and separate basis			
	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	Х	
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	_ X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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 o	of the organization	11020	ughlin Researd						Employe	r identifica	tion number		
		for	Biomedical Sci	iences, Inc.					81-0	<u> 45923</u>	5		
Part	ti Reaso	n for Pu	blic Charity Statu	is (All organizations	must	comple	te this	part.)	See ı	nstruct	ions		
		is not a pr	ivate foundation becau	use it is. (For lines 1 thro	ough 11,	check c	nly one	box.)					
1	A church, convention of churches or association of churches described in section 170(b)(1)(A)(i) .												
2	\vdash			A)(ii). (Attach Schedule			,	· · / · · · / · /	, -				
3				e organization described		on 1700	LVIVAV	Tiil)					
_			•	ed in conjunction with a h		•			0/2/4/	AVIII E.	ntar tha ha	بالمغيمة	
4			,	ed in conjunction with a r	юѕрнаг	uescribe	u iii sec	uon 17	VX I Xu)u	чдін) сі	iter the no:	spitais	•
5	An orga 170(b)(1	name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)											
6 7				governmental unit descri substantial part of its si					t or fron	n the gei	neral public	c desc	ribed
	in section	on 170(b)(°	I)(A)(vi). (Complete P	art II)	, ,	_				90.	TOTAL POOL		
8				170(b)(1)(A)(vi). (Comple									
9	from act	vities relate ent income	ed to its exempt function	more than 33-1/3 % of its ns – subject to certain excess taxable income (less complete Part III)	eptions,	and (2) r	no more i	than 33.	·1/3 % of	its supp	ort from gro	SS	ıfter
10	An orga	nization or	ganized and operated	exclusively to test for pu	ublic saf	ety See	section	1 509(a)	(4).				
11	more bu	iblicly supr	ported organizations of	exclusively for the bene described in section 509(zation and complete line	a)(1) or	section	509(a)(2	ctions (2). See	of, or ca section	rry out tl 509(a)(3	he purpose). Check t	s of o	ne or that
	a	pe I	b Type II	c ☐ Type II	I – Fund	ctionally	ıntegraf	ted		d 🗍	Type III-	Other	
е	than fou 509(a)(2	indation m ?)	anagers and other tha	rganization is not control n one or more publicly s	upporte	d organı	zations	describ	ed in se	ction 509	9(a)(1) or s	ection	ner
f	If the or	ganization	received a written de	termination from the IRS	that is	a Type I	, Type II	or Typ	e III sup	porting	organizatio	n,	
g				ation accepted any gift of									
•		-										Yes	No
	(i) a be	person who	o directly or indirectly overning body of the s	controls, either alone or upported organization?	togethe	with pe	rsons d	escribe	d in (ii)	and (III)	11 g (i)		
	(ii) a	amily mer	nber of a person desc	cribed in (i) above?							11 g (ii)		
	(iii) a	35% contro	olled entity of a persor	n described in (i) or (ii) a	bove?						11 g (iii)		
h			•	the supported organization									
	(f) Name of S Organiz	Supported	(i) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	(iv) organiza (i) liste gove	Is the tion in col d in your erning ment?	the organ	ou notify lization in (f) of upport?	organizat	s the ion in col zed in the S ?	(vli) Amour	nt of Sup	port
					Yes	No	Yes	No	Yes	No			
											····		
		_											
	_												
													_

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 McLaughlin Research Institute 81-0459235 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar 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 include 'unusual grants ') 5,499,608. 4,479,971 4,247,002. 3,924,019. 23,889,083. 5,738,483. 2 Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge 0. 4.247.002. 5,499,608. 4.479.971 3,924,019. 4 Total. Add lines 1-through 3 738,483. 23,889,083. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 0. 6 Public support. Subtract line 5 23,889,083. from line 2 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 738,483 4,247,002 499,608 4,479,971 ,924,019 23,889,083. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 21,385 181,848 270,044 382,386 23,858 879,521. sımılar sources Net income from unrelated business activities, whether or not the business is regularly 0. carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV 2,591 3,411 4,575. 121,428. 36,003 168,008. **Total support.** Add lines 7 through 10 24,936,612. 12 0. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 95.8% 14 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f). 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

96.0%

- b 33-1/3 support test 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization
 - b 10%-facts-and-circumstances test 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.
- Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18

Schedule A (Form 990 or 990-EZ) 2009

BAA

Schedule A (Form 990 or 990-EZ) 2009 McLaughlin Research Institute 81-0459235 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (a) 2005 (c) 2007 (d) 2008 **(b)** 2006 (e) 2009 (f) Total Calendar year (or fiscal yr beginning in)▶ Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year c Add lines 7a and 7b **PASSA 234** , e 4.2 8 Public support (Subtract line 1005 7c from line 6.) Section B. Total Support (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal yr beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (add Ins 9, 10c, 11, and 12) **子的第三人称** First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ [] Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 16 Public support percentage from 2008 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage

- 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))
- 18 Investment income percentage from 2008 Schedule A, Part III, line 17

 19a 33-1/3 support tests 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not
- more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33-1/3 support tests 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18
- is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

17

%

%

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
Additional Explanation of Other Income
Other income includes income derived from providing non-grant related services to
public_and_private_enterprises

Schedule A (Form 990 or 990-EZ) 2009 McLaughlin Research Institute 81-0459235

Page 4

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, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047 शीधिज क्षांस्त्रक्ती क्षांस्त्रकाराती

Name	of the organization			Employer Identification	number
Mc1	Laughlin Research Institute			01 0450005	
	r Biomedical Sciences, Inc.	A J. J J. F All Circiles Freedo		81-0459235	
Fa	the organizations maintaining Dono	or Advised Funds or Other Similar Funds	or Acc	ounts Complete	e IT
	the organization answered Tes	(a) Donor advised funds	/b) F	unds and other acc	ounts
1	Total number at end of year	(a) Donor advised funds	(0)	unus and other acc	Journes
	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)	"			
4	Aggregate value at end of year				
5	,	nor advisors in writing that the assets held in donor to the organization's exclusive legal control?	r advised	☐Yes	No
6	Did the organization inform all grantees, done	ors, and donor advisors in writing that grant funds needs the benefit of the donor or donor advisor or for any	nay be other	Yes	No
Pa	Till Conservation Easements Compl	ete if the organization answered 'Yes' to f	Form 99	0, Part IV, line	7.
1	Purpose(s) of conservation easements held b	by the organization (check all that apply).			
	Preservation of land for public use (e.g.,	recreation or pleasure) Preservation of a	n historica	ally important land	area
	Protection of natural habitat	Preservation of ce	ertified his	storic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organizat last day of the tax year.	cion held a qualified conservation contribution in the			
	T. (1.1)		77 (8.0	Held at the End of	the Year
	a Total number of conservation easements		2a		
	 Total acreage restricted by conservation ease Number of conservation easements on a cert 	ľ	2c		·
	Number of conservation easements included		2d		
3		, transferred, released, extinguished, or terminated	1	ganization during th	ne tax
	year ►	, g g	-,	gg	
4	Number of states where property subject to c	onservation easement is located >			
5	Does the organization have a written policy reand enforcement of the conservation easeme	egarding the periodic monitoring, inspection, handling it holds?	ng of viol	ations, Yes	☐ No
	during the year ►	ing, inspecting, and enforcing conservation easeme	ents —		_
7	Amount of expenses incurred in monitoring, induring the year	nspecting, and enforcing conservation easements	\$_		_
8	Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements of section	ıΠ	Yes	☐ No
9		ts conservation easements in its revenue and expense to the organization's financial statements that described to the organization of the content of the con			
Pai		ections of Art, Historical Treasures, or Ot swered 'Yes' to Form 990, Part IV, line 8.	her Sin	nilar Assets	·
18	If the organization elected, as permitted unde treasures, or other similar assets held for put the text of the footnote to its financial statem	er SFAS 116, not to report in its revenue statement blic exhibition, education, or research in furtherance ents that describes these items	and bala of public	nce sheet works of service, provide, ii	art, historical n Part XIV,
I	 If the organization elected, as permitted under treasures, or other similar assets held for put amounts relating to these items 	er SFAS 116, to report in its revenue statement and olic exhibition, education, or research in furtherance	balance of public	sheet works of art, c service, provide the	historical ne following
	(i) Revenues included in Form 990, Part VIII	, line 1		► \$	
	(ii) Assets included in Form 990, Part X			- \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or other similar assets for f 116 relating to these items:	inancial g		-
	Revenues included in Form 990, Part VIII, lin			► \$	
	Assets included in Form 990, Part X			> \$	<u> </u>

Schedule D (Form 990) 2009 McLau					81-04			Page 2
Part III Organizations Mainta	ining Collection	ns of Art, Histo	<u>orica</u>	<u>l Treasures, oi</u>	Other Similar As	sets (co	<u>ntınu</u>	ıed)
3 Using the organization's acquisition (check all that apply).	ion accession and	other records, che	ck an	y of the following	that are a significant (use of its c	ollection	on
a Public exhibition		d Loan	or exc	change programs				
b Scholarly research e Other								
c Preservation for future gener	ations							
4 Provide a description of the orga Part XIV.	nization's collection	ns and explain how	w they	y further the organ	ization's exempt purp	ose in		
5 During the year, did the organiza assets to be sold to raise funds r	ition solicit or rece rather than to be n	ive donations of ar	t, hist of the	torical treasures, of organization's co	r other similar llection?	Yes	Γ	No
Part IV Escrow and Custodia	l Arrangement	s Complete if o	rgar			990, Par	tΙV,	line
9, or reported an amo	unt on Form 9:	o, Part X, line	21.					
1a Is the organization an agent, trus included on Form 990, Part X?					ner assets not	Yes		No
b If 'Yes,' explain the arrangement	in Part XIV and c	omplete the follow	ing ta	ble:	[T			
						Amount		
c Beginning balance					1c			
d Additions during the year					1 d			
e Distributions during the year					1e			
f Ending balance	0				1f	П.,		٦
2a Did the organization include an a		90, Part X, line 21?	•			∐ Yes	L	No
b If 'Yes,' explain the arrangement		uzation answer	~4 'V	'as' to Earm 00	0 Part IV June 10	· · · · · · · · · · · · · · · · · · ·		
Part V Endowment Funds Co						1 .		- book
1 a Regionary of year balance	(a) Current year 2,437,402	(b) Prior year 2. 2,317,2		(c) Two years back	(d) Three years back		our years	
1a Beginning of year balance b Contributions	32,18			12 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			·····	(4)5'
	32,10.	120,1	10.	Extension and the second		and constants :		136 9 Vi
c Net Investment earnings, gains, and losses	2,42	3					4 m 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
d Grants or scholarships	2,32	,		/ V 1 3 8 8 8 8 8	N (2007)	1	12.3	200
e Other expenditures for facilities		-		5547,558	61 479/87 1/8	× (19-×-)	18 B. C.	X:2
and programs						1 11	<i>y</i> ;	<u>~}};</u>
f Administrative expenses				CHARLES OF	AN TONY THE SECTION OF THE SECTION O	3 37	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
g End of year balance.	2,472,01	5. 2,437,4	02.	. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.		× 2	<u> </u>	**************************************
Provide the estimated percentage	e of the year end l	palance held as:						
a Board designated or quasi-endow	vment ►	%						
b Permanent endowment ▶	<u>100.00</u> %							
c Term endowment	%							
3a Are there endowment funds not i	n the possession	of the organization	that a	are held and admi	nistered for the	_		
organization by:							Yes	No
(i) unrelated organizations.						3a(i)	<u> </u>	37
(ii) related organizations				. 52		3a(ii)		_X_
	b If 'Yes' to 3a(II), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. See Part XIV							
Part VI. Investments—Land, B						Pall A.	LV	
Description of investment		ost or other basis		Cost or other	(c) Accumulated	(d) R	ook Va	
Description of investment	(a) C	(investment)	()	pasis (other)	Depreciation	(4)	JUN V A	iiue
1a Land		25,000.					25,	,000.
b Buildings		6,730,000.			2,067,073.	4,		927.
c Leasehold improvements		4,174,140.			331,360.	3,	842,	780.
d Equipment		3,108,945.			2,020,944.	1,	088,	001.
e Other								
Total. Add lines 1a through 1e (Column	n (d) must equal F	orm 990, Part X, c	olumi	n (B), line 10(c))	<u>•</u>	9,	618,	708.
BAA					Sche	dule D (Fo	rm 99	0) 2009

Schedule D (Form 990) 2009 McLaughlin Research	Institute	81-045	9235 Page 3
Part VII Investments-Other Securities See For	m 990, Part X, line	12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	ition ket value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990 Part X, col (B) line 12) ▶		& \ *.	· À 🕯 🗞
Part VIII Investments-Program Related (See Fo	orm 990, Part X, Im	e 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valua	tion
		Cost or end-of-year mar	ket value
			
		·	
			. 1
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13) Part X Other Assets (See Form 990, Part X, III			· · · · · · · · · · · · · · · · · · ·
(a) Desc			(b) Book value
(a) Desc	inplion		(b) Book value
			-
	,		
	· ··· · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col (B), line	2.15)	*	
Part X Other Liabilities (See Form 990, Part X		···	
(a) Description of Liability	(b) Amount		* 1
Federal Income Taxes			
Annuity Obligations	161,918	$\overline{\mathbf{J}}$	* *
			* *
			en i
			300 S
			۶٬ 🎉
	ļ	4	
	- -	*	· •
		-	*
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)		*	ý * <u>-</u>
		<u> </u>	

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

Schedule D (Form 990) 2009 McLaughlin Research Institute	81-045923	5 Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	s	
1 Total revenue (Form 990, Part VIII, column (A), line 12).		3,981,407.
2 Total expenses (Form 990, Part IX, column (A), line 25)		4,205,134.
3 Excess or (deficit) for the year Subtract line 2 from line 1		-223,727.
4 Net unrealized gains (losses) on investments		311,182.
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV)		
9 Total adjustments (net). Add lines 4 through 8		311,182.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		87,455.
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	<u> </u>
Total revenue, gains, and other support per audited financial statements	1	4,292,589.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments 2a 311, 1	82.	
b Donated services and use of facilities 2b		
c Recoveries of prior year grants		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	311,182.
3 Subtract line 2e from line 1	3	3,981,407.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
a Investments expenses not included on Form 990, Part VIII, line 7b	1 4	
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,981,407.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		3/301/107.
Total expenses and losses per audited financial statements	1	4,205,134.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	. •	4,200,104.
a Donated services and use of facilities		
b Prior year adjustments 2b		
c Other losses.		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	4,205,134.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	× 1	4,203,134.
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	4,205,134.
Part XIV Supplemental Information		4,203,134.
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Paline 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete the information. Part V, Line 4 - Intended Uses Of Endowment Fund	rt IV, lines 1b ar is part to provide	d 2b, Part V, e any additional
Earnings of the Institute's endowment funds are used to support ge	neral and	specific
research and educational programs.		

Schedule D (Form 990) 2009 McLaughlin Research Institute	81-0459235	Page 5
Schedule D (Form 990) 2009 McLaughlin Research Institute [PartXIV Supplemental Information (continued)		
		-
		-

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

OMB No 1545-0047

Grant Sub Award Grant Sub Award **2** (h) Purpose of grant or assistance Rantill Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form Employer identification number X Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 81-0459235 (g) Description of non-cash assistance 1 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 criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) See Part IV ö 0 (•) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 430,015 293, 584 Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations Randle General Information on Grants and Assistance 91-2003593 94-6036493 (c) EIN Enter total number of other organizations McLaughlin Research Institute University of California, San Fr Institute For Systems Biology 1 (a) Name and address of organization or government San Francisco, CA 94143 1441 North 34th Street 513 Parnassus HSE 774 Seattle, WA 98103 Name of the organization ı 1 1 1111 1

Schedule | (Form 990) 2009

TEEA3901L 02/10/10

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

Page 2 Schedule | (Form 990) 2009 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. (f) Description of non-cash assistance Partival Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) Organizations awarded sub-grants are required to submit reports and documentation in consistent with the policies and procedures of the National Institutes of Health. accordance with the requirements of the underlying grant applications and awards Educational activities are conducted in the Institute's facilities. Students and ___teachers_are_mentored_by_faculty_and_staff_in_hands-on_research_internships_ (d) Amount of non-cash assistance Scientific results are monitored by the Principal Investigator. 75,800 (c) Amount of cash grant Part I, Line 2 - Grantmaker's Description of How Grants are Used McLaughlin Research Institute 14 (b) Number of recipients (a) Type of grant or assistance and Student Stipends Schedule 1 (Form 990) 2009 **reache**r 1

BAA

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

McLaughlin Research Institute
Part | Questions Regarding Compensation

Employer Identification number 81-0459235

Га	it i Questions Regarding Compensation			
			Yes	No
1:	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.		*	*
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			4
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
			\	
١	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
	tractices, and the open-knowled process, regarding the north process in the fact	*** '	*	2399
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply.			· ·
	Compensation committee Written employment contract	× 4		٠,
	Independent compensation consultant X Compensation survey or study	¥ 3		ω,
	Form 990 of other organizations X Approval by the board or compensation committee	*	80, 1	
		ľ		* '&,
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization.		٠	;
;	a Receive a severance payment or change-of-control payment?	4a		Χ
١	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
(c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		<u>X</u>
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	2 %	() #	2,81
	,		* *	
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		Š., `,	
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:	\$,	\$ ex	K 3
	a The organization?	5a		X
1	h Any related organization?	5b		X
	If 'Yes' to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of	 2		
	a The organization?	6a		X
ł	b Any related organization?	6b		Х
	If 'Yes' to line 6a or 6b, describe in Part III.	À	<u></u>	أمنسة
7	For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If 'Yes,' describe in Part III	8		Х
		<u> </u>		
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		Х

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

Schedule J (Form 990) 2009

Page 2

McLaughlin Research Institute Schedule J (Form 990) 2009

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Part II | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

-		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
€	(A) Name	(I) Base compensation	(ii) Bonus and incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
George A. Carlson,	arlson, Ph ()	168,578.	. ₀	1, 623.			196,646.	176,008.
-	(ii)		0 0		0.	0.	0.	0.
	(0)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	1 1 1	 	
_	(E)							
_	Θ	 	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		+ + + + + + + + + + + + + + + + + + + +	1 1 1 1 1 1 1	
	(ii)							
	<u>e</u>							
	(ii)							
_	(i)							
	•		 					
_	Θ							
	(
_	Θ							
_	(E)	 	 					
_	()						- 1 1 1 1 1	
-			l I					
-	(i)				 			
_	(ii)							
	<u>e</u>	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	1 1 1 1 1 1 1		1 1 1 1 1 1 1 1	1 1 1 1 1 1
_	(ii)							
_	€		1 1 1	1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	; ; ; ; ;
	(ii)							
	€ (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1 1 1 1
	3 (1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	1 1 1 1 1 1 1 1 1	
							;	
_			! ! ! ! !	 	1	 		
	Θ					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
_	(ii)							
_	<u>e</u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1			; ; ; ; ;
_	(ii)](
ВАА				TEEA4102L 02/	02/02/10		Sched	Schedule J (Form 990) 2009

SCHEDULE L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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.

2009

Department of the Treasury Internal Revenue Service

or 990-EZ.

Open to Public Inspection

Mame of the	for Biomedical S								5923		mber		
Part I	Excess Benefit Transaction Complete if the organization answ	ns (sect	ion 50	l(c)(3) a	and section t IV, line 25a	501(c)(or 25b, or	4) organiza Form 990-EZ,	ations Part \	s only I, line	/). 40b.			
	(a) Name of description					(h) Docorrotu	on of transaction					(c) Cor	rected?
1	(a) Name of disqualified persor	1 				(b) Description	on of transaction					Yes	No
													
	<u>.</u>				•							ļ	
secti	er the amount of tax imposed on the	-		-			iring the year	under	► \$				
3 Ente	the amount of tax, if any, on line				e organizatior	1			▶ \$				
<u>rart II</u>	Complete if the organization answ				t IV, line 26 o	r Form 990	D-EZ, Part V, I	ine 38	a.				
(a)	Name of interested person and purpose	(b) Loan the orga	to or from	(c) princ	Original ipal amount	(d) B	alance due	(e) In (default?	(f) App	ard or	(g) W agree	Vritten ement?
		То	From			ļ		Yes	No	Yes	No	Yes	No
									<u> </u>			<u> </u>	<u> </u>
									ļ.—.				
		-				-			t				
											L		
Total					▶ \$			(*->>∰		. Allillar	18 k ,	ČĄ /	<u>ù si</u>
Pàrt III	Grants or Assistance Ben Complete if the organization	efitting I on answe	nteres ered 'Y	ted Pers es' on F	s ons. form 990, F	Part IV, I	ine 27.						
	(a) Name of interested person	(b) Relation	ship betweer the orgai	n interested person nization	n and	(c) Amour	nt and ty	pe of as	sistanc	e	
						_							
						-							
		-										-	
		-	-										
Pärt IV	Business Transactions In Complete if the organization	volving l	nteres ered'Ye	ted Pers	sons. orm 990, P	art IV, lı	ne 28a, 28l	b, or	28c.				
	(a) Name of interested person	(b) Ri	elationship sted persoi organizati	n and the	(c) Amou transacti	unt of ion \$	(d) Des	cription	of transa	action		organiz	aring of zation's nues?
Erik Cla	atton	Poord	Member	<u> </u>	2 -	349,143.	Building 5		cion	Conti	rac	Yes	No Y
Erik Sle Glenn W.		-	Member		2,.	22,175.	Building E Purchase o				Lac		X
Robert H			Member			10,665.	Rent & Acc						X
							L						<u> </u>
BAA For	Privacy Act and Paperwork Reduc	tion Act N	otice, se	e the Ins	tructions for	Form 990	Sch	edule	L (For	m 990	or 99	90-EZ)	2009

SCHEDULE M (Form 990)

Noncash Contributions

2009

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Open To Public Inspection

Name of the organization McLaughlin Research Institute for Biomedical Sciences, Inc.

Employer Identification number 81-0459235

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Meth	od of o	determir	ning
1	Art—Works of art							
2	Art—Historical treasures				 			
3	Art–Fractional interests				 			
4	Books and publications		,		1			_
5	Clothing and household goods	-	^ (* %					
6	Cars and other vehicles		***************************************	<u> </u>				
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	Х	5	27,382.	FMV			
10	Securities—Closely held stock			2,7002.	1			
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous	i			 			
13	Qualified conservation contribution—							
14	Qualified conservation contribution—Other	-			 			
15	Real estate—Residential				<u>† </u>			
16	Real estate—Commercial				<u> </u>			
17	Real estate—Other							
18	Collectibles	<u> </u>			<u> </u>			
					<u> </u>			
	Food inventory		· · · · · · · · · · · · · · · · · · ·		 			•
20	Drugs and medical supplies				} -		-	
21	Taxidermy				 			
22	Historical artifacts							
23	Scientific specimens	\vdash			 			
24	Archeological artifacts				 			
25	Other ► ()				 			
26	Other ► ()				 			
27	Other ► ()							
	Other ► (<u>. </u>			 			
29	Number of Forms 8283 received by the organization completed Form 8283, Part IV, Done	on during th	e tax year for contributi	ions for which the	29			
	organization completed Form 8283, Part IV, Done	e Acknowled	igement		29		Yes	
						$\overline{}$	res	No
30a	During the year, did the organization receive by chold for at least three years from the date of the	ontribution a	ny property reported in oution, and which is not	Part I, lines 1-28 that required to be used fo	it must or exempt		<u> </u>	
	purposes for the entire holding period?					30 a		X
	If 'Yes,' describe the arrangement in Part II						<u> </u>	
31	Does the organization have a gift acceptance poli	cy that requi	res the review of any n	ion-standard contribution	ons?	31	X	
32a	Does the organization hire or use third parties or noncash contributions?	related orga	nizations to solicit, prod	cess, or sell		32a		Х
b	If 'Yes,' describe in Part II.					ľ		
33	If the organization did not report revenues in colu	ımn (c) for a	type of property for wh	nich column (a) is chec	ked,	.	.	
	describe in Part II.							
BAA	For Privacy Act and Paperwork Reduction Act N	otice, see th	e Instructions for Form	n 990.	Schedu	le M (f	orm 99	0) 2009

Schedule M (Form 990) 2009 McLaughlin Research Institute	81-0459235	Page 2
Schedule M (Form 990) 2009 McLaughlin Research Institute Supplemental Information. Complete this part to provide the information required and 33. Also complete this part for any additional information.	by Part I, lines 30b,	32b,
		- -
	-	- -
		- -
		-
	_	
	-	
		

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990. * See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) (2009) (F)
Direct controlling
entity (F)
Direct controlling
entity Part II 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.) Employer Identification number 81-0459235 (E)
Public charity status
(if section 501(c)(3)) (E) End-of-year assets Part I Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) (**D)** Total income TEEA5001L 02/05/10 (C)
Legal domicile (state or foreign country) BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. McLaughlin Research Institute for Biomedical Sciences, Inc. (B) Primary activity (B) Primary activity (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity Name of the organization

81-0459235 Schedule R (Form 990) 2009 McLaughlin Research Institute for Biomedical Sciences, Inc.

Page 2 | Parking | Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 | Decays it had one or more related organizations treated as a partnership during the tax year.)

	(J) General or managing partner?	2		
	Gener mana partn	Yes		
	Code V-UBI amount in box 20 of Schedule	(Form 1065)		
	(H) Disproportionate allocations?	Yes No		
		ڄ		
al.)	(G) Share of end-of-yea assets			
because it liad one of filore related organizations treated as a partitional unit of the tax year.)	Share of total income Share of end-of-year assets			
eu as a partifersi	Predominant income (related, unrelated, excluded from fax inclear	sections 512-514)		
alizations near	(C) (D) Legal Direct domicile controlling entity (state or foreign)	-		
alen org	Legal domicile (state or	country)		
	(B) Primary Activity			
Decause It IIau	(A) Name, address, and EIN of related organization			
	Nan			

Parkiiva Identification of Related Organizations Tax	- 23 − 7	cable as a Corporation or Trust (Complete of the organization ansi organizations treated as a corporation or trust during the tax year	ist (Complete rporation or f	if the organizaristics of the	kable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV organizations treated as a corporation or trust during the tax year.)	s' to Form 990, Pa	rt IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E	(D) Direct	(E) Type of entity	(E) (G) (G) Share of total income Share of end-of-year	(G) Share of end-of-year	(H) Percentage

990) (2009)	Schedule R (Form 990) (2009)			2/05/10	TEEA5002L 02/05/10			BAA
0. 100.00	0.	0.	C Corp	for Blomed	MT	Sales-Mice	,0863	81-0460863
				Institute			Great Falls, MT 59405	Great
				Research			1520 23rd Street South	1520 2:
				McLaughlin			Lewis and Clark Biologicals, Inc.	Lewis
Percentage ownership	Share of end-of-year assets	Primary Activity Legal domicile Direct Type of entity Share of total income Share of end-of-year Percentage Country Controlling entity Corp., Scorp., Scorp. Country Country	Type of entity (C corp, S corp or trust)	Direct controlling entity	Legal domicile (state or foreign country)	Primary Activity	Name, address, and EIN of related organization	
£	(5)	(F)	(E)	(0)	(3)	(B)	(A)	
		le lax vear.)	nasi darilid il	corporation of	lrealed as a c	a organizations	Ine 34 pecause it fiad one of more related organizations (reated as a corporation of trust during the lax year.)	

81-0459235

[Partive] Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Yes No			ν P																							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
																											and transaction threshole (B) Transaction type (a-r)	and transaction threshold (B) Transaction (B) Transaction Apple (a-r)	and transaction threshold type (a-r)	and transaction threshold type (a-r)	and transaction threshold type (a-r)	and transaction threshold type (a-r)	Iransaction threshold type (a-f)	ind transaction threshold Transaction type (a-r)	Iransaction threshold type (a-r)
	ns listed in Parts II-IV:		:	: .																							covered relationships ar								
	the following transactions with one or more related organizations listed in Parts II-IV		: : :																							receptor of Underest (u) annurous (u) royalites (IV) fent from a controlled entity. Gift, grant, or capital contribution to other organization(s). Gift, grant, or capital contribution from other organization(s). Loans or loan guarantees to or for other organization(s). Loans or loan guarantees by other organization(s). Sale of assets from other organization(s). Exphange of assets from other organization(s). Exphange of assets from other organization(s). Performance of services or membership or fundrasing solicitations for other organization(s). Performance of services or membership or fundrasing solicitations by other organization(s). Shapring of facilities, equipment, mailing lists, or other assets. Reinbursement paid to other organization for expenses. Reinbursement paid by other organization for expenses. Other transfer of cash or property from other organization(s). Other transfer of cash or property from other organization(s). Other transfer of cash or property from other organization(s). Other transfer of cash or property from other organization(s). 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.	nplete this line, including o	pplete this line, including o	nplete this line, including o	nplete this line, including o	pplete this line, including o	pplete this line, including o			
hedule.	ansactions with one or	d entity.	•		· · · · · · · · · · · · · · · · · · ·	· .	·								ther organization(e)	anization(s) rotations for other organization(s)	is) inization(s) initations for other organization(s) initations by other organization(s)	ther organization(s)	ther organization(s)	ther organization(s)	ther organization(s)	ther organization(s)	ther organization(s)	ther organization(s)	ther organization(s)	ther organization(s)	ther organization(s) ther organization(s) alton on who must com	ther organization(s) ther organization(s) ther organization(s) ther organization(s) therefore the companies the co	ther organization(s) ther organization(s) ther organization(s) ation on who must com	ther organization(s) ther organization(s) ation on who must com	ther organization(s) ther organization(s). ation on who must cominization	ther organization(s) ther organization(s) ther organization(s) ation on who must com	ther organization(s) ther organization(s) ation on who must com	ther organization(s) ther organization(s) alton on who must comparation	ther organization(s) ther organization(s) ation on who must com
is II, III, or IV of this schedule.	any of the following tra		y rein norn a congoned	ation(s)	grent iform a controlled atton(s)	f) refit from a controlled atton(s)	maton(s)	n rent from a controlled. nization(s) lon(s)	prent norma controlled auton(s)	7) Terri norri a controlled atton(s)	ation(s)	ation(s)	ation(s) rization(s) ron(s) ron(s)	ation(s)	ation(s)	ation(s)	ation(s) rization(s) ron(s) ron(s) ron (s) ron (s) ron (s) ron other organization(s) ron other organizations for other organizations for other sing solicitations by other ising solicitations is solicitations and solicitations is solicitations and solicitations is solicitations and solicitations and solicitations is solicitations and solicitations and solicitations are solicitations and sol	ation(s) rization(s) rization(s) ring solicitations by oth ther assets	ation(s)	ation(s)	ation(s)	ation(s)	ation(s)	ation(s) inzation(s) inzation(s) inn(s) in ther organization(s) ising solicitations for off ther assets enses. enses. ation(s)	ation(s) inzation(s) inn(s) inn(s) inn (s) in other organization(s) ising solicitations for off ising solicitations by oth ther assets enses. ation(s) initiation(s) initiation(s) initiation(s) initiation(s) initiation(s) initiation(s) initiation(s) initiation(s) initiation(s)	ation(s)	ation(s)	ation(s)	ation(s)	ation(s) inzation(s) inter organization(s) in other organization(s) ising solicitations for other assets insug solicitations by other assets insug solicitations for information(s) instructions for information(s) instructions for informations instructions for informations (A) Name of other organ	ation(s)	ation(s)	ation(s) inzation(s) in other organization(s) in other organization(s) ising solicitations for other sing solicitations for other assets insig solicitations by other assets ation(s) instructions for information(s) instructions for informations of the organ Name of other organ Name of other organ	ation(s)	ation(s)
Note. Complete line 1 if any entity is listed in Parts II, III,	During the tax year did the organization engage in any of		Receipt of (i) interest (ii) annuties (iii) royalties (iv) rent from a controlled entity.	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent fb Gift, grant, or capital contribution to other organization(s)	nnuttes (iii) royaltes (iv) button to other organizate button from other organi	 a Receipt of (i) interest (ii) annuities (iii) royalities (iv) rent fron b Gift, grant, or capital contribution to other organization(s) c Gift, grant, or capital contribution from other organization(s) d Loans or loan guarantees to or for other organization(s) 	 a Receipt of (i) interest (ii) annuities (iii) royalities (iv) rent b Gift, grant, or capital contribution to other organization(s c Gift, grant, or capital contribution from other organizatio d Loans or loan guarantees to or for other organization(s) e Loans or loan guarantees by other organization(s) 	noutres (iii) royaltes (iv) button to other organizat button from other organic o or for other organization oy other organization(s)	noutres (iii) royalties (iv) hoution to other organizat button from other organization for other organization by other organization(s) anization(s)	noutres (iii) royalties (iv) hutton to other organization from other organization or for other organization or other organization(s) anization(s)	Receipt of (i) interest (ii) annutites (iii) royalites (iv) re Gift, grant, or capital contribution to other organization Gift, grant, or capital contribution from other organizations or loan guarantees to or for other organization Loans or loan guarantees by other organization(s). Sale of assets to other organization(s)	noutres (iii) royalties (iv) hutton to other organization from other organization o or for other organization(s) anization(s) ther organization(s)	a Receipt of (f) interest (ii) annuities (iii) royalites (iv) rent from a control b Gift, grant, or capital contribution to other organization(s). c Gift, grant, or capital contribution from other organization(s). d Loans or loan guarantees to or for other organization(s). e Loans or loan guarantees by other organization(s)	noutres (iii) royalties (iv) royalties (iv) button to other organization or for other organization(s) anization(s) ther organization(s) ent, or other assets to other assets from our or other assets from	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled Gift, grant, or capital contribution to other organization(s). c Gift, grant, or capital contribution from other organization(s). d Loans or loan guarantees to or for other organization(s). e Loans or loan guarantees by other organization(s) g Puichase of assets from other organization(s)	a Receipt of (1) interest (ii) annuities (iii) royalties (iv) rent fit b Gift, grant, or capital contribution to other organization(s) c Gift, grant, or capital contribution from other organization(s) d Loans or loan guarantees to or for other organization(s) e. Coans or loan guarantees by other organization(s)	Receipt of (f) interest (ii) annuties (iii) royalties (iv) rent from the Gift, grant, or capital contribution to other organization(s) Gift, grant, or capital contribution from other organization(s) Loans or loan guarantees to or for other organization(s). Sale of assets to other organization(s)	a Receipt of (i) interest (ii) annuities (iii) royalites (iv) rent from b Gift, grant, or capital contribution to other organization(s). c Gift, grant, or capital contribution from other organization(s). d Loans or loan guarantees to or for other organization(s). c Loans or loan guarantees by other organization(s) g Pulchase of assets from other organization(s) h Exchange of assets from other organization(s) h Exchange of assets i Lease of facilities, equipment, or other assets from other organization of services or membership or fundraising solicit i Performance of services or membership or fundraising solicit in Pharing of facilities, equipment, mailing lists, or other assets.	noutues (iii) royalties (iv) hoution to other organization or for other organization or for other organization(s) anization(s)	noutues (iii) royalties (iv) hutton to other organization or for other organization or for other organization(s) anization(s) ther organization(s) ant, or other assets to other assets from membership or fundrais ment, mailing lists, or other	a Receipt of (f) interest (ii) annuities (iii) royalties (iv) rent to b Gift, grant, or capital contribution to other organization(s) c Gift, grant, or capital contribution from other organization(s) d Loans or loan guarantees to or for other organization(s) g Purchase of assets to other organization(s) h Exchange of assets from other organization(s) h Exchange of assets from other organization(s) h Exchange of assets from other organization (s) h Exchange of facilities, equipment, or other assets from other organization of facilities, equipment, membership or fundraising so m Sharing of facilities, equipment, mailing lists, or other ass in Sharing of paid employees.	a Receipt of (f) interest (ii) annuities (iii) royalties (iv) rent b Gift, grant, or capital contribution to other organization(s) c Gift, grant, or capital contribution from other organization(s) d Loans or loan guarantees to or for other organization(s)	nuntues (iii) royalties (iv) hutton to other organization o or for other organization(s) anization(s) ther organization(s) ant, or other assets from membership or fundrais ment, mailing lists, or oth ier organization for expe	a Receipt of (f) interest (ii) annuities (iii) royalties (iv) rent if b Gift, grant, or capital contribution from other organization(s) c Gift, grant, or capital contribution from other organization(s) d Loans or loan guarantees to or for other organization(s)	nututes (iii) royalties (iv) hubuton to other organization or for other organization(s) anization(s) anization(s) anit, or other assets from membership or fundrais nent, mailing lists, or oth re organization for expense organization for organization organization organization for organization or	Receipt of (f) interest (ii) annututes (iii) royalites (iv) rent from Giff, grant, or capital contribution to other organization(s). Giff, grant, or capital contribution from other organization(s). Loans or loan guarantees to or for other organization(s)	nurutes (iii) royalties (iv) hutton to other organization o or for other organization(s) anization(s) ther organization(s) ther organization(s) ant, or other assets from membership or fundrais nent, mailing lists, or oth rer organization for expense org	nuntues (iii) royalties (iv) hutton to other organization or for other organization(s) anization(s) anization(s) anit, or other assets from membership or fundrais nent, mailing lists, or oth roganization for expener organization for expener organization for expener organization for expener organization for expenery to other organization above is 'Yes,' see the inspove is 'Yes,' see the inspoxe is 'Yes,' s	neurities (iii) royalties (iv) hutton to other organization or for other organization(s) or for other organization(s) anization(s) ther organization(s) ther organization or fundrais membership or fundrais nembership or fundrais nent, mailing lists, or oth re organization for expener organization for expener organization for expener organization for expener organization for expeneration of the organization of the o	nnuities (iii) royalties (iv) hutton to other organization o or for other organization(s) anization(s) ther organization(s) ther organization(s) ent, or other assets from membership or fundrais nent, mailing lists, or oth roganization for expener organization for expener organization for expener organization for expener organization for expeneration of the organization of the organization for expeneration of the organization of the organ	neurites (iii) royalties (iv) hubtion to other organization o or for other organization(s) anization(s) ther organization(s) ther organization(s) membership or fundrais ment, or other assets from membership or fundrais nent, mailing lists, or oth roperty to other organization for expense organization for e	nnuities (iii) royalties (iv) hutton to other organization or for other organization(s) anization(s) anization(s) anization(s) ther organization(s) her organization for expenent, or other assets from rembership or fundraisment, mailing lists, or other organization for expener organization for expener organization for expenent organization for expe	neurities (iii) royalties (iv) hubtion to other organization or for other organization(s) anization(s) anization(s) ther organization(s) ther organization (s) ant, or other assets from membership or fundraisment, mailing lists, or other organization for expense organization for expense organization for expense organization for expensive to other organization for expensive to other organization for expensive organization for expensive to other organization for expensive	neurites (iii) royalties (iv) hutton to other organization or for other organization(s) anization(s) ther organization(s) ther organization(s) membership or fundrais nent, mailing lists, or other organization for expense organization other organization of the organizat	neurities (iii) royalties (iv) hubtion to other organization or for other organization(s) anization(s) ther organization(s) ther organization or fundrais membership or fundrais nent, or other assets from the organization for expense organization for expense organization for expense organization for expensive to other organization for expensive organization for ex
Complete line 1 if any	to out the received the or	ine tax year ulu the or	ot of (i) interest (ii) ann	ot of (i) interest (ii) anni rant, or capital contribu	I we kay year dur the or of (i) interest (ii) annu- rant, or capital contribu- rant, or capital contribu-	of (f) interest (fi) annuation (fi)	at of (i) interest (ii) anni and (ii) anni anni, or capital contriburant, or capital contriburor loan guarantees to or loan guarantees by	ot of (i) interest (ii) annuary of (ii) annuary or capital contribution to an order or loan guarantees to or loan guarantees by	at of (i) interest (ii) annuary of (ii) annuarant, or capital contribuor loan guarantees to or loan guarantees by or loan guarantees by assets to other organ	Recept of (1) interest (ii) annuities (iii) Gift, grant, or capital contribution to ot Gift, grant, or capital contribution from Loans or loan guarantees to or for othe Loans or loan guarantees by other organization(s) Sale of assets to other organization(s) Purchase of assets from other organization	the tax year the trip of the tax year the trip of the trip of capital contriburant, or capital contriburor loan guarantees to or loan guarantees by assets to other organ ase of assets from othe moe of assets	A Recept of (1) interest (ii) annual Recept of (1) interest (iii) annual Gift, grant, or capital contribut C Gift, grant, or capital contribut Loans or loan guarantees by E Loans or loan guarantees by F Sale of assets to other organing Purchase of assets from other in Lasse of facilities annual to the Exchange of assets.	the tax year tild the or tant, or capital contribu- rant, or capital contribu- or loan guarantees to or or loan guarantees by or loan guarantees by assets to other organ ase of assets from othe inge of assets	of (i) interest (ii) annuary (ii) annuary (ii) annuary (iii) annuary (ii	it of (f) interest (fi) annuarity of captral contribution or captral contribution loan guarantees to or loan guarantees by a fassets to other organise of assets from other of facilities, equipment of facilities, equipment	it of (i) interest (ii) annuary, or capital contriburant, or capital contriburant, or capital contriburor loan guarantees by or loan guarantees by fassets to other organise of assets from other organise of assets of facilities, equipment of facilities, equipment of facilities, equipment mance of services or mance or servic	the tax year the trip of the tax year the trip of the realt, or capital contribution loan guarantees to or loan guarantees by or loan guarantees by a sassets to other organ ase of assets from other nge of assets and facilities, equipment of facilities, equipment mance of services or mance of services o	at of (i) interest (ii) annuary, or capital contriburant, or capital contriburant, or loan guarantees to or loan guarantees by af assets to other organ ase of assets from other nge of assets of facilities, equipment of facilities, equipment mance of services or mance of services or mance of services or mig of facilities, equipment ng of facilities, equipment	it of (1) interest (ii) annuary, or capital contriburant, or capital contriburant, or capital contriburor loan guarantees by or loan guarantees by fassets to other organ ase of assets from other nge of assets from other of facilities, equipment of facilities, equipment mance of services or mance of services or mance of services or ming of facilities, equipment of gof facilities, equipment of paid employees	Receipt of (1) interest (ii) annually ine day year did the ordered (ii) annually, grant, or capital contributions or loan guarantees by Loans or loan guarantees by Sale of assets to other organ Purchase of assets from othe Exchange of assets Lease of facilities, equipment Lease of facilities, equipment Performance of services or manally of facilities, equipment Sharing of facilities, equipment Sharing of paid employees	at of (i) interest (ii) annuary, or capital contriburant, or capital contriburant, or capital contriburant or loan guarantees by or loan guarantees by assets to other organ ase of assets from other ange of assets from other of facilities, equipment of facilities, equipment mance of services or in ago of facilities, equipment and of paid employees.	at of (i) interest (ii) annuary, or capital contriburant, or capital contriburant, or capital contriburant or loan guarantees by or loan guarantees by a sassets to other organiase of assets from other age of assets from other age of assets of facilities, equipment mance of services or in mance of services or in age of facilities, equipment and of facilities.	at of (i) interest (ii) annuary fant, or capital contriburant, or capital contriburor loan guarantees to or loan guarantees by or loan guarantees by fassets to other organiase of assets from other age of assets from other nge of facilities, equipment mance of services or mance of s	at of (i) interest (ii) annurant, or capital contriburant, or capital contriburant, or capital contriburor loan guarantees to or loan guarantees by if assets to other organise of assets from other nge of assets from other mance of services or in mance of services or in mance of services or in go facilities, equipmenting of facilities, equipmenting of paid employees ursement paid to other oursement paid by other transfer of cash or propressions.	it of (1) interest (1i) annuary, or capital contriburant, or capital contriburant, or capital contriburant, or loan guarantees by or loan guarantees by fassets to other organise of assets from other age of assets from other mance of services or mance of services or mance of services or manc	the tax year up the or tant, or capital contribu- rant, or capital contribu- or loan guarantees to or or loan guarantees by f assets to other organ- ase of assets from othe nge of assets of facilities, equipment mance of services or in mance of services or in g of facilities, equipment of facilities, equipment and of facilities, equipment ing of facilities, equi	at of (i) interest (ii) annuary, or capital contriburant, or capital contriburant, or capital contriburant, or capital contriburant or loan guarantees by or loan guarantees by fassets to other organiase of assets from othernge of assets from othernge of facilities, equipment mance of services or mance of services or region of facilities, equipmenting of facilities, equipmenting of paid employees. The services of the contributes of cash or programs of the contributes of the cont	at of (i) interest (ii) annuary, or capital contriburant, or capital contriburant, or capital contriburant, or capital contriburant or loan guarantees by or loan guarantees by fassets to other organisse of assets from other nge of assets from other nge of assets of facilities, equipment mance of services or mance of services or mance of services or region of facilities, equipment go of facilities, equipment go facilit	the tax year did the or at year did the or ant, or capital contriburant, or capital contriburant, or capital contriburant, or loan guarantees by or loan guarantees by fassets to other organises of assets from other nge of assets from other asset of assets from other mance of services or mig of facilities, equipmenting of facilities, equipmenting of paid employees. The standard of the and of the at transfer of cash or propressions of the attention of the attenti	rune tax year up the or at year up the or ant, or capital contriburant, or capital contriburant, or capital contriburant or loan guarantees by or loan guarantees by fassets to other organises of assets from other of facilities, equipment mance of services or ma	runs day year did the or rant, or capital contriburant, or capital contriburant, or capital contriburant, or capital contriburant or loan guarantees by or loan guarantees by fassets to other organisse of assets from other ange of assets from other ange of assets of facilities, equipment and of facilities, equipment of facilities, equipment go of facilities, equipment and of paid employees urrement paid to other fransfer of cash or projuransfer or projuransfe	rant, or capital contribution of (i) interest (ii) annuarint, or capital contribution to loan guarantees by or loan guarantees by or loan guarantees by a sasets to other organiase of assets from other age of assets from other age of assets from other age of assets of facilities, equipment of facilities, equipment go of facilities, equipment ance of services or mance of services or man	assets to other organizes of facilities, equipment of facilities, equip	runs tax year uiu tire of at of (i) interest (ii) annurant, or capital contriburant, or capital contriburant, or capital contriburant or loan guarantees by fassets to other organisse of assets from other nge of assets from other nge of assets from other nge of assets from other mance of services or man	assets to other organises of facilities, equipment of paid employees unrement paid to other unrement paid to other unrement paid by other transfer of cash or programser to any of the at answer to any of the at any
Note.			1 During th a Receipt o	1 During th a Receipt c b Gift, grar	1 During th a Receipt c b Gift, grar c Gift, grar	1 During th a Receipt c b Gift, grar c Gift, grar d Loans or	1 During th a Receipt c b Gift, grar c Gift, grar d Loans or e Loans or	a Receipt c a Receipt c b Gift, grar c Gift, grar d Loans or e Loans or	a Receipt o a Receipt o b Giff, gran c Giff, gran d Loans or e Loans or f Sale of a	a Receipt c b Giff, gran c Giff, gran d Loans or e Loans or f Sale of a	a Receipt o b Giff, gran c Giff, gran d Loans or e Loans or f Sale of a g Purchase	a Receipt c b Giff, gran c Giff, gran d Loans or e Loans or e Loans or f Sale of a g Purchase h Exchang	a Receipt c b Giff, gran c Giff, gran d Loans or e Loans or e Loans or f Sale of a g Purchase h Exchang	a Receipt c b Giff, gran c Giff, gran d Loans or e Loans or f Sale of a g Purchase h Exchang i Lease of	a Receipt o b Giff, gran c Giff, gran d Loans or e Loans or e Loans or f Sale of a g Purchase h Exchang i Lease of j Lease of	a Receipt o b Giff, gran c Giff, gran d Loans or e Loans or f Sale of a g Purchase h Exchang i Lease of k Performe	a Receipt o b Giff, gran c Giff, gran d Loans or e Loans or e Loans or f Sale of a g Purchase h Exchang i Lease of j Lease of k Performs I Performs	a Receipt o b Giff, gran c Giff, gran d Loans or e Loans or e Loans or f Sale of a g Purchase h Exchang i Lease of j Lease of k Performs m Sharing	a Receipt o b Giff, gran c Giff, gran d Loans or e Loans or e Loans or f Sale of a g Purchase h Exchange i Lease of j Lease of k Performa m Sharing o	a Receipt o b Giff, gran c Giff, gran d Loans or e Loans or e Loans or f Sale of a g Purchase h Exchang i Lease of j Lease of k Performs I Performs m Sharing	a Receipt o b Giff, gran c Giff, gran d Loans or e Loans or e Loans or f Sale of a g Purchase h Exchang i Lease of j Lease of k Performs I Performs m Sharing or n Sharing or	a Receipt o b Giff, gran c Giff, gran d Loans or e Loans or e Loans or g Purchase h Exchang i Lease of j Lease of k Performs I Performs m Sharing o n Sharing o Reimburs P Reimburs	a Receipt o b Giff, gran c Giff, gran d Loans or e Loans or e Loans or g Purchase h Exchang i Lease of j Lease of k Performe I Performe n Sharing o Reimbur:	a Receipt o b Giff, gran c Giff, gran d Loans or e Loans or e Loans or g Purchase h Exchang i Lease of k Performe I Performe m Sharing o n Sharing o P Reimburs q Other tra	a Receipt o b Giff, gran c Giff, gran d Loans or e Loans or e Loans or g Purchase h Exchange i Lease of k Performa I Performa m Sharing o n Sharing o Reimburs p Reimburs r Other trai		edobe mer maler od er	apupa war	apupa wac	egupe was x _ Ec og erl	apope war x _ Er op 5 l l l l l		enune when walke on tall I I I I		

Schedule R (Form 990) 2009 McLaughlin Research Institute for Biomedical Sciences, Inc.

Page 4

81-0459235

[Pariwin] Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

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

(H) General or managing partner?	Yes No								.	 												-		rm 990) (2009)
Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(6001)																							Schedule R (Form 990) (2009)
(F) Disproportionate allocations?	Yes No																							
(E) Share of end-of-year assets																								
Are all partners section 501(c)(3) organizations?	Yes No																							
(C) Legal domicile (state or foreign country)	•																							TEEA5004L 02/05/10
(B) Primary activity																								
(B) Name, address, and EIN of entity (B) (C) (C) (C) (C) (C) (C) (State or foreign section (state or foreign 50()(s))																								
			- 	- 	 	i	 	- - - - - -	 	- - 	 	 - 	 	닉	 	- 	_ . 	 	 	-l-	-I- 	<u> </u>	- 	BAA

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047 2009

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.

Open to Public Inspection

Name of the organization McLaughlin Research Institute for Biomedical Sciences, Inc.	Employer Identification number 81-0459235
Form 990, Part III, Line 1 - Organization Mission	
The_Institute's mission is to improve human health through	innovative genetic
research and education. Research at the Institute focuses	on understanding the
genetic_control_of_normal_development_and_susceptibility_to	o neurological diseases
using the mouse as the model system. The Institute also of:	fers_research_internships
for_students and teachers	·
Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Dir	ectors, Etc
Many members of the Institute's Board of Directors are pro	ninent members of the
business community and include attorneys, accountants, cons	struction contractors,
doctors and retailers who provide services and products on	an arms-length basis to
the community and surrounding trade area including other me	embers of the Institute's
Board of Directors.	
Form 990, Part VI, Line 11 - Form 990 Review Process	
Directors of the Institute were provided with a copy of the	Form 990 prior to filing
and were requested to review the Form 990 and advise the Ir	nstitute's Financial
Officer of any corrections or additions to the Form 990.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of	f Conflicts
The Institute's Board of Directors are required to complete	e a Conflict of Interest
questionnaire on an annual basis. Activities of the Institu	ite are very specialized
with a relativley small number of suppliers. The Institute	's Financial Officer is
responsible for monitoring transactions with parties relate	ed to members of the
Institute's Board of Directors.	·
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for C	EO, Exec. Dir., or Top Mgtment
The Institute's Board of Directors reviews and approves com	pensation paid to the
Institute's President. Among other things, the Board of Dir	cectors reviews
compensation surveys conducted by the Association of Indepe	endent Research

Schedule 0 (Form 990) 2009	Page 2
Name of the organization McLaughlin Research Institute for Biomedical Sciences, Inc.	Employer Identification number 81-0459235
Form 990, Part VI, Line 15a - Compensation Review & Approval Process	for CEO, Exec. Dir., or Top Mgtment (continue
Institutes.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly A	vailable
The Institute's Audited Financial Statements are made a	vailable to the public on the
Institute's website. Governing documents and policies a	re available to the public
upon request.	

2009	McLaughlin Research Institute ent 999 for Biomedical Sciences, Inc.					Page !
Client 999 11/23/10						81-0459235 08:37AM
Part II, Line 10 - O	ther Income					00.37AI
Nature and Sou	rce	2009	2008	2007	2006	2005
Miscellaneous Special Event	Income	36,003.	4,994. 116,434.	4,575.	3,411.	2,591.
	Total	\$ 36,003.	\$ 121,428.	\$ 4,575.	\$ 3,411.	2,591.

Form **8868**(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this box	► X
	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	
	lete Part II unless you have already been granted an automatic 3-month extension on a previously fil	led Form 8868
Partil .	Automatic 3-Month Extension of Time. Only submit original (no copies needed).	
	required to file Form 990-T and requesting an automatic 6-month extension – check this box and co	
All other corp	porations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request eturns	an extension of time to file
returns noted	ling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensibelow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more defit www.irs.gov/efile and click on e-file for Charities & Nonprofits.	electronically if (1) you want
	Name of Exempt Organization	Employer identification number
Type or print	McLaughlin Research Institute for Biomedical Sciences, Inc.	81-0459235
File by the due date for	Number, street, and room or suite number. If a P O box, see instructions	
filing your return See	1520 23rd Street South	
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
Oh s als h = a a	Great Falls, MT 59405	
X Form 990	f return to be filed (file a separate application for each return): Form 990-T (corporation) Form 4720	1
Form 990	H H	
Form 990	Э	
Form 990)
Telephone If the orga If this is f check this the exten	are in the care of ► George A. Carlson, PhD. No. ► 406-452-6208 FAX No ► 406-454-6019 anization does not have an office or place of business in the United States, check this box or a Group Return, enter the organization's four digit Group Exemption Number (GEN) If to box ► If it is for part of the group, check this box ► and attach a list with the names are sion will cover.	
	st an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time	
	$2/15$, 20 11 _, to file the exempt organization return for the organization named above. ension is for the organization's return for	
	calendar year 20 or	
► X	tax year beginning _ 7/01 , 20 _ 09 _ , and ending 6/30 , 20 _ 10 _	
		nange in accounting period
	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any ndable credits. See instructions	3a \$ 0.
b If this a made I	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments include any prior year overpayment allowed as a credit	зы \$ 0.
See ins	Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). tructions	3c \$ 0.
Caution. If yo payment inst	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Forructions	n 8879-EO for
BAA For Pri	vacy Act and Paperwork Reduction Act Notice, see instructions.	Form 8868 (Rev 4-2009)