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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

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

Sponsoning organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form

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

2010

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A	For the	2010 calend	ar year, or tax year beginning ,	2010, and ending		,	20
В	Check if ap	pplicable	C Name of organization				cation number
	Address cl	hange	MARS RESEARCH INC		45-	-0513523	
	Name chai	nge	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Teleph	one numbei	7
	nitial retun	n					
	Terminated	d	PO BOX 159			L5) 852-4	791
<u>.</u>	Amended (return	City or town, state or country, and ZIP + 4		•	Exemption	
_	Application		WILLIAMS, IA 50271		Numbe		
G		nting Method	X Cash Accrual Other (specify) ▶	H		-	ganization is not
1	Websit				•		edule B (Form 990,
_				4947(a)(1) or 527	990-EZ, or	<u>_</u>	
			rganization is not a section 509(a)(3) supporting organization ar	•	-		
			n 990 return is not required though Form 990-N (e-postcard) ma	y be required (see instr	ructions) But	if the organ	ization chooses
			e to file a complete return				
			7b, to line 9 to determine gross receipts. If gross receipts are \$				
			elow) are \$500,000 or more, file Form 990 instead of Form 990-				62,631
P	art 🔯	Revenu	e, Expenses, and Changes in Net Assets or Fun	d Balances (See	tne instructi	ons for Part	(1) •
	1 4		ne organization used Schedule O to respond to any question in				
	1		s, gifts, grants, and similar amounts received · · · · · ·			1	45,433
	2	Program sei	rvice revenue including government fees and contracts		• • • • •	2	
4	3					3	
ć	5 4	Investment				4	
R distribution	5a		ant from sale of assets other than inventory		·	2 3 2.	
	D D		r other basis and sales expenses · · · · · · · · · · · · · · · · · ·			<u> </u>	
ir Tr	7172 C	•	s) from sale of assets other than inventory (Subtract line 5b from	n line 5a) • • • • • •		5c	
R	₽°_	•	I fundraising events				
61 A7 61	a		ne from gaming (attach Schedule G if greater than	· · · 6a		1	
ea n	÷		ne from fundraising events (not including \$	of contribution	nne -	1 4	
n ú			sing events reported on line 1) (attach Schedule G if the	or contribution	J115		
ę,	₹		gross income and contributions exceed \$15,000) · · · · ·	6b			
1107			expenses from gaming and fundraising events · · · · · ·			8 ² ,	
Ξ	, A		or (loss) from gaming and fundraising events (add lines 6a and				
	"		· · · · · · · · · · · · · · · · · · ·			6d	
	72	,	of inventory, less returns and allowances · · · · · · · · · ·			00	
			of goods sold · · · · · · · · · · · · · · · · · · ·				
	1		or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8		ue (describe in Schedule O) · · · · · · · · · · · · · · · · · ·			8	17,198
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 · · · · · · · ·			9	62,631
_	10		similar amounts paid (list in Schedule O)			10	125,000
_	11		d to or for members		11		
E	12		ner compensation, and employee benefits		12		
p e	13	Professiona		FEB: 2:2 2011		13	
n	14		rent, utilities, and maintenance	- LD 4 4 (UII	.[Q]	14	
s e	15		olications, postage, and shipping	** <u>**</u>	S	15	
S	16	Other exper	nses (describe in Schedule O)	OGDENHIT	.	16	934
	17		nses. Add lines 10 through 16 · · · · · · · · · · · · · · ·		>	17	125,934
_	18		deficit) for the year (Subtract line 17 from line 9) · · · · · ·			18	(63,303
AIS	A I		or fund balances at beginning of year (from line 27, column (A))			22.2	
NS e t			figure reported on prior year's return) · · · · · · · · · · ·			19	68,678
•	1 20		ges in net assets or fund balances (explain in Schedule O)			20	
5	21		or fund balances at end of year Combine lines 18 through 20			21	5,375

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

EEA

Part III Balance Sheets. (see the instructions for Par	t II)				
Check if the organization used Schedule O to response		tII · · · · ·			• • • • • • •
		,	inning of year	(E	B) End of year
22 Cash, sayings, and investments · · · · · · · · · · · · · · · · · · ·			68,678	22	5,375
			0	23	0
24 Other assets (describe in Schedule O) · · · · · · · · · ·			0	24	0
25 Total assets · · · · · · · · · · · · · · · · · · ·		• • • • •	68,678	25	5,375
26 Total liabilities (describe in Schedule O) · · · · · · · ·			0	26	0
27 Net assets or fund balances (line 27 of column (B) must a	gree with line 21) _ · · ·	• • • • • • • • • • • • • • • • • • • •	68,678	27	5,375
Partilla Statement of Program Service Accom					Expenses
Check if the organization used Schedule O to resp	ond to any question in this Pa	art III · · · · ·	• • • • • • • • • • • • • • • • • • • •		uired for section c)(3) and 501(c)(4)
What is the organization's primary exempt purpose? MEDICAL	RESEARCH				nizations and section
Describe what was achieved in carrying out the organization's ex	empt purposes. In a clear and	d concise manner	, describe		(a)(1) trusts, optiona
the services provided, the number of persons benefited, or other	relevant information for each	program title		for o	thers)
28 CONTINUED SUPPORT OF MEDICAL RESEARCH FO	OR A CURE FOR			1	
MULTIPLE SCLEROSIS					
(Grants \$) If this amou	nt includes foreign grants, che	eck here · · · ·	· · · · >	28a	C
29 PUBLIC EDUCATION AND INFORMATION ON MULT	PIPLE SCLEROSIS			ļ	
				1	
				Į.	
(Grants \$) If this amou	nt includes foreign grants, che	eck here · · · ·	• • • • ▶ □	29a	(
30					
	nt includes foreign grants, che			30a	
31 Other program services (describe in Schedule O) · · · · ·					
	int includes foreign grants, chi			31a	
32 Total program service expenses (add lines 28a through 3				32	(
Part IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ever	n if not compensa	ted (see the ins	structio	ons for Part IV)
Check if the organization used Schedule O to resp	ond to any question in this Pa	art IV • • • •			• • • • • • • • • • • • • • • • • • • •
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution		(e) Expense account and
··	devoted to position	enter -0)	deferred compen		other allowances
WAYNE ANDERSON	PRESIDENT				
2158 VAIL AVE, WILLIAMS IA 50271	0		9		(
MARLENE ANDERSON	VICE PRESIDENT				<u> </u>
2158 VAIL AVE, Williams IA 50271	0		<u> </u>		(
CINDA CLASSON	TREASURER				
491 APRICOT AVE, DOWS IA 50071	0		9		(
BRENT RASTETTER	SECRETARY				
2131 QUAIL RIDGE RD, Ames IA 50010	0		9		
					<u> </u>
	1				
			<u> </u>		
		<u> </u>			
			1		1
	1				1

Pai	Other Information (Note the statement requirements in the instructions for Part V)			
•	Check if the organization used Schedule O to respond to any question in this Part V · · · · · · · · · · · · · · · · · ·			$\cdot \Box$
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity in Schedule O · · · · · · · · · · · · · · · · · ·	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			l
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions) · · · · · · · · · · · · · · · · · · ·	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	i		
	not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T	: 		<i>i</i>
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4),			1
	501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions · · · · ▶ 37a	<u> 299</u>	<u> </u>	100
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			,
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved · · · · · · · · · · · · 38b		Ý.	
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·	K.7.		
b	Gross receipts, included on line 9, for public use of club facilities · · · · · · · · · · · · · · · · · · ·	8` 8'3	1 C 10	
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	35	R.	
	section 4911 ▶, section 4912 ▶, section 4955 ▶	2,1		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit	ž	هري ع مري	
	transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been			Į.
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	1.6%	X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on	*		M
	organization managers or disqualified persons during the year under sections 4912,	*) ji
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·	14		1 :
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c	, , , , , , , , , , , , , , , , , , ,	37.0	
	reimbursed by the organization	2.		1
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	400		† • • "
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	<u>X</u>
41	List the states with which a copy of this return is filed The organization's books are in care of ▶ CINDA CLAUSSEN Telephone no ▶ 515-8	252-7	1701	
42 a	The organization of books are in said of p		., 31	
	Localed at 191 Articol Avil Dono, 211			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	+	X
	If "Yes," enter the name of the foreign country	**		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
		13.		
_	and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	420	مەسسە ،	X
С		720	<u> </u>	<u> </u>
40	If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here	. .	1	\
43	and enter the amount of tax-exempt interest received or accrued during the tax year ••••••••••••••••••••••••••••••••••••		'	
	and enter the amount of tax-exempt interest received of accrded during the tax year			
			Yes	No
44 -	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	ar.	1 CS	· 110
44 a	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	442		X
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	341	· (***)	
Ľ	completed instead of Form 990-EZ	441		X
_	Did the organization receive any payments for indoor tanning services during the year?	. 440		X
•	I If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	-	₹	1
C	explanation in Schedule O · · · · · · · · · · · · · · · · · ·	. 440	حسَست اثن	
_				7 (2010)

Form	990-EZ	(2010)	MARS RES	EARCH INC				45-05135	23	Page 4
										Yes No
45	•	•		, ,	ation within the meanin	•	•		45	X
а		_			any transaction with a	· · · · · · · · · · · · · · · · · · ·				
	•	, ,			edule R must be comp	leted instead of Form	ı		<u>.</u>	· · · · · · · · ·
	990-EZ		• • • • • • •	• • • • • • • • • •		• • • • • • • • •	• • • • • • •		45a	X
46	Did the	organization en	gage, directly o	r indirectly, in politica	I campaign activities of	n behalf of or in oppor	sition			\$100 13
	to cand	lidates for public	office? If "Yes	," complete Schedule	C, Part I · · · ·				46	X
Par					tion 4947(a)(1) no			only. 📶	sectio	n
					xempt charitable trusts	must answer question	ns 47-49b			
				s for lines 50 and 51	ad ta anu augatian in th	o Dod VI				
		Check if the org	anization used	Schedule O to respon	nd to any question in th	IS Part VI · · · · ·			• • •	
4-	5 -1 -1-			to observe 0 15 110 / 11	lata Cabadala O	D-4 II				Yes No
47		_		-	complete Schedule C				47	X
48					1)(A)(ıı)? If "Yes," comp				48	X
49 a		-	-		charitable related organ				49a	X
ь			-	_	ation? · · · · · ·				49b	
50			_	= :	ensated employees (ot			-		
	employ	ees) who each r	eceived more f	han \$100,000 of com	pensation from the org					
	(a) Na	ame and address of e	ach emplovee paid	more	(b) Title and average hours per week	(c) Compensation	(d) Contribution employee benefit			Expense ount and
			00,000		devoted to position		deferred compe			allowances
NON	E									
										
f	Total n	umber of other e	emplovees paid	over \$100,000 · ·	▶			1		
51					ensated independent of	ontractors who each	received more	than		
•	•		-	ganization If there is						
				nt contractor paid more than		(b) Type of s	200,000	(c)	Comper	reation
	(2)	Traine and address	or each independe	it contractor paid more than	ψ100,000	(b) Type of a	SCIVICE	(9)	Compen	isation
NON	E									
										
					····································	- 				
	····									
						1		ļ		
d	Total n	umber of other i	ndependent co	ntractors each receivi	ng over \$100,000 -	··· >	·			
52	Did the	organization co	mplete Schedu	le A? Note: All section	n 501(c)(3) organizatio	ons and 4947(a)(1)				
	nonexe	empt charitable t	rusts must atta	ch a completed Sche	dule A · · · · · ·			· · · • [>	Yes	No No
					panying schedules and stater					
and be	elief, it is tn	ue, correct, and comp	olete Declaration o	f preparer (other than officer) is based on all information of	f which preparer has any kr	nowledge			
		N	0	90	· · ·	•	_			
		\ Cu	Lda-1	lasson			2-1	15-20) //	
Sig	n l	Signature of o	fficer	lasson -	<u></u>	·	Date			
Her	1	01	nda (lawon -	11es.					
	·	Type or print r		•	-					
		Print/Type prepare		Preparer's si	gnature	Date	Check	ıf PTI	IN	
Paid	1	, , ,		'	•		self-emple			
	arer			I		l	 	•		
		Firm's name					Firm's EIN			
ose	Only	Firm's address					┥			
NA -	45 - 100	<u> </u>			Con Implementation		Phone no		٦ ،/-	
мау	tne IRS	aiscuss this retu	irn with the pre	parer shown above?	See Instructions • •	· · · · · · · · · · · ·	• • • • • •	· · · • L	Yes	sNo

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

▶ Attach to Form 990 or Form 990-EZ.

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

► See separate instructions.

OMB No 1545-0047

2010

[≪]Open to Public∷ 🦔 Inspection

Name of the organization MARS RESEARCH INC Employer identification number 45-0513523

360	1880 - 1						46	Caaraaa				
<u>.Rå</u>				Status (All organiza				See instru	ictions			
_	orga			use it is (For lines 1 thro				41/21				
1		·		ssociation of churches d		section	170(b)(1)(A)(1).				
2	\sqcup			I)(A)(ii). (Attach Schedu								
3	Ш		•	vice organization descri		-						
4		A medical research	organization opera	ted in conjunction with a	hospital de	escribed ii	n section	170(b)(1)(A)(iii). Ent	er the hosp	oital's name,	
		city, and state										
5		An organization oper	rated for the benefi	it of a college or universi	ity owned o	r operated	d by a gov	ernmental	unit descri	ıbed ın		
		section 170(b)(1)(A))(iv). (Complete Pa	art II)								
6		A federal, state, or lo	cal government or	r governmental unit desc	cribed in se	ction 170	(b)(1)(A)(v	v).				
7	X	An organization that	normally receives	a substantial part of its	support from	m a gover	nmental u	nıt or from	the genera	al public		
		described in section 170(b)(1)(A)(vi). (Complete Part II)										
8		A community trust de	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)									
9	Ħ	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross										
				empt functions - subject								
				and unrelated business								
				30, 1975 See section								
10				ed exclusively to test for		•		(a)(4).				
11	H	An organization orga	anized and operate	d exclusively for the ber	efit of, to p	erform the	e functions	s of, or to o	arry out th	e		
• •			•	orted organizations desc					•			
		• •		s the type of supporting								
		a Type I	b Type	_	_		lly integrat		ď	Type II	I-Other	
۵				organization is not contro						••		
е	لـــا			ers and other than one of								
		509(a)(1) or section		and other than one of	more pub	nois cappi	onica organ					
		, ,, ,		etermination from the IR	S that it is	a Tyne I	Type II or	Type III si	innortina			
f							. , , , , ,					
_		organization, check		zation accepted any gift	or contribu	tion from	any of the					
g			oo, nas me organi	zation accepted any girt	or contribe	idon nom	any or me					
		following persons?	durantly ar underantly	controls, either alone o	r togothor :	with norce	ne decemb	and in (ii)			V	T
											Yes	No
				y of the supported organ							11g(i)	
		` '	•	cribed in (i) above? • •				• • • • •	• • • • •		11g(ii)	
		•		on described in (i) or (ii)					• • • • •		11g(m)	
<u>h</u>		Provide the following	g information abou	t the supported organiza	T		, <u> </u>					
	(1)	Name of supported organization	(II) EIN	(m) Type of organization (described on lines 1-9	(iv) Is the or in col (i) lis	-	(v) Did y the organ	-	(vi) li organizati		(vii) Amour support	
		Organizadori		above or IRC section		governing document? col (i) of			(i) organiz	ed in the	Support	
				(see instructions)				port?	U:			
					Yes	No	Yes	No	Yes	No		
(A)									<u> </u>			
(B)												
					<u> </u>			ļ				
(C)												
(D)				_								
			1									
(E)												
					<u> </u>						,	
		/			1277	144/11		19.60 ·	- 23			
Tota	a I		11.2 3 3 2 2 3							[83374]		

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 or if the organization failed to qualify under

Part III If the organization fails to qualify under the tests listed below, please complete Part III)

	tion A. Public Support	r	 				
Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	51,427	48,753	57,565	51,519	45,433	254,697
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf • • • • • • • • • • • • • • • • • • •						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · ·	51,427	48,753	57,565	51,519	45,433	254,697
5	The portion of total contributions by each						
	person (other than a governmental unit or						
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6_	Public support. Subtract line 5 from ln 4					228.000	254,697
	tion B. Total Support	r					
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4 · · · · · · · ·	51,427	48,753	57,565	51,519	45,433	254,697
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	308	429	88			825
9	Net income from unrelated business activities, whether or not the business is regularly carried on • • • • • • • • • • • • • • • • • •						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) · · · · · · · · · · · · · · · · · · ·	8,106	12,234	9,611	14,090	17,198	61,239
11	Total support. Add lines 7 through 10 ·	and the second	X 1. (1)				316,761
12	Gross receipts from related activities, etc	(see instructions)		• • • • • • • •	• • • • • • • • •	12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	organization's first	t, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)	▶□
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2010 (line 6		-	n (f)) · · · · · ·			80.41 %
15	Public support percentage from 2009 Sche			• • • • • • • • •		L **-L	83.04 %
16a	33 1/3% support test - 2010. If the organi						. ==
_	and stop here. The organization qualifies						▶[<u>X</u>]
b	33 1/3% support test - 2009. If the organi						L
470	box and stop here. The organization quali						▶□
17a							
	more, and if the organization meets the "fa			-			
L	organization meets the "facts-and-circums						• • • • • ▶
b	10%-facts-and-circumstances test - 200	-					
	more, and if the organization meets the "fa			=			
18	organization meets the "facts-and-circums Private foundation. If the organization did		-	•			. =

Part IIIs

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

	tion A. Public Support						·	
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 200	7 (c) 20	80	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513							
4	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, and 3 received from disqualified persons • • • •							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year · · ·							
С	Add lines 7a and 7b · · · · · · ·							
8	Public support (Subtract line 7c from line 6) · · · · · · · · · · · · · · · · · ·							
Sec	ction B. Total Support							
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 200	7 (c) 20	800	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6 · · · · · · · · ·							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				1			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b · · · · · · · ·							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · ·						<u> </u>	<u> </u>
14	First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's	first, second, thi	rd, fourth, or fifth	tax year a	s a section 501	(c)(3)	▶ □
Se	ction C. Computation of Public Su	pport Perc	entage					
15	Public support percentage for 2010 (line 8,		- ·					%
16	Public support percentage from 2009 Scheo	Jule A, Part III	l, line 15 • • •		• • • • •		· 16	%
	ction D. Computation of Investme	nt Income	<u>Percentage</u>					
17	Investment income percentage for 2010 (lin							%
18	Investment income percentage from 2009 S	chedule A, P	art III, line 17 - 🕠		• • • • •	• • • • • •	· <u>18</u>	%
	33 1/3% support tests - 2010. If the organia 17 is not more than 33 1/3%, check this box	and stop he	re. The organiza	ation qualifies as	a publicly	supported orga	nization • • • •	· · · · · ▶ □
b	33 1/3% support tests - 2009. If the organiline 18 is not more than 33 1/3%, check this	zation did not box and stor	check a box on here. The organic	line 14 or line 19 anization qualifie	a, and lines s as a bub	e 16 is more tha	in 33 1/3%, and organization	▶ □
20	Private Foundation: If the organization did							

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

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

► Complete if the organization is described below.

OMB No 1545-0047

2010

Open to Public Inspection

•	Section 527 organizations Complete Part	t I-A only						
	e organization answered "Yes," to Form	-	. Part VI, line 47	(Lobbying Activities), the	n			
	Section 501(c)(3) organizations that have							
_	Section 501(c)(3) organizations that have							
	e organization answered "Yes," to Form							
	Section 501(c)(4), (5), or (6) organizations		o 000 <u></u> , , a	· •, • • • • · · · · · · · · · · · · ·				
	me of organization	3 Complete 1 art III		Employer de	entification number			
	RS RESEARCH INC			45-051				
		- 4: - 4: - 4: - 4: - 4: - 4: - 4: - 4:	504/-> :-					
		ization is exempt under secti			nization.			
1	Provide a description of the organization	's direct and indirect political campaigr	activities on bena	air or or in opposition to				
_	candidates for public office in Part IV							
2	Political expenditures · · · · · · ·							
3	Volunteer hours · · · · · · · · · · · · · · · · · · ·		• • • • • • • •					
Pa	rt I-B Complete if the organi	<u>ization is exempt under secti</u>	<u>on 501(c)(3). </u>					
1	Enter the amount of any excise tax incur			· ·				
2	Enter the amount of any excise tax incur							
3	If the organization incurred a section 495					XNo		
4a	Was a correction made? · · · · · · · · · · · · · · · · · · ·							
b	If "Yes," describe in Part IV							
Pa	rt I-C Complete if the organ	ization is exempt under secti	on 501(c), exc	ept section 501(c)(3	.).			
1	Enter the amount directly expended by the							
	activities · · · · · · · · · · · · · · · · · · ·			• • • • • • • • • • • • • • • • • • •				
2	Enter the amount of the filing organization	on's funds contributed to other organiza	ations for section					
	527 exempt function activities • • • •			· · · · · · • \$				
3	Total exempt function expenditures Add	l lines 1 and 2 Enter here and on Form	n 1120-POL,					
	line 17b			> \$				
4	Did the filing organization file Form 1120				· Yes	No		
5	Enter the names, addresses and employ							
•	organization made payments For each							
	the amount of political contributions rece							
	as a separate segregated fund or a politi							
	as a separate segregated fund of a point	Tadditor	Tar space is neede	sa, provide information in t	T			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of pol			
				filing organization's funds if none, enter -0-	contributions receive			
				Tanas ii tiette, etter	delivered to a sep	-		
					political organization			
743			 		none, enter -o			
(1)					ļ			
		<u> </u>	ļ		 			
(2)					j			
				 				
(3)								
			 	 	 			
(4)								
					 			
(5)					1			
			ļ	<u> </u>	1			
(6)								

	Lob	bying Expenditures	During 4-Year Ave	raging Period		
_	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Complete if the organization is exempt under section 501(c)(5), or section 501(c)(6). Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, line 3 is answered "Yes." Dues, assessments and semilar amounts from members 2a b Carryover for last year? 2a b Carryover form l	Pa	rt II-B. Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled F	orm	5768		
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Voluniteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? K Media advertisements? d Mailings to members, legislators, or the public? A Publications, or published or broadcast statements? g Direct contact with legislators, their staffs, government officials, or a legislative body? K Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? I Other activities? If "Yes," describe in Part IV. 1 Total Add lines 1 through 1i). 2 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 2 If "Yes," enter the amount of any tax incurred under section 4912 If If the filing organization incurred a section 4912 tax, did if file Form 4720 for this year? 2 Did the organization incurred a section 4912 tax, did if file Form 4720 for this year? 2 Did the organization incurred a section 4912 tax, did if file Form 4720 for this year? 2 Did the organization incurred a section 4912 tax, did if file Form 4720 for this year? 2 Did the organization incurred a section 4912 tax, did if file Form 4720 for this year? 2 Did the organization incurred a section 4912 tax, did if file Form 4720 for this year? 2 Did the organization incurred a section 4912 tax, did if file Form 4720 for this year? 2 Did the organization and the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." Dues, assessments and similar amounts from members 5 Section 162(e) nondeductible lobbying and political expenditures from the prior year? 2 Did the organization and the amount on line 2 exceeds the amount on line 3, what portion of the excess does the organization agree to carryove		(election under section 50 I(III)).	1	a)		(b)	
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i Other activities? If "Yes," describe in Part IV j Total Add lines to through 11 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying expenditures from the prior year? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? 3 Did section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 4 Current year 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	g		ļ				
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a Current year				1			
c Total	а			1			
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	b	Carryover from last year · · · · · · · · · · · · · · · · · · ·		2b			
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Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i	5	Taxable amount of lobbying and political expenditures (see instructions)		5		_	
	Com	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, I	ine 1ı				

SCHEDULE'O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

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MARS RESEARCH	INC		45-0513523
01. Description	on of other revenue (Par	t I, line 8)	
Description		Amount	
RAFFLE		2,888	
GOLF OUTING/ A	AUCTION	14,310	
02. List of gr	rants and similar amount	s paid (Part I, line 10)	
Activity	MEDICAL RESEARCH		
Grantee	NATIONAL MULTIPLE SCLE	ROSIS SOCIETY	
Address	8180 UNIVERSITY BLVD S	UITE B	
	CLIVE IA 50325		
Relationship	NONE		
Amount	65,000		
Activity	MEDICAL RESEARCH		
Grantee	NATIONAL MULTIPLE SCLE	ROSIS SOCIETY	
Address	8180 UNIVERSITY BLVD S	UITE B	
	Clive IA 50325		
Relationship	NONE		
Amount	60,000		
			
03. Description	on of other expenses (Pa	ert I, line 16)	
Description		Amount	
INTERNET		220	
BOARD MEETING	EXPENSE	476	

Schedule O (Form 990 or 990-EZ) (2010)		Page 2
Name of the organization		Employer identification number
MARS RESEARCH INC		45-0513523
LIABILITY INS	173	
BANK FEES	65	
	<u>. </u>	