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ORIGINA

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black jung benefit trust or private foundation)

Form 990 (2009)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements OCT 1. 2009 and ending SEP 30, A For the 2009 calendar year, or tax year beginning C Name of organization D Employer identification number Check if applicable use IRS label or FATS & PROTEINS RESEARCH FOUNDATION, print or Name change 36-2497869 Doing Business As Initial Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number See Specific Termin-205 703-683-2914 801 NORTH FAIRFAX STREET instruc-Amenae 889,363. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-tion pending ALEXANDRIA, VA 22314 H(a) Is this a group return F Name and address of principal officer SERGIO NATES JYes X No for affiliates? 801 NORTH FAIRFAX ST, ALEXANDRIA, VA 22314 H(b) Are all affiliates included? Yes I Tax-exempt status: X 501(c) (6) (insert no.) If "No," attach a list. (see instructions) J Website: ► WWW.FPRF.ORG H(c) Group exemption number ▶ K Form of organization X Corporation L Year of formation 1962 M State of legal domicile IL Trust Association Part I Summary Briefly describe the organization's mission or most significant activities TO PROVIDE AN INSTITUTION WHICH WILL DIRECT AND MANAGE THE PROCESS WHEREBY RESEARCH IS INITIATED, Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 2 19 Number of voting members of the governing body (Part VI, line 1a) 19 4 Number of independent voting members of the governing body (Part VI, line 1b) ō 5 Total number of employees (Part V, line 2a) 19 6 Total number of volunteers (estimate if necessary) Total gross unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 890 hims 37 [**Prior Year Current Year** Contributions and grants (Part VIII, line 1h) RS-OS Program service revenue (Part VIII, line 29) 854,736. 879,861. MAR 2 & 2012 9,502. 18,313. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines \$, 6d, 8c, 9c, 110; and 11e) 11 873,049 889,363. Total revenue - add lines 8 through 11 (must equal Part VIII, cold 12 498,505 584,830. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 204,937. 187,673. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 121,349. 134,696. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 807,527. 924,463. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <35,100.> 65,522. Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year **End of Year** 765,306. 730,206. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 765,306. 730,206. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of penyry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Moniois Sign Signature of officer Here SERGIO NATES, PRESIDENT Type or print name and title Date Check if Preparer's identifying number (see instructions) Preparer's Paid signature employed > Preparer's Firm's name (o RENNER AND COMPANY, CPA, yours if self-employed), Use Only 700 NORTH FAIRFAX ST, SUITE 400 ALEXANDRIA, VA 22314 Phone no ► 703-535-1200 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) __ No`

	990 (2009) FATS & PROTEINS RESEARCH FOUNDATION, INC 36-2497869 Page 2	<u>2</u>
Par	t III Statement of Program Service Accomplishments	_
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION TO PROVIDE AN INSTITUTION WHICH WILL DIRECT AND MANAGE THE PROCESS	
	WHEREBY RESEARCH IS INITIATED, PRIORITIZED, APPROVED, CONDUCTED AND	_
	CARRIED ON, RESULTS DISSEMINATED, AND FUNDED ON ANY ISSUES RELATING TO	_
	THE RENDERING INDUSTRY, AND TO COOPERATE, WHERE APPROPRIATE, WITH ANY	_
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990·EZ?	_
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No. If "Yes," describe these changes on Schedule O	,
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
-	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ Including grants of \$) (Revenue \$	_
	THE FOUNDATION HAS EXPANDED THE UTILIZATION OF ANIMAL BY-PRODUCTS BY	•
	PROVIDING MONEY IN THE FORM OF GRANTS FOR STUDIES CONDUCTED AT	_
	UNIVERSITIES AND RESEARCH INSTITUTIONS AND BY DISTRIBUTION OF THE	_
	RESULTS OF THOSE STUDIES. THE FOUNDATION HAS COMPLETED MORE THAN 600	_
	RESEARCH PROJECTS. THE FOUNDATIONS RESEARCH HAS DOCUMENTED THE	_
	CONTINUED IMPROVEMENT IN THE RENDERING INDUSTRYS PRODUCTS AS MEASURED	_
	BY BIOAVAILABILITY, BIOSECURITY AND CONSISTENCY. THE FOUNDATION FUNDED	_
	TEN RESEARCH PROJECTS DURING THE FISCAL YEAR. IN ADDITION, THE	_
	FOUNDATION HAS FUNDED AND LAUNCHED THE ANIMAL CO-PRODUCTS RESEARCH AND	_
	EDUCATION CENTER AT CLEMSON UNIVERSITY WHICH HELPS THE FOUNDATION CARRY	
	OUT IT MISSION.	
		_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_
-		
		_
•		_
		_
		_
		_
		_
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
		_
		_
		_
		_
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶\$	
	r 000 /000	•

Part IV Checklist of Required Schedules

	•		res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			v
_	If "Yes," complete Schedule A	2		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	,		Х
	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	3 4		
4	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	-		
5	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	Ť		
Ü	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?			
	If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	İ		
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		l	
	Schedule D, Parts XI, XII, and XIII.	12	X	ļ
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	-		1
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional . 12A X	<u> </u>		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>^</u>
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ļ.,,	X	
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	^	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4.5	X	
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Α.	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	1.0		X
	located outside the United States? If "Yes," complete Schedule F, Part III	16		<u>^</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 	+^-
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		X
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	 	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		X
20	complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	1	$\frac{1}{x}$
20	Did the diganization operate one of more hospitals in Tes, complete schedule in			(2009)

Form 990 (2009)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

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

Form **990** (2009)

12a

10b

11a

11b

Section 501(c)(12) organizations. Enter:

amounts due or received from them.)

a Gross income from members or shareholders

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

b Gross income from other sources (Do not net amounts due or paid to other sources against

.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

FATS & PROTEINS RESEARCH FOUNDATION, INC 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, of 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

2	tion A. Coverning Pody and Management									
sec	tion A. Governing Body and Management			Yes	No					
•-	Enter the number of voting members of the governing body	19		163						
	Y I	19								
	Enter the helitopy of voting members and the members are									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	İ	2		Х					
_	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision									
3		"	3	Х						
	of officers, directors or trustees, or key employees to a management company or other person?	1	4	X						
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	1	5	Λ	Х					
5	· ·									
6	Does the organization have members or stockholders?		6	X						
7a	7a Does the organization have members, stockholders, or other persons who may elect one or more members of the									
	governing body?	ļ	7a	Х	X					
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	!								
	by the following.			v						
			8a	X						
b	Each committee with authority to act on behalf of the governing body?		8b	Λ						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		_		 ,,					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	<u> </u>	<u>X</u>					
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			1	г					
				Yes	No					
	Does the organization have local chapters, branches, or affiliates?		10a		_X_					
b	if "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates	; ,								
	and branches to ensure their operations are consistent with those of the organization?		10b	ļ	 					
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		11	X						
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	X						
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			X						
	to conflicts?									
- с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this is done		12c	X	<u> </u>					
13	Does the organization have a written whistleblower policy?		13	X	<u> </u>					
14	Does the organization have a written document retention and destruction policy?		14	X	ļ					
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official		15a	X	<u> </u>					
b	Other officers or key employees of the organization		15b	ļ	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		-							
	taxable entity during the year?		16a	ļ	X					
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participat	ion								
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's									
	exempt status with respect to such arrangements?		16b							
Sec	ction C. Disclosure									
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, and 990-T (501(c)(3)s only)	avaılable	e for							
	public inspection. Indicate how you make these available. Check all that apply.									
	Own website Another's website X Upon request									
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest	policy, a	and fin	ancıal						
	statements available to the public.	•								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	organiza	ation: I	> _						
	THE FOUNDATION - 703-683-2914									
	801 N. FAIRFAX STREET, SUITE 205, ALEXANDRIA, VA 22314									
			Forr	n 990	(2009)					

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

(A)	(B)		(C) Position					(D)	(E)	(F)
Name and Title	Average hours	(ct				app	lv)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	the organizations ganization (W-2/1099-MISC)	
GERALD F. SMITH, JR.									0	•
CHAIRMAN	2.00	X	ļ.—	X	<u> </u>			0.	0.	0.
CARL WINTZER	0 00								•	0
VICE CHAIRMAN	2.00	Х		Х	_			0.	0.	0.
DAVID KIRSTEIN	2 00	v		v	1			0.	0.	0
TREASURER DR. SERGIO F. NATES	2.00	Х		Х	-	├	ļ <u>. </u>	0.	0.	0.
PRESIDENT/DIRECTOR OF TE	40.00	X		X	l			140,663.	0.	17,845.
JAMES ANDREOLI	40.00	^	\vdash	1	├	-		140,003.	0.	17,045.
DIRECTOR	1.00	Х		l				0.	0.	0.
KEVIN KUHNI	1.00			╁	\vdash					-
DIRECTOR	1.00	Х		ļ				0.	0.	0.
ROBERT GRIFFIN			-			1				
DIRECTOR	1.00	X						0.	0.	0.
TIM GUZEK										-
DIRECTOR	1.00	Х	İ	İ				0.	0.	0.
BARRY GLOTMAN										
DIRECTOR	1.00	X						0.	0.	0.
JEFF SMITH										
DIRECTOR	1.00	X						0.	0.	0.
FRED CESPEDES					1					
DIRECTOR	1.00	X		ļ	\perp	╙	_	0.	0.	0.
MIKE WATKINS										
DIRECTOR	1.00	X	ļ	↓_	-	╀	<u> </u>	0.	0.	0.
ERIKA WELTZIEN	1 00	 				1				
DIRECTOR	1.00	Х		↓_	╀	-	├-	0.	0.	0.
DON DAVIS	1 00	U						0.	0.	
DIRECTOR	1.00	<u>^</u>	-	┼	╀	┼	-	0.	0.	0.
MARK HOHNBAUM DIRECTOR	1.00	V					1	0.	0.	0.
JOHN DUPPS	1.00	┯	\vdash	╁	╁	+	+	 	- 0.	
DIRECTOR	1.00	_x			1			0.	0.	0.
DAVID KALUZNY, II	1.00	+^	\vdash	+-	╁╌	+	+-		1	<u> </u>
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932007 02-04-10

Part VIII Section A. Officers, Directors, Tru	l .	mplo	yee			High	est	i		<del></del>		<b>/</b> =-	
· (A) · Name and title	(B) Average	(C) Position						(D) Reportable	(E) Reportable		Ect	(F) ımate	d
ivalle also title	hours	(ci				app	oly)	compensation	compensation			ount	
	per	-				Τ	Ī	from	from related			other	
	week	a g			1	<u>p</u>		the organization	organizations (W-2/1099-MISC)		•	ensa om the	
		Ste	trustee			pensa		(W-2/1099-MISC)	(44-271099-141130)	'		ınızatı	
		Individual trustee or director	Institutional trustee		Кеу етріоуее	St Com						relate	
		Indiv	Institu	Officer	Keyer	Highest compensated employee	F.				orga	nızatı	ons
MICHAEL KOEWLER				┢	⊢		-			$\dashv$			
DIRECTOR	1.00	x				İ		0.	c	).			0.
FRANK LUIS				<u> </u>			<del>                                     </del>	<u> </u>		+		_	
DIRECTOR	1.00	Х	<u> </u>					0.	C	).			0.
ROBERT RILEY, JR.										$\top$	_		
ALTERNATES	1.00	X				_		0.	C	).			0.
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41. T-4-1	<u> </u>	<u> </u>	<u>i</u>			Ļ	1	140,663.	ļ	) ·		7 <u>R</u>	45.
Total     Total number of individuals (including but r	ot limited to the		liet		boy	(a) w	ho r	<del></del>		<u></u>		,, 0	40.
compensation from the organization	ioi iiiiilea lo li	1056	: 1151	eu a	DOV	e) w	1101	eceived more man \$10	o,000 in reportable				1
sompensation from the organization		-										Yes	No
3 Did the organization list any former officer	, director or tru	ıstee	e, ke	y en	nplo	yee	, or I	highest compensated e	mployee on	Γ			
line 1a? If "Yes," complete Schedule J for s	such individual	,								L	3		X
4 For any individual listed on line 1a, is the si	um of reportab	ole c	omp	ens	atıo	n an	d ot	her compensation from	the organization				
and related organizations greater than \$15	0,000? If "Yes	," cc	mpi	ete	Sch	edu	le J	for such individual		Ļ	4	X	
5 Did any person listed on line 1a receive or				from	an	y un	reiat	ted organization for sen	rices rendered to		_		v
the organization? If "Yes," complete Sched Section B. Independent Contractors	dule J for such	pers	son					· · · · · · · · · · · · · · · · · · ·			5		X
Complete this table for your five highest co	mpeneated in	don	end	ant c	-ont	tract	ore i	that received more than	\$100,000 of comp		tion f	rom	
the organization NONE	inpensated in	аср	ciia		20110	ii aci	013	mat received more mai	φτου,ουσ οι comp	SIISG			
(A)								(B)			(C	;)	
Name and business	address							Description of	services	_Cc	ompe		n
2 Total number of independent contractors	including but	not l	ımıte	ed to	the	ose l	ste	d above) who received	more than				
\$100,000 in compensation from the organ	ization >					0_							
											_	~~~	(0000

Part IX Statement of Functional Expenses

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

	All other organizations must compl	lete column (A) but are	not required to comp	lete columns (B), (C), ar	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	529,630.			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	55,200.			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	180,041.	,		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				ļ
7	Other salaries and wages	24,896.		ļ	ļ
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)			-	<del> </del>
9	Other employee benefits				
10	Payroll taxes				-
11	Fees for services (non-employees)				
а	Management	272			<del></del>
ь	Legal	272. 17,600.			
С	Accounting	17,000.			
d	Lobbying				<del></del>
e	Professional fundraising services See Part IV, line 17			· · · · · · · · · · · · · · · · · · ·	
f	Investment management fees				
9					<del></del>
12	Advertising and promotion	2,087.			
13	Office expenses	8,555.	· · ·		<del> </del>
14	Information technology	0,333.			<del></del>
15 16	Royalties	16,887.			_
17	Occupancy Travel	50,772.			_
18	Payments of travel or entertainment expenses	307772.			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,551.		-	
20	Interest	20,0020			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,227.	····-	1	<u> </u>
23	Insurance	750.			
24	Other expenses Itemize expenses not covered				***************************************
	above (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	DOTNIBILIC AND DOCUME	2,493.			
b	DUES AND PUBLICATIONS	2,460.			
С	BANK AND CREDIT CARD CH	930.			
d	STORAGE FEES	924.			
е					
f	All other expenses	11,188.			
25	Total functional expenses. Add lines 1 through 24f	924,463.			
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			<u></u>	<u> </u>

	_	•			(A) Beginning of year		(B) End of year
1					419,458.		
	1	Cash · non-interest-bearing			341,812.	1	224,837. 502,336.
	2	Savings and temporary cash investments	341,012.	2	302,330.		
- 1	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	· · · ·	<del></del>	4		
	5	Receivables from current and former officers, di					
		employees, and highest compensated employee					
	_	of Schedule L	······································	5	·····		
	6	Receivables from other disqualified persons (as					
İ		4958(f)(1)) and persons described in section 495	58(c)(3	(B). Complete			
		Part II of Schedule L .		-		6	
egs	7	Notes and loans receivable, net		-		7	
Assets	8	Inventories for sale or use				8	
۱ ۱	9	Prepaid expenses and deferred charges				9	······································
	10a	Land, buildings, and equipment cost or other		10.000			
ŀ		basis Complete Part VI of Schedule D	10a	18,868. 15,835.			2 222
	b	Less: accumulated depreciation	10b	15,835.	4,036.	10c	3,033
	11	Investments · publicly traded securities		11			
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
- 1	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ	765,306.	16	730,206		
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
	19	Deferred revenue				19	
- 1	20	Tax-exempt bond liabilities				20	
ဖွ	21	Escrow or custodial account liability Complete	Part IV	of Schedule D		21	
≝∣	22	Payables to current and former officers, directo	rs, trus	tees, key employees,			
Liabilities		highest compensated employees, and disqualif	ied pei	sons. Complete Part II			
<b>5</b>		of Schedule L				22	
	23	Secured mortgages and notes payable to unrel	ated th	ırd parties	-	23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0
		Organizations that follow SFAS 117, check h	ere 🕨	X and complete			
ဂ္ဂ		lines 27 through 29, and lines 33 and 34.					
ĕ	27	Unrestricted net assets		İ	765,306.	27	730,206
ala l	28	Temporarily restricted net assets				28	
9   9	29	Permanently restricted net assets				29	· ·
5		Organizations that do not follow SFAS 117, o	heck	nere 🕨 🔲 and			
5		complete lines 30 through 34.					
į	30	Capital stock or trust principal, or current funds	<b>.</b>			30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or e		ent fund		31	-
ا <u>پ</u>	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances		, 2. 2	765,306.		730,206
	34	Total liabilities and net assets/fund balances		•	765,306.		730,206

Form **990** (2009)

Form 990 (2009)

# Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

FATS & PROTEINS RESEARCH FOUNDATION, INC

Employer identification number 36-2497869

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an h	istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	2b	
С	Number of conservation easements on a certified historic st	2c	
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located	-
- 5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling o	
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about	ive satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conserva-	•	
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describe	s the organization's accounting for
	conservation easements.	£ A.+ Historical Transvers or	Other Similar Assets
Pa	Organizations Maintaining Collections of Complete if the organization answered 'Yes' to Form		Other Similar Assets.
	Complete if the organization answered Tes to Form	1990, Fart IV, line 6.	
	KW	-4.4	halance sheet wants of ort historical
1a	If the organization elected, as permitted under SFAS 116, no treasures, or other similar assets held for public exhibition, e	•	
			bublic service, provide, in Fart Aiv, the text of
	the footnote to its financial statements that describes these If the organization elected, as permitted under SFAS 116, to		and shoot works of art, historical transures
D	or other similar assets held for public exhibition, education,		
	•	or research in furtherance of public servi	ice, provide the following amounts relating to
	these items:		<b>~</b> ¢
	(i) Revenues included in Form 990, Part VIII, line 1	·	<u> </u>
^	(ii) Assets included in Form 990, Part X	occurse or other cimilar assets for finance	F Φ
2	If the organization received or held works of art, historical tr		Jiai galii, provide
-	the following amounts required to be reported under SFAS	i to relating to these items:	<b>&gt;</b> \$
a	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		► \$
O	Assets included in Form 330, Part A		. F Ψ

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Schedule D (Form 990) 2009

932051 02-01-10

Sched	dule D (Form, 990) 2009 FATS & 1	PROTEINS R	ESEAR	CH FO	UNDATIO	N, I	NC 36	5-24 <u>9</u>	97869	Paç	ge <b>2</b>
Par	t III, Organizations Maintaining C	ollections of A	rt, Histo	ical Tre	easures, o	r Othe	r Similar	Asset	S (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	is, check a	ny of the 1	following that	are a sig	gnificant use	e of its o	collection	ıtems	
	(check all that apply)										
а	Public exhibition	G			nange progra	ms					
ь	Scholarly research	e	: Oti	ner							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how they	further th	ne organizatio	on's exen	npt purpose	in Part	XIV.		
5	During the year, did the organization solicit o	r receive donations	of art, histo	oncal treas	sures, or othe	er sımılar	assets		,	_	
$\overline{}$	to be sold to raise funds rather than to be ma			-					Yes		No
Par	t IV Escrow and Custodial Arran	_	ete if orgar	ization ar	swered "Yes	to Forn	n 990, Part	IV, line 9	ə, or		
	reported an amount on Form 990, Par	*****		_ <del>.</del>			<del> </del>				<del></del>
	Is the organization an agent, trustee, custodi	an or other intermed	diary for co	ntribution	s or other as:	sets not i	ıncluded	_	٦.	_	
	on Form 990, Part X?							L	<b>Yes</b>	Ш	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing tab	ole:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e		_		
f	Ending balance						1f		<del> </del>		
2a	Did the organization include an amount on F	orm 990, Part X, line	217					L_	Yes		No
	b if "Yes," explain the arrangement in Part XIV.										
Par	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.										
		(a) Current year	(b) Pric	r year	(c) Two year	s back	(d) Three yea	rs back	(e) Four	years t	oack_
1a	Beginning of year balance		-		ļ		······································				
b	Contributions										
C	Net investment earnings, gains, and losses		<u> </u>								
d	Grants or scholarships										
е	Other expenditures for facilities		1			1					
	and programs		<del> </del>			••••			<b></b>		
f	Administrative expenses		<del> </del>								<del></del>
g	End of year balance		į		<u> </u>				<u> </u>		
2	Provide the estimated percentage of the year	ar end balance held									
	Board designated or quasi-endowment		%								
	Permanent endowment	%									
		%									
3a	Are there endowment funds not in the posse	ession of the organi	zation that	are held a	and administe	ered for the	he organiza	tion	ſ	T	
	by.								<del></del>	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations		٠				-		3a(ii)	$\rightarrow$	
b	If "Yes" to 3a(II), are the related organization						•		. [ 3b ]	l	
4	Describe in Part XIV the intended uses of the										
Pai	t VI Investments - Land, Buildin										
	Description of investment	(a) Cost or			t or other		ccumulated	<b>'</b>	(d) Boo	k value	3
		basis (invest	ment)	basis	(other)	del	preciation				
_	•										
b	Buildings							<del></del>		<del></del>	
С	Leasehold improvements				6,868.		2 02	<del>-</del>		3,0	33
d	Equipment				2,000.		$\frac{3,83}{12,00}$			<u> </u>	0.
	Other	15 555 5	<u> </u>			l	12,00	<del>*</del> +		3,0	
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Pai	τ X, columi	າ (ʁ), line	1U(C).)					<u>, o</u>	<u> </u>

Closely-held equity interests	
(including name of security)  Cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-year market cost or end-of-yea	
Financial derivatives  Closely-held equity interests  Other	
Other	
	<del></del>
Total (Col (b) must equal Form 990, Part X, col (B) line 12 ) ▶	7 m
Part VIII Investments - Program Related. See Form 990, Part X, line 13	
(c) Method of valuation	on:
(a) Description of investment type (b) Book value Cost or end-of-year market	
	<u>.</u>
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 ) ▶	
Part IX Other Assets. See Form 990, Part X, line 15.	
(a) Description	(b) Book value
	· · ·
T-1-1 (2)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25.	
(a) Decemption of liability (b) Amount	· · · · · · · · · · · · · · · · · · ·
Federal income taxes	
<del></del>	,
Total, (Column (b) must equal Form 990, Part X, col (B) line 25.)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)  2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization.	ınızatıon's liability for

uncertain tax positions under FIN 48.

932053 02-01-10

	dule D (Form.990) 2009 FATS & PROTEINS RESEARCH FO				97869 Page <b>4</b>
Par	XI Reconciliation of Change in Net Assets from Form 990 to	<b>Audited Finan</b>	cial St	atements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		889,363.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		924,463.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		<35,100.>
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net). Add lines 4 through 8		9		0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10		<35,100.>
Par	XII Reconciliation of Revenue per Audited Financial Stateme	nts With Reve	nue pe	er Return	
1	Total revenue, gains, and other support per audited financial statements			1	889,363.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			•
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	889,363.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			•
С	Add lines 4a and 4b			4c	0.
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	889,363.
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	enses	per Return	004 462
1	Total expenses and losses per audited financial statements			1	924,463.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 1			
а	Donated services and use of facilities	2a		_	
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			0
- е	Add lines 2a through 2d			2e	0.24 462
3	Subtract line 2e from line 1			3	924,463.
. 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	46			^
C	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	924,463.
	t XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I				
X, lın	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	plete this part to pr	ovide ar	ıy addıtıonal ınf	ormation.
			-		<del>_</del>
				<del></del>	
					<del> </del>
		,			
				0-1	D (F 000) 0000

# Schedule F (Form 990)

# **Statement of Activities Outside the United States**

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

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

FATS & PROTEINS	RESEARC	H FOUNDA	TION, INC	36-249786	9
			side the United States. Compl	ete if the organization answered "Y	'es"
to Form 990, Par	IV, line 14b				
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of the g	rants or assistance, the	
grantees' eligibility for th	e grants or assis	stance, and the s	selection criteria used to award the gra	ants or assistance? X	Yes L No
2 For grantmakers. Desc	ribe in Part IV th	e organization's	procedures for monitoring the use of o	grant funds outside the United Stat	es.
			ditional space is needed)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) if activity listed in (d)	(f) Total
	offices in the region	employees or agents in	(by type) (i e., fundraising, program services, grants to	is a program service, describe specific type	expenditures for region
	in the region	region	recipients located in the region)	of service(s) in region	ioi region
			,	(,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	
			anauma mo nagrarauma		
NORTH AMERICA -			GRANTS TO RECIPIENTS	DEGENERAL DAY	20 200
CANADA	0	0	LOCATED IN REGION	RESEARCH	29,200.
NORTH AMERICA -			GRANTS TO RECIPIENTS		
MEXICO	0		LOCATED IN REGION	RESEARCH	10,000.
MATCO			DOCKIED IN KEGION	ALL DE LA CELLE	20,000.
		ļ	GRANTS TO RECIPIENTS		
MIDDLE EAST - EGYPT			LOCATED IN REGION	RESEARCH	16,000.
					,
-					
	İ				
•					
		ļ			
			1		
					ļ .
	<del>  </del>	<del>                                     </del>			<del>                                     </del>
Totals .		0	:		55,200.
rutais .	<u> </u>	<u> </u>	I	1	, 33,200.

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Schedule F (Form 990) 2009

36-2497869

Page 2

(i) Method of valuation (book, FMV, appraisal, other) ξ Š ۶ Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any (h) Description of non-cash assistance (g) Amount of non-cash assistance ö Ö cash disbursement WIRE TRANSFER (f) Manner of CHECK 16,000.CHECK of cash grant 29,200. 10,000. (e) Amount recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 (d) Purpose of grant RESEARCH RESEARCH RESEARCH Use Schedule F-1 (Form 990) if additional space is needed. ORTH AMERICA -JORTH AMERICA (c) Region TIDDLE EAST MEXICO CANADA EGYPT (b) IRS code section and EIN (if applicable) Schedule F (Form 990) 2009 (a) Name of organization Part

Schedule F (Form 990) 2009

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

က

FATS & PROTEINS RESEARCH FOUNDATION, INC

36-2497869

Page 3

Schedule F (Form 990) 2009 FATS & PROTEINS RESEARCH FOUNDATION, INC 36-2497869

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

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

(h) Method of valuation (book, FMV, appraisal, other)	•					Schedule F (Form 990) 2009
(g) Description of non-cash assistance						Schedu
(f) Amount of non-cash assistance						
(e) Manner of cash disbursement						
(d) Amount of cash grant						
lumber of cipients						
(b) Region						
(a) Type of grant or assistance (b) Region reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) reference (c) r						

Schedule F (Form.990) 2009 FATS & PROTEINS RESEARCH FOUNDATION, INC 36-2497869 Page 4  Part IV. Supplemental Information
Complete this part to provide the information required in Part I, line 2, and any additional information
SCHEDULE F, PART I, LINE 2: THE FATS AND PROTEINS RESEARCH FOUNDATION
ENCOURAGES AND SUPPORTS RESEARCH BY OFFERING ANNUAL RESEARCH GRANTS.
AWARD CATEGORIES ARE OPEN TO APPLICANTS AT BOTH U.S. BASED INSTITUTIONS
AND FOREIGN BASED INSTITUTIONS. GRANTS ARE AWARDED BY A PEER REVIEW PANEL
OF THE FOUNDATION'S RESEARCH COMMITTEE AND GRANTEES MUST SEND PROGRESS
REPORTS AT LEAST TWICE A YEAR; A FINAL REPORT IS REQUIRED BEFORE THE
FINAL PAYMENT CAN BE DISBURSED. THE FOUNDATION'S RESEARCH PROGRAM
PROMOTES BASIC SCIENCE AND CLINICAL INVESTIGATIONS INTO ALL STAGES OF THE
RENDERING PROCESS.
•

2 | Employer identification number 36-2497869 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any RESEARCH RESEARCH RESEARCH RESEARCH RESEARCH 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. FK ¥ Ŧ O.FMV Governments, and Individuals in the United States 0. P.M. Grants and Other Assistance to Organizations, 0 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. INC (d) Amount of cash grant 205. 13,600 20,000 25,720 30,000 FATS & PROTEINS RESEARCH FOUNDATION, 21, (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 99-6000354 43-6003859 71-6003252 37-6005961 37-6000511 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization UNIVERSITY OF MISSOURI - COLUMBIA SOUTHERN ILLINOIS UNIVERSITY or government 1207 WEST GREGORY DRIVE FAYETTEVILLE, AR 72701 UNIVERSITY OF ILLINOIS UNIVERSITY OF MISSOURI UNIVERSITY OF ARKANSAS UNIVERSITY OF HAWAII CARBONDALE, IL 62901 Name of the organization HONOLULU, HI 96822 1125 LINCOLN DRIVE COLUMBIA, MO 65211 2500 CAMPUS ROAD URBANA, IL 61801 Department of the Treasury 1120 WEST MAPLE Internal Revenue Service SCHEDULE (Form 990) Parti Partil

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

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

932101 02-02-10

72-0564834

SERVICE - 2110 UNIVERSITY BLVD,

2165 NSRIC - AMES, IA 50011

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USDA - AGRICULTURAL RESEARCH

21

Schedule I (Form 990) 2009

RESEARCH

615.

Page 2

36-2497869

(Form 990) 2009 FATS & PROTEINS RESEARCH FOUNDATION, INC 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. Schedule I (Form 990) 2009 Part III Grants and Othe

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part iV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the information	required in Part I, I	ine 2, and any other	additional information	
SCHEDULE I, PART I, LINE 2: THE FA	FATS AND PF	PROTEINS RE	RESEARCH FOU	FOUNDATION	
ENCOURAGES AND SUPPORTS RESEARCH B	BY OFFERING		ANNUAL RESEARCH GI	GRANTS. AWARD	
ARE OPEN TO APPLICANTS	AT BOTH U	U.S. BASED	INSTITUTIONS	ONS AND	
FOREIGN BASED INSTITUTIONS. GRANTS	ARE	AWARDED BY A	PEER REVIEW	W PANEL OF	
THE FOUNDATION'S RESEARCH COMMITTEE	E AND GRANTEES	ANTEES MUST	SEND	PROGRESS REPORTS	
EAST TWICE A YEAR; A FINAL	REPORT IS RI	REQUIRED BE	BEFORE THE F	FINAL PAYMENT	
CAN BE DISBURSED. THE FOUNDATION'S	S RESEARCH		PROGRAM PROMOTES B.	BASIC SCIENCE	
AND CLINICAL INVESTIGATIONS INTO A	ALL STAGES	OF THE	RENDERING P	PROCESS.	

Schedule I-1 (Form 990) 2009 OMB No 1545-0047 2009 Open to Public (h) Purpose of grant or assistance Inspection Employer identification number 36-2497869 RESEARCH (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) ► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. O.FMV Continuation Sheet for Schedule I (Form 990) (e) Amount of non-cash assistance INC (d) Amount of cash grant 399,677 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. FATS & PROTEINS RESEARCH FOUNDATION, (c) IRC section if applicable 57-6000254 501(C)(3) (P) EIN (a) Name and address of organization or government Name of the organization CLEMSON UNIVERSITY CLEMSON UNIVERSITY CLEMSON, SC 29634 Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990) Parti

# 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.

2009

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

FATS & PROTEINS RESEARCH FOUNDATION, INC

Employer identification number 36-2497869

_Pa	rt I Questions Regarding Compensation		
		Yes	No
<b>1</b> 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		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		<u></u>
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?	-	-
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		
	Independent compensation consultant Compensation survey or study		
	Form 990 of other organizations  X Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling		
	organization or a related organization:		
а	Receive a severance payment or change-of-control payment?		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	,	X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	:	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
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:		
а	The organization?	•	<del> </del>
b	Any related organization?	2	<u> </u>
	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:		
а	The organization?	•	+
b	Any related organization?	2	<del> </del>
	If "Yes" to line 6a or 6b, describe in Part III		
7	For persons 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		
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		+-
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		
	Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2009

Schedule J (Form 990) 2009

Part if Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

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

			(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	0	Q	(E)	Ð
			ובמערכת (ב)			Retirement and	Nontaxable	Total of columns	Compensation
	(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
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Schedule J (Form 990) 2009

# SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

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

FATS & PROTEINS RESEARCH FOUNDATION, INC **Employer identification number** 36-2497869

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PRIORITIZED, APPROVED, CONDUCTED AND CARRIED ON, RESULTS DISSEMINATED, AND FUNDED ON ANY ISSUES RELATING TO THE RENDERING INDUSTRY, AND TO COOPERATE, WHERE APPROPRIATE, WITH ANY OTHER INSTITUTIONS WITH SIMILAR GOALS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OTHER INSTITUTIONS WITH SIMILAR GOALS.

FORM 990, PART VI, SECTION A, LINE 3: THE FOUNDATION'S ENTERED INTO A AGREEMENT FOR MANAGEMENT SERVICES WITH NATIONAL RENDERERS ASSOCIATION, UNDER THE AGREEMENT THE FOUNDATION WILL REIMBURSE THE ASSOCIATION FOR COSTS THAT ARE INCURRED BY THE ASSOCIATION ON BEHALF OF THE FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 4: 1) ELIMINATED THE PROHIBITION FOR DIRECTORS REPRESENTING THE FULL MEMBERSHIP CLASSIFICATION FROM BEING ELECTED FOR MORE THAN TWO CONSECUTIVE THREE YEAR TERMS.

- ALLOWED FOR INTERNATIONAL SUSTAINING MEMBERS.
- ALLOWED FOR INCREASED DIRECTOR FROM THE SUSTAINING MEMBERSHIP CLASS RESULTING FROM TIES AMONG SUSTAINING MEMBER CONTRIBUTIONS.

FORM 990, PART VI, SECTION A, LINE 6: THE ASSOCIATION HAS MEMBERS WHO PAY DUES ON AN ANNUAL BASIS. THE MEMBERS WHO PAY THE FULL AMOUNT OF DUES CAN OBTAIN A SEAT ON THE BOARD OF DIRECTORS AND ARE ENTITLED TO ALL THE APPROPRIATE SERVICES DUE TO THEM FROM THE ASSOCIATION IN REGARDS TO THE

26

RENDERING INDUSTRY.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

# SCHEDULE O (Form 990)

# Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

FATS & PROTEINS RESEARCH FOUNDATION, INC

Employer identification number 36-2497869

FORM 990, PART VI, SECTION A, LINE 7A: (1) THE FULL MEMBERS SHALL ELECT

TWELVE DIRECTORS TO SERVE FOR STAGGERED THREE YEAR TERMS. EACH YEAR FOUR

DIRECTORS WILL BE ELECTED BY THE FULL MEMBERS TO SERVE FOR A THREE YEAR

TERM.

- (2) EACH SUSTAINING MEMBER SHALL BE ENTITLED TO APPOINT ONE DIRECTOR TO

  SERVE FOR A ONE YEAR TERM. SHOULD A SUSTAINING MEMBER FAIL TO APPOINT A

  DIRECTOR, THAT DIRECTOR WILL BE ELECTED BY THE FULL MEMBERS.
- (3) EACH DIVISION OF INTERNATIONAL SUSTAINING MEMBERS SHALL BE ENTITLED TO APPOINT ONE DIRECTOR TO SERVE FOR A ONE YEAR TERM. SHOULD ANY DIVISION OF INTERNATIONAL SUSTAINING MEMBERS FAIL TO APPOINT A DIRECTOR, THAT DIRECTOR WILL BE ELECTED BY THE FULL MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT FORM 990 WAS MADE

AVAILABLE TO ALL MEMBERS OF THE BOARD OF DIRECTORS ON REQUEST. THE FORM 990

WAS REVIEWED AND APPROVED BEFORE FILING BY THE PRESIDENT.

FORM 990, PART VI, SECTION B, LINE 12C: DIRECTORS ARE REQUIRED TO DISCLOSE

ANY POTENTIAL CONFLICTS OF INTEREST RELATED TO THE ASSOCIATION IN WRITING

ON AN ANNUAL BASIS. OFFICERS AND MANAGEMENT REVIEW ANNUAL DISCLOSURES TO

ENSURE ANY CONFLICTS ARE IDENTIFIED.

FORM 990, PART VI, SECTION B, LINE 15A: A COMMITTEE OF DIRECTORS FROM THE

BOARD REVIEWS RECOMMENDATIONS FROM THE PRESIDENT OF THE ASSOCIATION FOR ALL

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

Schedule O (Form 990) 2009

932211

922-03-10

## SCHEDULE O.

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

Employer identification number 36-2497869

FATS & PROTEINS RESEARCH FOUNDATION, INC   36-2497869
SALARY AND COMPENSATION CHANGES BASED ON HISTORICAL DATA AND FISCAL
STABILITY OF THE ASSOCIATION. THE PRESIDENTS SALARY IS DETERMINED AND
APPROVED FROM THE SAME COMMITTEE BASED ON THE FISCAL STABILITY OF THE
ASSOCIATION.
FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS, CONFLICT
OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE
PUBLIC UPON VERBAL OR WRITTEN REQUEST.
FORM 990, PART XI, LINE 1
METHOD OF ACCOUNTING
THE FOUNDATION PREPARES ITS FINANCIAL STATEMENTS IN ACCORDANCE WITH AN
OTHER COMPREHENSIVE BASIS OF ACCOUNTING, MODIFIED CASH BASIS.
<u>-</u>
FORM 990, PART XI, LINE 2C
RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND COMPILATION
THE AUDIT AND BUDGET COMMITTEE ASSUMES THE RESPONSIBILITY FOR OVERSIGHT
OF BOTH THE AUDIT AND THE COMPILATION OF THE FOUNDATION'S FINANCIAL
REPORTS. IT IS ALSO RESPONSIBLE FOR THE SEPARATE SELECTION OF BOTH THE
INDEPENDENT AUDITOR AND THE INDEPEDENT ACCOUNTANT THAT PERFORMS THE
COMPILATION.
<del>-</del>
<del>-</del>
<del></del>

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 9	FORM 990 PAGE 10						066							
Asset	Description	Date Acquired	Method	Life	Nor>	Unadjusted Cost Or Basis	Bus s % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
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928111 04-24-09						(D) · Asset disposed	sposed		*	ITC, Salvage, E	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	ırcıal Revitalı	zation Deducti	on, GO Zone

Department of the Treasury Internal Revenue Service (99)

# **Depreciation and Amortization**

(Including Information on Listed Property)

► See separate instructions.

➤ Attach to your tax return.

990

OMB No 1545-0172

Attachment Sequence No 67

vame(s)	snown on return			Business or	activity to w	men uns tom relates		identifying rumber
TAT	S & PROTEINS RESEAR	CH FOUNDA	ATION,	INCFORM	990 I	PAGE 10		36-2497869
Part	Election To Expense Certain Proper	ly Under Section 17	9 Note: If you	have any listed	oroperty,	complete Part V	before yo	
1 M	aximum amount See the instructions	for a higher limit for	or certain bus	nesses			1	250,000.
<b>2</b> To	otal cost of section 179 property place	ed in service (see i	nstructions)				2	
3 Th	reshold cost of section 179 property	before reduction i	n limitation				3	800,000.
4 R	eduction in limitation. Subtract line 3 f	rom line 2. If zero	or less, enter -	0-			4	
<b>5</b> Do	illar limitation for tax year Subtract line 4 from line	1 If zero or less, enter -	0- If married filing	separately, see instr	uctions		5	
6	(a) Description of pro	perty		(b) Cost (business u	se only)	(c) Elected	cost	
						·		
						****		
7 L:	sted property. Enter the amount from	line 29			7			
<b>8</b> To	otal elected cost of section 179 prope	rty. Add amounts	ın column (c),	lines 6 and 7			8	
9 Te	entative deduction. Enter the smaller	of line 5 or line 8					9	
0 C	arryover of disallowed deduction from	line 13 of your 20	08 Form 4562	!			10	
11 B	usiness income limitation. Enter the si	maller of business	income (not le	ess than zero) c	r line 5		11	
12 S	ection 179 expense deduction. Add li	nes 9 and 10, but	do not enter n	nore than line 1	1		12	<del></del>
13 C	arryover of disallowed deduction to 2	010. Add lines 9 a	nd 10, less line	e 12	▶ 13			
Note:	Do not use Part II or Part III below for	listed property. Ir	stead, use Pa	rt V				
Par	I II Special Depreciation Allowa	nce and Other De	epreciation (D	o not include l	sted prop	erty.)		
14 S	pecial depreciation allowance for qua	ified property (oth	er than listed	property) place	d in servic	ce during		
th	e tax year						14	
15 P	roperty subject to section 168(f)(1) ele	ection					15	
16 0	ther depreciation (including ACRS)		- <u> </u>				16	3,227.
Par	MACRS Depreciation (Do no	t include listed pro	operty.) (See II	nstructions.)		<u></u>	· <del>_</del>	
			Sect	ion A				
17 M	IACRS deductions for assets placed i	n service in tax ye	ars beginning	before 2009			17	<u></u>
18 If	you are electing to group any assets placed in sen							,
	Section B - Assets	1			ng the Ge	neral Deprecia	tion Syste	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for d (business/inve only - see in	estment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property	_						
С	7-year property	_		_				
d	10-year property	_]						
е	15-year property	_						
f	20-year property	_						
9	25-year property				25 yrs.		S/L	
_	Residential rental property	/			27 5 yrs.	MM	S/L	
_ h	Residential rental property	/			27.5 yrs.	MM	S/L	
	Name and a start wood a second st				39 yrs.	MM	S/L	
i	Nonresidential real property	/				MM	S/L	
	Section C - Assets I	Placed in Service	During 2009	Tax Year Using	the Alte	rnative Deprec	iation Sy	stem
20a	Class life						S/L	
b	12-year				12 yrs.		S/L	
С	40-year	/			40 yrs.	MM	S/L	<u></u>
Par	T IV Summary (See instructions.)							
21 L	isted property. Enter amount from line	≥ 28					21	
	otal. Add amounts from line 12, lines		es 19 and 20	ın column (g), a	nd line 21			
	inter here and on the appropriate line						22	3,227.
	or assets shown above and placed in							
p	ortion of the basis attributable to sec	tion 263A costs			23_			
91625°	I I I A For December Deducation		separate inst	ructions.				Form 4562 (2009)

42 Amortization of costs that begins during your 2009 tax year: 43 43 Amortization of costs that began before your 2009 tax year 44 44 Total. Add amounts in column (f). See the instructions for where to report 916252 11-04-09

Form 4562 (2009)