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990 Form

Return of Organization Exempt From Income Tax

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

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.

1 1		2010 calendar year, or tax year beginning JUL 1, 2010 and end	dina J	UN 30, 2011	
			<u></u>	D Employer identif	
ap	heck if oplicable	C Name of organization		D Employer Identifi	iodiioii iidiiiboi
<u>۔</u> ا	Addres إ	CLEMSON UNIVERSITY RESEARCH FOUNDATION			
NA .	Jchange ⊺Name			57-0	750000
ا ما	Jchange ∏initiai		om/suite		
 	return Termin	realised and output (e	Mi/Suite	E Telephone number	·656-3630
:	ated Amend	1.0. Box 340			13,469,172.
ું∾ ¦	return Applica	Oity of town, state of country, and 211 1 4	- 1	G Gross receipts \$	
ام لــــ	Jtion pendin	CDEMSON, SC 25055 0540		H(a) Is this a group i	Yes X No
ထ		F Name and address of principal officer: CHARLES TEGEN	20	for affiliates? H(b) Are all affiliates in	
՚∽—		391 COLLEGE AVE., SUITE 401, CLEMSON, SC	527	· •	
] w <u> </u>	ax-exe	mpt status X 501(c)(3)	327		a list. (see instructions)
		e: WWW.CLEMSON.EDU/CURF] . V	H(c) Group exempte	M State of legal domicile: SC
			L Year o	or formation: 1904	M State of legal dofficile. BC
Ра		Summary	OTTO N	OE DROMOME	עווא א
စ္က	1 1	Briefly describe the organization's mission or most significant activities: TO ENCO	OURA	GE, PROMOTE	E AND
ᆲ		SUPPORT RESEARCH AT CLEMSON UNIVERSITY			
Governance		Check this box I if the organization discontinued its operations or disposition	Loftmode	Whan 25% of its net a	issets.
Š		Number of voting members of the governing body (Part VI, line 1a) REC.	FIA		21
8		Number of independent voting members of the governing body (Part VI, line 1b)		4	14
Activities &	5	Fotal number of individuals employed in calendar year 2010 (Part V, line 2a)	107	ក្ការ <u>ទំ</u>	0
iviti	6	Total number of volunteers (estimate if necessary)		6	21
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	BRAN	CH <u> 7a</u>	
	b l	Net unrelated business taxable income from Form 990-T, line 34	CDEN	7b	
				Prior Year	Current Year
O)	8	Contributions and grants (Part VIII, line 1h)		7,398,925	
nue	9 1	Program service revenue (Part VIII, line 2g)		800,143	
Revenue	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)		46,119	
т.	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,285,484	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,530,671	
15	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,666,631	
2015	14	Benefits paid to or for members (Part IX, column (A), line 4)	_ L_	0.	
C.X	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	ļ L_	438,426	
J Expenses	16a i	Professional fundraising fees (Part IX, column (A), line 11e)	,! L_	0.	0.
Σ <mark>8</mark>	b ·	Total fundraising expenses (Part IX, column (D), line 25)			
₹ <u>a</u>	17	Other expenses (Part IX, column (A), lines 11a-11d 19 -24n)	T \Box	4,354,292	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A)_line 25)		10,459,349	
£ 1.5	19	Revenue less expenses. Subtract line 18 from line 12 OCDEAL 117		2,071,322	983,509.
Assets or de Balances		् रिकेश्च कि ।	Be	ginning of Current Year	End of Year
lances.	20	Total assets (Part X, line 16)		15,737,682	16,781,543.
ASS BESS BESS BESS BESS BESS BESS BESS B	21	Total liabilities (Part X, line 26)		7,117,041	7,177,393.
E E	22	Net assets or fund balances. Subtract line 21 from line 20		8,620,641	
	irt II	Signature Block	<u> </u>		
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and	nd statem	ents, and to the best of r	my knowledge and belief, it is
	•	t, and complete, Declaration of preparer (other than officer) is based on all information of which			
		Viales a Va		12/20	2/14
Sigr	,	Signature of officer		Date	<u></u>
Her		CHARLES TEGEN, TREASURER			
1101	•	Type or print name and title		 ,	
-	-	Print/Type preparer's name Climboth Mariagn, Elizabeth Morrison	, 1	Date Check	PTIN
Paid		Print/Type preparer's name ELIZABETH MORRISON Climbon Morrison 2014 12 18 13 27 54	4 -05'00' 1	2/18/14 self-emplo	yed
	arer	Firm's name CHERRY BEKAERT LLP		Firm's EIN	,
	Only	Firm's address 1029 GREENE STREET		THIII S EIN	
096	Jilly	AUGUSTA, GA 30901		Phone no.	706-724-3557
	. Ale - 1º	RS discuss this return with the preparer shown above? (see instructions)		I none no.	X Yes No
May	, ind it	es meches this return with the orenater shown above? ISPP INSTRICTIONS			I E3 INU

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Pa	rt III Statement of Program Service Accomplishments	,
	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission.	
	OUR MISSION IS TO COMMERCIALIZE THE INTELLECTUAL PROPERTY OF C	
	UNIVERSITY THROUGH TECHNOLOGY TRANSFER, LICENSING AGREEMENTS A	ND NEW
	VENTURE FORMATIONS, AND ASSIST IN DEVELOPING A STRONG RESEARCH	<u> </u>
	INFRASTRUCTURE THROUGH DEVELOPMENT AND MANAGEMENT OF RESEARCH	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any 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		,006,205.
	RESEARCH GRANT MONEY IS RECEIVED FROM VARIOUS ORGANIZATIONS AN	
	TO ENCOURAGE, PROMOTE AND SUPPORT RESEARCH AND DEVELOPMENT AT	
	UNIVERSITY; TO SERVE CLEMSON UNIVERSITY BY PROMOTING INDUSTRY	
	CLEMSON UNIVERSITY RESOURCES; TO SERVE CLEMSON UNIVERSITY AS T	
	RECOGNIZED AGENT FOR CONDUCTING TECHNOLOGY COMMERCIALIZATION A	
	MANAGEMENT ACTIVITIES INVOLVING INTELLECTUAL PROPERTY GENERATE	D BY OR
	IN ASSOCIATION WITH CLEMSON UNIVERSITY.	
	CULR LLC, A (DISREGARDED ENTITY) SUBSIDIARY OF CURF, PROVIDES	
	FOR THE UNIVERSITY, ITS RELATED ORGANIZATIONS AND OTHER STATE	
	CAROLINA ENTITIES TO NATIONAL RESEARCH AND EDUCATION NETWORKS	USING
	SCALABLE HIGH SPEED FACILITIES BASED NETWORKS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		·
		4-11-2

4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		<u> </u>
 4d	Other program services. (Describe in Schedule O.)	
Tu	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 10,392,977.	
<u> </u>		

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3	l	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	ļ		ļ
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			ĺ
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			l
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		٠,	
	Part VI	11a	X	
D	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	aah	ł	х
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b	 	
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	 		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f_	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	.
4-	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	 	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			v
16	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ''		
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	- :-		<u></u> -
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	_	Х
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		<u> </u>
		Form	990 (i	2010)

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		7,	1
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		37	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		х	
	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040		х
L	Schedule K. If "No", go to line 25	24a 24b	_	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
U	any tax-exempt bonds?	24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	244		<u> </u>
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			.
0.4	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
32	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form !	990 (2	2010)

Form 990 (2010) CLEMSON UNIVERSITY RESEARCH FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

16 Enter the number reported in Box 3 of Form 1096, Enter-0-in not applicable 1a 5.9 Contribution to price without provided in the complex of the complex reported on Form W.3, Transmittal of Wage and Tax Statements. Contribution to price with backup withholding rules for reportable payments to vendors and reportable gaming (pambing) winnings to price within 60 of the calendar year ending with or within the year covered by the return of the calendar year ending with or within the year covered by the return of the set provided in the 2,0 did the organization file all required federal employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to of-file, (see instructions) 8 D dit the organization have unrelated business gross recome of \$1.000 or more during the year? 8 If "Yes," and filed a form 990-T for this year? If "No," provide an explanation in Schedule O. 9 If "Yes," and filed a form 990-T for this year? If "No," provide an explanation in Schedule O. 9 If "Yes," and filed a form 990-T for this year? If "No," provide an explanation in Schedule O. 9 If "Yes," and the during the calendary var. did the organization have interest in, or a signature or other authority over, a financial account in a foregin country." 9 If "Yes," and the properties of the foregrous ountry." 9 If "Yes," and the organization have a bank account, securities account, or other financial accounts? 5 Was the organization and party to a prohibited tax was or a party to a prohibited tax shelter transaction at any time during the tax year? 5 If "Yes," to line 6 are 61, did the organization file Form 8986.7? 5 If "Yes," to line 6 are 61, did the organization file Form 8986.7? 5 Organization bath may receive deductible ontributions under section 170(c). 9 If If "Yes," and the organization have around gross receives that are normally greater than \$100,000, and did the organization scale and party of the organization file organization file for a greater than 91 in the organization f		Check if Schedule O contains a response to any question in this Part V			X
be first the number of Forms W2G included in ler Al. Enter 0-4 not applicable C Dut the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, fold for the calendary year ending with or within the year covered by this return b if at least one is reported on line 2a, dot the organization file all required feederal employment tax returns? Note, if the calendary year ending value of the organization file all required feederal employment tax returns? Note, if the sum of lines 1 as and 2s organize than 250, you may be required to e-fife, (see instructions) 3b. Dd the organization have unrelated businesses gross income of \$1,000 or more during the year? 4c. At any time during the calendar year, did the organization in Section of the year or their authority over, a financial account in a foreign country (such as a bank account, securities account, or other funnical account)? b if Yess, "enter the name of the foreign country." 5c. Bee instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5c. Was the organization in purely to a prohibited tax sheller transaction at any time during the tax year? 5c. Was the organization in a purely to a prohibited tax sheller transaction at any time during the tax year? 5c. If Yess, "to list be organization that it was or is a parry to a prohibited tax sheller transaction or if yess, to list the service of the organization that it was or is a parry to a prohibited tax sheller transaction or if yess, to list the service of years and years are tax deductable? 5c. If Yess, "to list be organization in Form 8880.7? 6d. Does the organization shell we nearly service that a such contributions or glitts or years. The service of years are the service or years. The years of years are years and years are years. The years of years are years and years are				Yes	No
but the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) within payments to revendors and reportable gaming (gambing) withings to prace without payments of the payments	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 59			
Gambingly wrinings to prace winners? Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, liked for the calendar year ending with or within the year covered by this return by If at least one is reported on line 2a, did the organization life all required federal employment tax returns? Note, if the sum of lines 1 and 2a is greater than 250, you may be required to e-file, (see instructions) 3b. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c. Part of the calendar year, did the organization have an interest in, or a significant or other funancial accountry. 4a. A lary time during the calendar year, did the organization have an interest in, or a significant or other funancial accountry. 5c. Part of the calendar year, did the organization have an interest in, or a significant or other funancial accountry. 5c. Part of the calendar year, did the organization that it was or is a party to a prohibited tax cheller transaction? 5c. Party of the organization and the organization free from 88851? 5c. Party of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c. Party of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that many receive deductible contributions under section 170(c). 5c. Did the organization receive a payment in excess of \$5 made party as a contribution of any payment to the payment of the value of the goods or servoes provided? 5c. Did the organization receive any funds, directly or indirectly, or a personal benefit contract? 7c. X 7d. If the organization receive any funds, directly or indirectly, or a personal bene	b	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable	1		
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3a Dd the organization have unreated business gross income of St. 1000 or more during the year? 3a A X Tay time during the calendary year, did the organization have unitiresst in, or a segniture or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a A tary time during the calendary year, did the organization have initiresst in, or a segniture or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If Yes, "reter the name of the foreign country." 5c If Yes, "other the manner of the foreign country." 5c If Yes, "to line Sa or 5b, did the organization file Form 8888-1? 5c Dd any taxable party notify the organization file Form 8888-1? 5c Does the organization and party to a prohibited tax shelter transaction? 5c Dd is the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c Dd the organization state may receive deductible contributions under section 170(c). 6d Dd the organization state may receive deductible contributions under section 170(c). 7c Tyanizations that may receive deductible contributions under section 170(c). 8d Dd the organization state may receive deductible contribution and party for goods and services provided to the payor? 7a Dd the organization state may receive deductible organization and party for goods and services provided to the payor? 8d Dd the organization state may receive the doner of the value of the goods or services provided? 9d Dd th	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1	1	
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Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3			ı		
3 a but the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it field a Form 99-0.7 for this year? if "No," provide an explanation in Schedule O 3b b if "Yes," that it field a Form 99-0.7 for this year? if "No," provide an explanation in Schedule O 3b b if "Yes," the field a Form 99-0.7 for this year? if "No," provide an explanation in Schedule O 3b b if "Yes," the field a Form 99-0.7 for this year? if "No," provide an explanation in or of any advance or other authority over, a francial account; in a foreign country (such as a bank account, securities account, or other financial accounts? b if "Yes," the field a Form 10 F 100 22.1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form 1D F 100 22.1, Report of Foreign Bank and Financial Accounts b Was the organization that if was or is a party to a prohibited tax shelter transaction? c if "Yes," to line 5a or 5b, did the organization that if was or is a party to a prohibited tax shelter transaction? b If "Yes," to line 5a or 5b, did the organization life Form 898-7? c if "Yes," to line 5a or 5b, did the organization in life Form 898-7? Organization stat were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? b If "Yes," did the organization neceive a payment in excess of \$75 made party as a contribution of property for which it was required to life Form 8282? b If "Yes," did the organization neceive a payment in excess of \$75 made party as a contribution of organization received a contribution of carety or indirectly, to pay promiums on a personal benefit contract? 7b If the organization received a contribution of carety to indirectly, to pay promiums on a personal benefit contract? 7c If If If the organization received a contribution of carety to indirectly, to pay promiums on a personal benefit contract? 7d If the organization received a co	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	ļ	1
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14a Did the organization receive any payments for indoor tanning services during the tax year?					
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		· · · · · · · · · · · · · · · · · · ·	14a		Х
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

CLEMSON UNIVERSITY RESEARCH FOUNDATION Form 990 (2010) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions. \overline{X} Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 21 1a Enter the number of voting members of the governing body at the end of the tax year 1a **b** Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7a governing body? 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. Х 8a a The governing body? X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with those of the organization? X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this is done 12c X 13 13 Does the organization have a written whistleblower policy? Х Does the organization have a written document retention and destruction policy? 14 14 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? X a The organization's CEO, Executive Director, or top management official 15a X 15b b Other officers or key employees of the organization 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 Х 16a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►SC Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply X Another's website Upon request Own website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

CLEMSON

ASSOC. COMPTROLLER - 864-656-3630

ADMIN. SERVICES BLDG, 108 PERIMETER RD,

29634-5306

CHERYL DEAN,

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 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.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter-0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)	T .		(C				(D)	(E)	(F)
Name and Title	Average hours per	(c	heck	Posi all t			ly)	Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
GEORGE ACKER	1 00	<u> </u>							0	0
DIRECTOR-SECRETARY	1.00	X	_	X	_		_	0.	0.	0.
JOSEPH T BAILEY	1 00	l]							0
DIRECTOR	1.00	Х	1				_	0.	0.	0.
ANDREW B CAJKA	1	l					ŀ			•
DIRECTOR	1.00	Х			<u> </u>	_	ļ	0.	0.	0.
KATHY HARRIS										_
DIRECTOR	1.00	X	<u> </u>					0.	0.	0.
DOUGLAS HAUGH										
DIRECTOR	1.00	X	ļ					0.	0.	0.
DENNIS KEKAS		l								_
DIRECTOR	1.00	X	<u> </u>			L	_	0.	0.	0.
FRANK A. LANDGRAFF	1									
DIRECTOR-CHAIR	1.00	X	<u> </u>	Х	<u> </u>	<u> </u>		0.	0.	0.
L. GLASGOW LEWIS								_	_	_
DIRECTOR	1.00	X	L					0.	0.	0.
THOMAS B. MCTEER						1		_	_	_
DIRECTOR	1.00	X						0.	0.	0.
DAVID S. ROZENDALE		1						_		_
DIRECTOR	1.00	X			<u> </u>	<u> </u>		0.	0.	0.
THOMAS B. O'HANLAN									_	_
DIRECTOR	1.00	X					_	0.	0.	0.
DARRELL T. SCOTT				ŀ				_	_	_
DIRECTOR	1.00	X					_	0.	0.	0.
MARK WASSERMAN				•						_
DIRECTOR	1.00	X						0.	0.	0.
MICHAEL L. WATT	ļ		Ì	ļ						
DIRECTOR	1.00	X	_				_	0.	0.	0.
GERALD SONNENFIELD	1		Ì							
DIRECTOR	1.00	X	<u> </u>	L	<u>.</u>			0.	73,203.	7,283.
JAMES R. BOTTUM			Ì							
DIRECTOR	1.00	X				<u> </u>	_	0.	343,108.	39,075.
BRETT A DALTON										
DIRECTOR	1.00	X	1					0.	209,995.	32,445.

• 1										
Form 990 (2010) CLEMSO	N UNIVERS	[T]	<i>r</i> F	RES	SE <i>I</i>	ARC	CH	FOUNDATION	<u>57-0750</u>	000 Page 8
Part VII Section A. Officers, Directors	s, Trustees, Key Er	nplo	yee	s, a	nd ł	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average	l		Posi				Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	stee or director	ec lustrutonal trustee			Highest compensated Gemployee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
ESIN GULARI	1 00	x						0.	266,166.	15,839.
DIRECTOR	1.00	Α						· · ·	200,100.	13,037.
JOHN W. KELLY DIRECTOR	1.00	X						0.	240,191.	43,748.
MARTINE LABERGE										
DIRECTOR	1.00	Х						0.	208,484.	18,392.
THOMAS R. SCOTT DIRECTOR	1.00	x						0.	196,804.	36,450.
CHARLES TEGEN										
TREASURER (NON VOTING)	1.00	_		Х				0.	108,172.	23,277.
VINCIE ALBRITTON INTERIM EXCECUTIVE (NON VOTING)	22.50			х				0.	110,963.	19,409.
CARLA R RATHBONE DEPUTY CIO CU	1.00			х				0.	136,198.	27,962.
JAMES BARKER										
DIRECTOR (NON VOTING)	1.00					Х	<u> </u>	0.	393,857.	41,585.
CARON ST JOHN FORMER DIRECTOR	0.00						x	0.	63,623.	
1b Sub-total						┢	•	0.	2,350,764.	
c Total from continuation sheets to P	art VII, Section A					>		0.	329,321.	54,689.

compensation from the organization Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on Х 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization Х and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4

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

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

Section B. Independent Contractors

d Total (add lines 1b and 1c)

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

(A) Name and business address	(B) Description of services	(C) Compensation	
DORITY & MANNING P O BOX1449, GREENVILLE, SC 29602	ATTORNEYS	114,886	

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

365,341.

2,680,085.

		_	_				_	FOUNDATION	57-075	0000
Part VII Section A. Officers, Directors, Tru		mple	oyee			ligh	est			
(A) Name and title	(B) Average hours	(c		Pos all t			ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation from the organization and related organizations
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	
CHRISTIAN PRZIREMBEL			}		1		 		465 546	40.00
FORMER DIRECTOR	0.00	<u> </u>	_	_	<u> </u>	<u> </u>	Х	0.	165,316.	19,983
OSEPH KOLIS FORMER EXECUTIVE DIRECTOR (NON-VOTIN	0.00					_	х	0.	164,005.	34,70
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		_	-							
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		\vdash	_			_				
		_	_	H			_			
		<u> </u>	_							
otal to Part VII, Section A, line 1c		L	<u> </u>						329,321.	54,68

Page 9

Form 990 (2010)

Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512. revenue revenue 513, or 514 Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c 1d d Related organizations 1e 6,262,594 e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 6,262,594 h Total. Add lines 1a-1f Business Code 2 a RESEARCH CONTRACT 541700 **|1,237,287.|1,237,287**. Program Service Revenue ь RENTAL FEES FROM RESEA 541700 1,214,917.1,214,917. REGIONAL DYNAMICS ECON 57,550 57,550. d f All other program service revenue 2,509,754 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 25,812 25,812. other similar amounts) Income from investment of tax-exempt bond proceeds 937,274 937,274. 5 Royalties (i) Real (II) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV. line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less, direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MANAGEMENT FEES AND FA 541700 1,444,744.1,444,744. **b** COMPUTER SERVICE FEES 583,652. 541700 583,652. c REGISTRATION FEES 541700 561,938. 561,938. 541700 1,143,404.1,143,404. d All other revenue 3,733,738. Total. Add lines 11a-11d 13469172.6,243,492. Total revenue. See instructions. 963,086.

Form 990 (2010)

Part IX | Statement of Functional Expenses

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

	All other organizations must comp	olete column (A) but are).
	not include amounts reported on lines 6b, 3b, 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	6,306,045.	6,306,045.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	92,400.	92,400.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.	ļ		1	
	See Part IV, lines 15 and 16				···
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	·			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	-1-			
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes			-	
11	Fees for services (non-employees)	220 600	220 600		
а	Management	238,699. 205,379.	238,699.	202,072.	
b	Legal	205,373.	3,307.	202,072.	
	Accounting				
d	, ,	<u></u>			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other	1,156,562.	910,432.	246,130.	
g 12	Advertising and promotion	1,350.	850.	500.	
13	Office expenses	75,693.	24,893.	50,800.	
14	Information technology	11,220.	11,220.		
15	Royalties	78,105.	70,858.	7,247.	
16	Occupancy	1,216,286.	707,381.	508,905.	
17	Travel	28,302.	9,731.	18,571.	
18	Payments of travel or entertainment expenses	-			
	for any federal, state, or local public officials	4 4 4 4 4		44.50	
19	Conferences, conventions, and meetings	65,678.	54,519.	11,159.	
20	Interest	173,295.		173,295.	
21	Payments to affiliates	490,916.	209,050.	281,866.	
22	Depreciation, depletion, and amortization	32,526.	5,565.	26,961.	
23	Insurance	32,320.	3,303.	20,901.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)				
_	amount, list line 24f expenses on Schedule 0.) CURF PROGRAMS-DIRECT CO	1,187,478.	782,853.	404,625.	
a h	CURF PROGRAMS-INDIRECT	965,174.	965,174.	10170251	
D	PATENT FEES	93,259.	303,271	93,259.	
d	OTHER EXP/LOSS MISCELLA	67,296.		67,296.	
e				, -	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	12,485,663.	10,392,977.	2,092,686.	0.
26	Joint costs. Check here I If following SOP				
	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form 990 (2010)

Part X Balance Sheet (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 7,345,361. 7,315,463. 2 2 Savings and temporary cash investments 326,111. 344,256. 3 3 Pledges and grants receivable, net 1,711,518. 2,541,993. 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instructions) Notes and loans receivable, net 7 Inventories for sale or use 8 152,522. 156,332. 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment; cost or other 8,527,539. basis. Complete Part VI of Schedule D 10a 3,868,406. 5,044,953. 4,659,133. b Less, accumulated depreciation 10b 10c 11 11 Investments - publicly traded securities Investments - other securities. See Part IV. line 11 12 13 Investments - program-related See Part IV, line 11 13 1,139,072.1,782,511. 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 15,737,682. 16,781,543. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,007,198. 2,053,646. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 2,059,652. 2,119,050. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 2,974,437. 2,968,481. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 75,754. 36,216. 25 Other liabilities Complete Part X of Schedule D 25 7,117,041. 7,177,393. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 3,233,127. 3,272,955. 27 Unrestricted net assets 27 5,387,514. 6,331,195. Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 8,620,641. 9,604,150. 33 Total net assets or fund balances 33 15,737,682. 16,781,543. Total liabilities and net assets/fund balances 34

Form 990 (2010)

Both consolidated and separate basis

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

separate basis, consolidated basis, or both. X Separate basis Consolidated basis

Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Х Form 990 (2010)

Х

2c

За

3b

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		CLEMSON	UNIVERSITY	RESEA	RCH F	OUNDA	TION		5	7-0750000			
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	tructions.					
he organi			because it is. (For lines 1										
1		•	s, or association of church					_					
2 🗔			'0(b)(1)(A)(II). (Attach Sc				(~)(-)(-)	.•					
3 🗔			tal service organization of	,		170/h\/1\	/ A \/;;;)						
		•	· ·					/L.V.4.V.A.V.;	:\	the beautel's name			
4 📖			operated in conjunction	with a nos	pitai desci	ribea in se	ction 170	(D)(T)(A)(II	ı). Enter i	tne nospitai s name,			
	city, and stat												
5 📖	•	•	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describ	ed in			
	section 170(b)(1)(A)(iv). (Complete Part II.)												
6 🖳	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in												
	section 170(b)(1)(A)(vi). (Comple	te Part II)										
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi). ((Complete	Part II.)								
9 📖	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, a	nd gross receipts from			
	activities rela	ted to its exempt fur	nctions - subject to certa	un excepti	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross investment			
	income and u	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization	after June 30, 1975.			
	See section	509(a)(2). (Complete	Part III.)										
10 🔲			perated exclusively to te	st for publ	c safety. S	See sectio	n 509(a)(4	l).					
11 X	An organizat	on organized and or	perated exclusively for th	ne benefit (of, to perfo	orm the fu	nctions of	or to carr	y out the	purposes of one or			
			ations described in section										
			organization and comple		•	. , ,	,	•					
	a Type		 -	Х Тур	_		egrated		dС	Type III - Other			
e 🗀	• • •		t the organization is not			•	_	r more disi		• •			
-	-		han one or more publicly										
		-	ten determination from t						(a)(1) UI	section 505(a)(z).			
f	_			ine ino ina	at it is a 1y	pe i, Type	ii, or Type	3 111					
		rganization, check th					-645 - 6-11		0				
g	-		organization accepted ar			•							
			irectly controls, either al	one or tog	etner with	persons c	sescribed	ın (ii) and (III) below				
	•	• •	upported organization?							11g(i) X			
	•	•	n described in (i) above?		_					11g(ii) X			
			person described in (i) of							11g(iii) X			
h	Provide the f	ollowing information	about the supported org	ganızatıon	(s).								
		·····	(10) T (·							
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) Is organizatio	the	(vii) Amount of			
orga	ınızation		(described on lines 1-9		sted in your		ion in col.	(i) organız	ed in the	support			
			above or IRC section		document?		support?	U.S	.7				
			(see instructions))	Yes	No	Yes	No	Yes	No				
CLEMS													
JNIVE	RSITY	57-6 <u>00</u> 0254	IRC 115	X		X		X		5,122,876.			
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					-								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

5,122,876.

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.)

Sec	ction A. Public Support						
Cale	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				ł		
	ınclude any "unusual grants.")]			
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			1	ļ		
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			ļ			
4	Total. Add lines 1 through 3		1				
5	The portion of total contributions		-	****			
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		1				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support		<u>. </u>	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	(4) 2000	(2) 200.	(0,000	(-7.555	(=)==:=	(7, 1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
8	Gross income from interest,						
·	dividends, payments received on		1				
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain		-	 	 		
.0	-					ļ	
	or loss from the sale of capital assets (Explain in Part IV.)					1	
44	Total support. Add lines 7 through 10			 	·	 	
	* *	oto (ann instruct	L	<u> </u>	<u> </u>	12	
12	,	•	•	rd fourth or fifth +	ay year as a sact	L	
13	First five years. If the Form 990 is for	=	s arst, second, thi	ra, rourer, or men t	an year as a secti	JII JU I (C)(J)	
Se	organization, check this box and storetion C. Computation of Publ	ic Support Pe	rcentage			· 	
	Public support percentage for 2010 (I			column (fl)	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	14	%
	Public support percentage from 2009		•			15	
	33 1/3% support test - 2010.If the o			n line 13, and line	14 is 33 1/3% or r		
100	stop here. The organization qualifies	-			14 13 00 17070 01 1	nore, ericek triis be	^ und
.	33 1/3% support test - 2009.If the o		~		l lina 15 is 33 1/30	or more check th	is hov
	and stop here. The organization qual				11116 13 13 03 1707	of more, check th	13 DOX
17-	10% -facts-and-circumstances tes				13 16a or 16b	and line 14 is 1004	or more
112		-					
	and if the organization meets the "factorization meets" meets the "factorization meets the "fact					art iv now the organ	IIZALION _
1	meets the "facts-and-circumstances"	_				170 and less 45 (=)	1004 or
C	10% -facts-and-circumstances tes						
	more, and if the organization meets the				•		,
10	organization meets the "facts-and-circ		=				
10	Private foundation. If the organization	n did not check a	box on line 13, 16	oa, 100, 17a, or 17		and see instruction	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I 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.)

quality under the tests listed be Section A. Public Support	low, please com	piete Part II)				
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and	(4) 2000	(5) 2001	(6) 2000	(4) 2000	(0) 2010	(1) 10.01
membership fees received. (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						_
ization's benefit and either paid to						:
or expended on its behalf						
5 The value of services or facilities						-
furnished by a governmental unit to						
the organization without charge		1				
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and					1	_
3 received from disqualified persons		1				
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that		1]			
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			1			
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		•				
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(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						
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.)			ŀ			
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the	the organization'	s first, second, thii	d, fourth, or fifth ta	ax vear as a section	on 501(c)(3) organiz	ation.
check this box and stop here			, ,	•	(,,)	→ □
Section C. Computation of Public	c Support Pe	rcentage				
15 Public support percentage for 2010 (lir	ne 8, column (f) d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2009					16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 201			ne 13, column (f))		17	%
18 Investment income percentage from 26					18	%
19a 33 1/3% support tests - 2010. If the o	organization did r	not check the box	on line 14, and line	15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an	d stop here. The	e organization qua	ifies as a publicly s	supported organiz	ation	ightharpoons
b 33 1/3% support tests - 2009. If the o	organization did r	not check a box or	line 14 or line 19a	i, and line 16 is m	ore than 33 1/3%, a	and
line 18 is not more than 33 1/3%, chec	k this box and s	top here. The orga	anization qualifies a	as a publicly supp	orted organization	▶ <u></u>
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	ns box and see in	structions	▶└┘॒

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.

2010
Open to Public Inspection

Name of the organization

CLEMSON UNIVERSITY RESEARCH FOUNDATION

Employer identification number 57 - 0750000

organization answered "Yes" to Form 990, Part IV, line 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 property, subject to the organization's exclassive legal control? 5 Did the organization inform all disprints, and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclassive legal control? 6 Did the organization inform all grantess, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimental properties to the organization (check all that apply). Part II Conservation Easements. Complete if the organization (check all that apply). Proservation of land for public use (e.g., recreation or education) Preservation of an histonically important land area Protection of Instural habitat Preservation of pan space 2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement in the did not in the property subject to conservation easements to accept the space of the tax year. a Total number of conservation easements modified in (a) 0 Number of conservation easements included in (a) 1 (a) 2	Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
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 in some and donor advisors in writing that the assets held in donor advised funds are the organization's recolars of the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable private benefit? Part II Conservation Easements. Complete if the organization (check all that apply). Preservation of and for public use (e.g., recreation or education) Preservation of and for public use (e.g., recreation or education) Preservation of and for public use (e.g., recreation or education) Preservation of and the search and the preservation of a conservation easement is held by the organization (check all that apply). Preservation of organization and the preservation of a certified historic structure included in (a) and in the form of a conservation easement organization held a qualified conservation contribution in the form of a conservation easement organization held a qualified conservation contribution in the form of a conservation easement organization held a qualified conservation organization of a certified historic structure isted in the National Register a Total number of conservation easements is not a certified historic structure included in (a) Number of conservation easements in societies of the National Register Number of conservation easements in societies of the National Register Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in this revenue and expense statement, and balance sheet, a		organization answered "Yes" to Form 990, Part IV, lin	e 6.	
2 Aggregate contributions to (during year) 3 Aggregate contributions to (during year) 4 Aggregate value at end of year 5 Did the organization informal idinoris and donor advisors in writing that the assets held in donor advised funds are the organization informal ill grantees, donors, and donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable private benefit? Part II Conservation Easements. Complete if the organization (check all that apply).			(a) Donor advised funds	(b) Funds and other accounts
2 Aggregate contributions to (during year) 3 Aggregate contributions to (during year) 4 Aggregate value at end of year 5 Did the organization informal idinoris and donor advisors in writing that the assets held in donor advised funds are the organization informal ill grantees, donors, and donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable private benefit? Part II Conservation Easements. Complete if the organization (check all that apply).	1	Total number at end of year		
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Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the footnote to the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts required	4	Number of states where property subject to conservation ea	sement is located >	
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 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. Revenues included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items 				☐ Yes ☐ No
Boos each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 State of the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	luring the year ▶
Boos each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 State of the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	7		_	
and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. In If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. If the organization form 990, Part VIII, line 1 In It is a provided in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	8			
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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items			•	
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the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items		historical treasures, or other similar assets held for public exl	hibition, education, or research in furthera	ance of public service, provide, in Part XIV,
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items		the text of the footnote to its financial statements that descri	bes these items.	
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relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items				
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(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items		-		> \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items				> \$
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	2		asures, or other similar assets for financia	al gain, provide
				<u> </u>
b Assets included in Form 990, Part X	а		• • • • • • • • • • • • • • • • • • •	> \$
	b			▶ \$

Schedule D (Form 990) 2010 CLEMSON	UNIVERSITY	RESEARCH	FOUNDATION
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Pa	rt III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that	it are a s	significant use	of its colle	ction item	IS
	(check all that apply).									
а	Public exhibition	d	· 🖳	Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exe	empt purpose i	n Part XIV	!.	
5	During the year, did the organization solicit of	r receive donations	of art, h	storical trea	sures, or oth	er sımıla	ır assets			_
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's co	ollection?			Ye	s	No_
Par	rt IV Escrow and Custodial Arran	gements. Comple	ete if the	e organizatio	on answered	"Yes" to	Form 990, Pa	rt IV, line 9		
	reported an amount on Form 990, Pa	rt X, line 21.				_				
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other as	sets no	t included			_
	on Form 990, Part X?							X Ye	es 🗀	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	flowing	table:						
								Am	ount	
С	Beginning balance						1c		18,6	$\overline{14.}$
d	Additions during the year						1d			
е	Distributions during the year						1e		3,0	
f	Ending balance						1f		15,5	46.
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					Ye	s X	No
b	If "Yes," explain the arrangement in Part XIV									
Par	rt V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line	10.			
		(a) Current year	(b) F	rior year	(c) Two year	s back	(d) Three years	back (e)	Four years	back
1a	Beginning of year balance					_				
b	Contributions				i		-			
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities]		
	and programs									
f	Administrative expenses					-				
g	End of year balance				<u> </u>					
2	Provide the estimated percentage of the year	r end balance held a	as:							
а	Board designated or quasi-endowment		%							
b	Permanent endowment	<u> </u>	_							
С		 _								
	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ınd admınıste	red for	the organizatio	n		
	by.	Ü					Ŭ		Yes	No
	(i) unrelated organizations							[3	a(i)	
	(ii) related organizations								a(ii)	
b	If "Yes" to 3a(II), are the related organizations	s listed as required o	n Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the							_		
Par	rt VI Land, Buildings, and Equipm									
	Description of investment	(a) Cost or o			or other	(c) A	ccumulated	(d)	Book value	
	·	basis (investr			(other)		preciation	`-'		
1a	Land				8,733.			1.	228,7	33.
	Buildings				9,699.	3,	295,901		843,7	
	Leasehold improvements				4,638.		249,807		564,8	
d	Equipment				4,469.		322,698		21,7	
	Other							 	,	
	I. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part	X. colur	nn (B), line 1	1 10(c))		<u> </u>	4	659,1	33.
			, 23,21	1 -7,	1-7/		Sche		orm 990)	

Part VII Investments - Other Securities. Se	e Form 990, Part X, II	ne 12.		
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valua at or end-of-year mar	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)			· · · · · · · · · · · · · · · · · · ·	
(E)			-	
(F)		· · · · · · · · · · · · · · · · · · ·	 	
(G) (H)			 	
(1)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. S	ee Form 990, Part X,	line 13.		
(a) Description of investment type	(b) Book value		(c) Method of valua st or end-of-year mar	
(1)				-
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15			
	Description		-	(b) Book value
(1)	• • • • • • • • • • • • • • • • • • • •			
(2)				
(3)		-1,		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line				
Part X Other Liabilities. See Form 990, Part X,	line 25.	(b) Amount		
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes (2) DEPOSITS HELD FOR OTHERS		36,216.		
		30,210.		
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 25)	36,216.		- VAV - A ANIXIA PAR CONTACT
2. FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to	o the organization's financial	statements that reports the organi	zadon s liability for uncerta	in tax positions under
032053 12-20-10			Sch	edule D (Form 990) 2010

	edule D (Form 990) 2010 CLEMSON UNIVERSITY RESEARCH FOUNDATI			0750000	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Finan	cial S	tatemen		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		13,469	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		12,485	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		983	,509
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 Dat	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 't XII Reconciliation of Revenue per Audited Financial Statements With Reve	10	or Dotum		,509
		nue p		13,469	172
1	Total revenue, gains, and other support per audited financial statements		1	13,409	,1/2
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
a	Net unrealized gains on investments 2a				
b	Donated services and use of facilities 2b				
C	Recoveries of prior year grants 2c				
ď	Other (Describe in Part XIV.)		_		0
e	Add lines 2a through 2d		2e	12 460	172
3	Subtract line 2e from line 1		3	13,469,	, 1 / 2 .
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b		i		
b	Other (Describe in Part XIV.)				0
C	Add lines 4a and 4b Total reviews Add lines 2 and 4a (This must arrive Form 900, Part I line 10.)		4c	13,469,	172
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) It XIII Reconciliation of Expenses per Audited Financial Statements With Expe	neae			, 1 / 2 .
1	Total expenses and losses per audited financial statements	11363		12,485,	663
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1	12,405,	, 005.
a	Donated services and use of facilities 23.			: I	
				I	
b C					
d	- 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	Other (Describe in Part XIV) Add lines 2a through 2d		 ,,		0.
3	Subtract line 2e from line 1		2e 3	12,485,	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		3	12,403,	, 005.
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV.)				
	Add lines 4a and 4b		4c		0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	12,485,	
	t XIV Supplemental Information			22,200,	
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV lir	es 1h and 3	2h Part V line	4· Part
	e 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to pro				,,,
PAF	RT IV, LINE 1B: SECURITY DEPOSITS HELD IN ESCROW FOR	TEI	ÍANTS		
PAF	RT X, LINE 2: THE FINANCIAL STATEMENTS ARE PREPARED	IN A	ACCORD	ANCE	
				·	
riw	TH THE GOVERNMENTAL ACCOUNTING STANDARDS BOARD.				
			-		
				<u>-</u>	

SCHEDULE (Form 990)

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

Open to Public Inspection

57-0750000

2 |

X Yes

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

Employer identification number ► Attach to Form 990. CLEMSON UNIVERSITY RESEARCH FOUNDATION General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection

criteria used to award the grants or assistance?

Part I

	IV, line 21, for any	ded •	(h) Purpose of grant or assistance
	res" to Form 990, Part	additional space is nee	(g) Description of non-cash assistance
	Janization answered "Y	l can be duplicated if a	(f) Method of valuation (book, FMV, appraisal, other)
d States.	Complete if the org	nan \$5,000. Part l	(d) Amount of (e) Amount of cash grant non-cash assistance
funds in the Unite	e United States. (nt received more th	(d) Amount of cash grant
oring the use of grant	d Organizations in th	box if no one recipiei	(c) IRC section if applicable
scedures for monit	Governments and	55,000. Check this	(b) EIN
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	Part II 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	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	(a) Name and address of organization or government
2	Par		=

recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	5,000. Check this	box if no one recipien	t received more th	an \$5,000. Part II	l can be duplicated if a	additional space is nee	ded P
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							ADVANCE GAS TURBINE
UNIVERSITY OF PITTSBURGH							SYSTEMS RESEARCH HIGH
350 THACKERY HALL							EFFICIENCY ENGINES AND
PITTSBURGH, PA 15260	25-0965591	IRC 115	61,701.	0	0.BOOK VALUE		TURBINES;
							ADVANCE GAS TURBINE
GEORGIA TECH RESEARCH CORPORATION							SYSTEMS RESEARCH HIGH
505 10TH STREET							EFFICIENCY ENGINES AND
ATLANTA, GA 30332	58-0603146	IRC 501(C)(3)	32,046.	0.	0.BOOK VALUE		TURBINES; TURBULENT FLAME
							ADVANCE GAS TURBINE
VIRGINIA POLYTECHNIC INSTITUTE							SYSTEMS RESEARCH HIGH
201 SOUTHGATE CENTER							EFFICIENCY ENGINES AND
BLACKSBURG, VA 24061	54-6001805	IRC 115	129,537.	0.	BOOK VALUE		TURBINES; AERO LOSSES,
							ADVANCE GAS TURBINE
UNIVERSITY OF CALIFORNIA, SANTA							SYSTEMS RESEARCH HIGH
BARBARA - 3227 CHEADLE HALL -							EFFICIENCY ENGINES AND
SANTA BARBARA, CA 93106-2050	95-6006145	IRC 115	18,983.	0.	0.BOOK VALUE		TURBINES; EVALUATION
UNIVERSITY OF COLORADO	-						ADVANCE GAS TURBINE
574 UCB							SYSTEMS RESEARCH HIGH
BOULDER, CO 80309-0574	84-6000555	IRC 115	61,562.	0.	0.BOOK VALUE		EFFICIENCY ENGINES AND
UNIVERSITY OF TEXAS, AUSTIN							ADVANCE GAS TURBINE
101 EAST 27TH STREET, SUITE 4300 RM							SYSTEMS RESEARCH HIGH
AUSTIN, TX 78713-7720	74-6000203	IRC 115	130,803.	0.	0.BOOK VALUE		EFFICIENCY ENGINES AND

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2010)

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Page 1

Schedule I (Form 990) CLEMSON UNIVERSITY RESEARCH FOUNDATION

Schedule 1 (Form 990) MIVERSITY CYBERINSTITUTE INTEGRATING CAMPUS-BASED DOE (8206976)- CLEMSON NSF - EPSCOR (8207489)-EXPANDING AND IMPROVING (h) Purpose of grant or assistance RESEARCH ON MULTIPLE AN EPSCOR DESKTOP TO THE C-LIGHT REGIONAL TERAGRID ECOSYSTEM: LEMSON UNIVERSITY NSF (8207999) -OPTICAL NETWORK YBERINSTITUTE ROJECTS (g) Description of non-cash assistance Part II 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) 0 BOOK VALUE 0.BOOK VALUE 0.BOOK VALUE 0.BOOK VALUE (e) Amount of non-cash assistance (d) Amount of cash grant 127,077. 320,494. 5,122,876. 300,965. (c) IRC section if applicable IRC 115 57-6000254 84-1496755 84-1496755 43-1854210 (p) EIN ADMIN SERVICES BLDG, 108 PERIMETER (a) Name and address of organization or government CHARTER BUSINESS NETWORKS CLEMSON, SC 29634-5306 12405 POWERSCOURT DR ST. LOUIS, MO 63131 CLEMSON UNIVERSITY 60 COLUMBUS CIRCLE 60 COLUMBUS CIRCLE NEW YORK, NY 10023 NEW YORK, NY 10023 TIME WARNER TIME WARNER H

57-0750000

Schedule I (Form 990) (2010) CLEMSON UNIVERSITY RESEARCH FOUNDATION

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

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

(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
NDUSTRIAL INTERNSHIPS; ADVANCE GAS TURBINE	13	92,400.	.0	0.BOOK	
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the informatio	n required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: GRANT	FUND EXP	EXPENDITURES	ARE REVIEWED	ЕО ВУ А	
PRINCIPAL INVESTIGATOR (PI) FOR COMPLI	MPLIANCE	WITH THE	TERMS OF T	THE GRANT, AND	
TO ENSURE THEY ARE REASONABLE AND ALLOWABLE	ALLOWABL	. PI'S	ERTIFY THA	CERTIFY THAT ALL SALARY	
AND FRINGE BENEFIT CHARGES ARE ACCURAT	<u>ы</u>	A SAMPLE O	OF EXPENDITURES	URES IS	
FURTHER REVIEWED BY THE ORGANIZATION.	ON. THE		ORGANIZATION MONITORS	RS ALL	
SUDGETS AND EXPENDITURES TO ENSURE	THAT THEY	EY OCCUR ONLY	IN	BUDGETED	
CATEGORIES. THE ORGANIZATION OBTAINS	INS A COPY	PY OF A-133	3 AUDIT OF	ALL	
SUB-RECIPIENTS AND IF THERE ARE ANY	Y FINDINGS,		TAKES APPROPRIATE	E ACTION.	

Schedule (Form 990) 2010 CLEMSON UNIVERSITY RESEARCH FOUNDATION 57-0750000 Page 2 Part IV Supplemental Information
TURBINES; HIGH PRESSURE KINETICS OF SYNGAS AND NEARLY PURE HYDROGEN FUELS
NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF TEXAS, AUSTIN
(H) PURPOSE OF GRANT OR ASSISTANCE:
ADVANCE GAS TURBINE SYSTEMS RESEARCH HIGH EFFICIENCY ENGINES AND
TURBINES; DEVELOPMENT AND USAGE OF A NEW METHODOLOGY FOR SIMULATING
PARTICLE AND MITIGATING DEPOSITION EFFECTS IN THE HOT GAS PATH
NAME OF ORGANIZATION OR GOVERNMENT: TIME WARNER
(H) PURPOSE OF GRANT OR ASSISTANCE: NSF - EPSCOR (8207489)- AN EPSCOR
DESKTOP TO TERAGRID ECOSYSTEM: INTEGRATING CAMPUS-BASED WITH NATIONAL
CYBERINFRASTRUCTURE

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

CLEMSON UNIVERSITY RESEARCH FOUNDATION

Employer identification number 57-0750000

Questions Regarding Compensation Yes No 1a 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 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 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 Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment from the organization or a related organization? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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: a The organization? b Any related organization? X 5b 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. a The organization? Х 6a X b Any related organization? 6b 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 Х 7 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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III X 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2010

CLEMSON UNIVERSITY RESEARCH FOUNDATION Schedule J (Form 990) 2010

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) Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 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 VII, line 1a.

		(B) Breakdown of W-2	W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(0)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Nontaxable benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
	Θ	0	0	0	0	0	0	0
1 JAMES R. BOTTUM	: <u>(i</u>	343,108.	0	0	32,561.	6,514.	382,183.	0
	Ξ			0		0	0	0
2 BRETT A DALTON	(ii)	209,815.		180.	27,658.	4,787.	242,440.	0
	(i)		0	0		0		0
3 ESIN GULARI	Ξ	266,166.	0	0	11,250.	4,589.	282,005.	0
1	Ξ	0.000	0	0 0	,		ľ	0
4 JOHN W. KELLY	3	239,004.	0	1,187.	31,652.	12,096.	283,939.	0
	Ξ	- 1	0	0	- 1	0	- 1	0
5 MAKTINE LABERGE	Ξ:	207,809		675.	10,552.	7,840.	226,876.	0
THOMAS R. SCOTT	3	195 927		0 2 2 2	080 90	10 370	733 254	
	3	~ I				١-	٠.	
7 CARLA R RATHBONE	E (E	136,198.		0	18,491.	9,471.	164,160.	0
	(i)	1	0	0		0	0	0
8 JAMES BARKER	(ii)	391,639.	0	2,218.	29,781.	11,804.	435,442.	0
	(1)		0	0		0		0
9 CARON ST JOHN	(E)	63,571.	0	52.	3,206.	1,981.	68,810.	0
	€	0	0	0	٠ ا			0
10 CHRISTIAN PRZIREMBEL	3	165,316.	0	0	16,031.	3,952.	185,299.	0
STICA HUDSOI ::	€ ;	164 00E		0			100 111	0
- 1	3	-1	0	0	24,403.	12,43/.	-	0
12	Ξ							
	(i)							
13	▣							
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14	Ξ							
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15								
	Ξ							
16	<u> </u>				_			

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010 CLEMSON UNIVERSITY RESEARCH FOUNDATION Part III Supplemental Information	57-0750000 Page 3
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.	art for any additional information.
PART I, LINE 3:	
COMPENSATION OF THE EXECUTIVE DIRECTOR -	
THE BOARD OVERSEES THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR IS AN	
EMPLOYEE OF CLEMSON UNIVERSITY AND HIS COMPENSATION IS DETERMINED THROUGH	
THE UNIVERSITY'S HUMAN RESOURCES DEPARTMENT WITHIN THE GUIDELINES	
ESTABLISHED BY THE STATE OF SOUTH CAROLINA.	
THE FOLLOWING CLEMSON UNIVERSITY RESEARCH FOUNDATION BOARD MEMBERS ARE	
EMPLOYEES OF CLEMSON UNIVERSITY:	
CARON ST JOHN - CLEMSON UNIVERSITY EMPLOYEE-RESIGNED 2010	
JAMES R BOTTUM - CLEMSON UNIVERSITY EMPLOYEE	
BRETT A DALTON - CLEMSON UNIVERSITY EMPLOYEE	
ESIN GULARI - CLEMSON UNIVERSITY EMPLOYEE	
JOHN W KELLY - CLEMSON UNIVERSITY EMPLOYEE	
MARTINE LABERGE - CLEMSON UNIVERSITY EMPLOYEE	
CHRISTAIN E G PRZIREMBEL - CLEMSON UNIVERSITY EMPLOYEE - RETIRED 2010	
THOMAS R SCOTT - CLEMSON UNIVERSITY EMPLOYEE	
	Schedule J (Form 990) 2010

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

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

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

	CLE	MSON U	NIV	ERS	ITY F	RESEARC	H FOUNDATIC	N	5	<u> 7 – 0 7</u>	<u>5000</u>	0	_
Part I	Excess Benefit	Transacti	ons (sectio	n 501(c)(3) and sectio	n 501(c)(4) organizatio	ns only).	,			-	
	Complete if the organ	nization ansv	vered '	'Yes"	on Form	990, Part IV,	line 25a or 25b, or Foi	m 990-E	Z, Part	V, line 40	b		
1	(a) Niana a (alaa						(L) December		-4			(c) Corr	ected?
	(a) Name of disc	qualified per	son				(b) Description	or transa	ction			Yes	No
						-							
2 Enter	the amount of tax impo	sed on the o	organiz	ation i	manager	s or disqualif	ied persons during the	year un	der				
section	on 4958									-			
3 Enter	the amount of tax, if an	y, on line 2,	above,	reimb	oursed by	the organiza	ation			▶ \$	_		
	·- 												
Part II	Loans to and/or	From Int	erest	ed P	ersons	3.							
	Complete if the organ				on Form	990, Part IV,	line 26, or Form 990-E	Z, Part \	/, line 38			,	
	ame of interested	(b) Loan i			(c) Origii	nal principal	(d) Balance due		ln	by bo	roved ard or	(g) W	
per	son and purpose	the orga	nizatioi	n?	ar	nount		defa	ult?	cómm	ittee?	agreer	nent?
		То	Fro	m				Yes_	No	Yes	No	Yes	No_
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lotal			41-1			<u> </u>		<u></u>		<u></u>		<u></u>	
Part III	Grants or Assist	tance Bei	nefitii	ng In	tereste	ed Person	S.						
	Complete if the organ	nization ansv	vered '	'Yes"	on Form	990, Part IV,	line 2 <u>7,</u>						
((a) Name of interested p	erson			(b) Relati	onship betw	een interested person	and				d type of	·
						the or	ganization				assistan		
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

Page 2

Schedule L (Form 990 or 990-EZ) 2010

Part IV | Business Transactions Involving Interested Persons.

Complete if the organization answered	l "Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of zation's nues?
				Yes	No
OMNIBOND SYSTEMS, LLC	DIRECTOR	386,928.	MR. JAMES E	3	Х
OMNIBOND SYSTEMS, LLC	DIRECTOR	345,799.	MR. JAMES E	3	X
	1				
				i	
					
					
				 	
Dort V Complemental Information					<u>. </u>

| Part V | Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

- (A) NAME OF PERSON: OMNIBOND SYSTEMS, LLC
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

- (C) AMOUNT OF TRANSACTION \$ 386,928.
- (D) DESCRIPTION OF TRANSACTION: MR. JAMES BOTTUM, THE CHIEF INFORMATION
 OFFICER OF CLEMSON UNIVERSITY, BECAME AN OWNER IN OMNIBOND SYSTEMS, LLC
 IN OR AROUND 2006. MR. BOTTUM SERVED ON THE CURF BOARD OF DIRECTORS FROM
 JUNE 2007 UNTIL JULY 2012. OMNIBOND SYSTEMS, LLC IS A START-UP COMPANY
 FORMED IN 1999 BY INDIVIDUALS WORKING AT CLEMSON UNIVERSITY, WHO CREATED
 CERTAIN SOFTWARE OWNED BY CLEMSON AND ASSIGNED TO CURF. PURSUANT TO A
 LICENSE AGREEMENT EXECUTED ON MAY 31, 1999, OMNIBOND SYSTEMS, LLC
 LICENSED THE SOFTWARE FROM CURF TO COMMERCIALIZE IN THE PUBLIC MARKET AND
 REMIT ROYALTIES BACK TO CURF. MR. BOTTUM WAS NOT AN OWNER IN OMNIBOND
 SYSTEMS, LLC WHEN THE LICENSE AGREEMENT WAS PUT IN PLACE IN 1999.

 (E) SHARING OF ORGANIZATION REVENUES? = NO
- (A) NAME OF PERSON: OMNIBOND SYSTEMS, LLC
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

Schedule L (Form 990 or 990-EZ) 2010 CLEMSON UNIVERSITY RESEARCH FOUNDATION 57-0750000 Page 2
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions)
(C) AMOUNT OF TRANSACTION \$ 345,799.
(D) DESCRIPTION OF TRANSACTION: MR. JAMES BOTTUM, THE CHIEF INFORMATION
OFFICER OF CLEMSON UNIVERSITY, BECAME AN OWNER IN OMNIBOND SYSTEMS, LLC
IN OR AROUND 2006. MR. BOTTUM SERVED ON THE CURF BOARD OF DIRECTORS FROM
JUNE 2007 UNTIL JULY 2012. OMNIBOND SYSTEMS, LLC IS A START-UP COMPANY
FORMED IN 1999 BY INDIVIDUALS WORKING AT CLEMSON UNIVERSITY, WHO CREATED
CERTAIN SOFTWARE OWNED BY CLEMSON AND ASSIGNED TO CURF. PURSUANT TO A
LICENSE AGREEMENT EXECUTED ON MAY 31, 1999, OMNIBOND SYSTEMS, LLC
CONTRACTED WITH CURF TO HAVE CURF ENGAGE CLEMSON TO PROVIDE PROGRAMMING
SERVICES IN CONNECTION WITH THE SOFTWARE. MR. BOTTUM WAS NOT AN OWNER IN
OMNIBOND SYSTEMS, LLC WHEN THE LICENSE AGREEMENT WAS PUT IN PLACE IN
1999.
(E) SHARING OF ORGANIZATION REVENUES? = NO

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.

2010
Open to Public Inspection

Name of the organization

CLEMSON UNIVERSITY RESEARCH FOUNDATION

Employer identification number 57 - 0750000

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROPERTIES, DEVELOPMENT OF TECHNOLOGY MATURATION AND EARLY STAGE
RESEARCH GRANTS, AND PARTICIPATION IN SPONSORED RESEARCH ACTIVITIES.
FORM 990, PART V, LINE 1C:
BACKUP WITHHOLDING RULES:
THERE WERE NO INSTANCES THAT REQUIRED BACKUP WITHHOLDING.
FORM 990, PART V, LINES 7G AND 7H:
COMPLIANCE WITH FORMS 8899 AND 1098-C:
THERE WERE NO CONTRIBUTIONS RECEIVED WHICH WOULD HAVE REQUIRED THE
ORGANIZATION TO FILE EITHER FORM 8899 OR 1098-C.
FORM 990, PART VI, SECTION A, LINE 2: WASSERMAN IS MANAGING PARTNER OF
SUTHERLAND ASBILL & BRENNAN LLP WHICH MAY PROVIDE LEGAL SERVICES TO FIRMS
THAT EMPLOY FRANK LANDGRAFF.
JAMES BOTTUM IS 50% OWNER OF A CORPORATION THAT HAS A CONTRACTUAL
RELATIONSHIP WITH CURF FOR IT DEVELOPMENT.
SOME CLEMSON UNIVERSITY RESEARCH FOUNDATION (CURF) BOARD MEMBERS ARE KEY
EMPLOYEES OF CLEMSON UNIVERSITY.

Name of the organization CLEMSON UNIVERSITY RESEARCH FOUNDATION	57-0750000
MANUFACTURING NTI. FRANK LANDGRAFF, CURF BOARD CHAIR, IS	SENIOR IP COUNSEL
FOR GE ENERGY. HE WAS NOT A PARTICIPANT IN THE SELECTION	OR RESEARCH
AGREEMENT PROCESS.	
THE FOLLOWING VOTING DIRECTORS OF CURF ARE EMPLOYEES OF C	LEMSON UNIVERSITY:
CARON ST JOHN (RESIGNED 2010)	
JAMES R BOTTUM	
BRETT A DALTON	
ESIN GULARI	
JOHN W KELLY	
MARTINE LABERGE	
CHRISTAIN E G PRZIREMBEL (RETIRED 2010)	
THOMAS R SCOTT	
GERALD SONNENFELD	
THE FOLLOWING OFFICERS ARE EMPLOYEES OF CLEMSON UNIVERSIT	Y:
CHARLES TEGEN	
VINCIE ALBRITTON	
CARLA RATHBONE	
THE FOLLOWING CURF BOARD MEMBERS SERVE AS VOTING BOARD ME	MBERS OF OTHER
RELATED ORGANIZATIONS:	
GERALD SONNENFELD - CLEMSON RESEARCH FACILITIES CORPORATION	ON
THOMAS B MCTEER - CLEMSON UNIVERSITY BOARD OF TRUSTEES	
BRETT A DALTON - CLEMSON RESEARCH FACILITIES CORPORATION	

Schedule O (Form 990 or 990-EZ) (2010) **Employer identification number** Name of the organization CLEMSON UNIVERSITY RESEARCH FOUNDATION 57-0750000 FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE AUDIT AND FINANCE COMMITTEE AND SENT TO ALL BOARD MEMBERS PRIOR TO THE FILING DEADLINE. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS AND KEY EMPLOYEES ARE REQUIRED TO ACKNOWLEDGE RECEIPT OF POLICY ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15: THE FOUNDATION INTERIM EXECUTIVE DIRECTOR AND ASSOCIATE DIRECTOR ARE EMPLOYEES OF CLEMSON UNIVERSITY. COMPENSATION OF THE OFFICERS IS DETERMINED THROUGH THE UNIVERSITY HUMAN RESOURCES DEPARTMENT WITHIN THE GUIDELINES ESTABLISHED BY THE STATE OF SOUTH CAROLINA. FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC ON REQUEST. PART XII, LINE 2C AUDIT PROCESS: ALL RELATED ORGANIZATIONS OF CLEMSON UNIVERSITY PARTICIPATE IN A COMBINED REQUEST FOR PROPOSALS PROCESS EVERY FIVE YEARS. AT LEAST ONE MEMBER FROM EACH BOARD PARTICIPATES IN THE SELECTION PROCESS. ARE NO REQUIREMENTS FOR ALL ENTITIES TO SELECT THE SAME AUDIT FIRM BUT THAT HAS BEEN THE PRACTICE FOR THE PAST TEN YEARS. THE AUDIT AND

FORM 990, PART V, LINES 8 AND 9:

EXCESS BUSINESS HOLDINGS AND DONOR ADVISED FUNDS:

FINANCE COMMITTEE IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT.

Name	of	the	orgar	nization

CLEMSON UNIVERSITY RESEARCH FOUNDATION

Employer identification number 57 - 0750000

THE ORGANIZATION DID NOT HAVE ANY EXCESS BUSINESS HOLDINGS AT ANY TIME DURING THE YEAR AND DOES NOT MAINTAIN DONOR ADVISED FUNDS.

FORM 990, PAGE 1, LINE 15:

OFFICERS SALARY

CURF OFFICERS AND DIRECTORS ARE CU EMPLOYEES. CURF REIMBURSED CU FOR A

PORTION OF THOSE SALARIES IN 2010. NO REIMBURSEMENT WAS PAID TO CU IN

2011.

FORM 990, PAGE 6, LINE 7A:

BOARD MEMBERS

CERTAIN BOARD MEMBERS ARE SPECIFIED IN ORGANIZATION BY-LAWS BY THEIR

POSITIONS WITHIN CLEMSON UNIVERSITY. OTHER BOARD MEMBERS ARE ELECTED

BY THE CURRENT BODY OF BOARD MEMBERS. THE BOARD APPROVES SIGNIFICANT

DECISIONS PER POLICIES AND PROCEDURES. NO BOARD MEMBER RECEIVES A

SHARE OF THE PROFITS.

FORM 990, PAGE 6, LINE 7B:

BOARD MEMBERS

A QUORUM OF BOARD MEMBERS APPROVES ALL SIGNIFICANT DECISIONS ACCORDING
TO BY-LAWS AND POLICIES AND PROCEDURES.

SCHEDULE B

AMENDED

A PORTION OF PROGRAM SERVICE REVENUE WAS REPORTED AS CONTRIBUTION REVENUE ON SCHEDULE B ON THE ORIGINAL FILED TAX RETURN.

SCHEDULE L, PART IV

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization CLEMSON UNIVERSITY RESEARCH FOUNDATION	Employer identification number 57-0750000
AMENDED	
BUSINESS TRANSACTIONS INVOLVING AN INTERESTED PERSON WERE	NOT REPORTED
ON THE ORIGINAL RETURN.	
FORM 990, PAGE 9, STATEMENT OF REVENUE, PART VIII	
AMENDED	
A PORTION OF PROGRAM SERVICE REVENUE WAS REPORTED AS CONT	RIBUTION ON
THE ORIGINAL RETURN.	
	WA-600-911
· · · · · · · · · · · · · · · · · · ·	
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	<u></u>

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

Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990.

OMB No 1545-0047

2010 Open to Public Inspection

Employer identification number 57-075000CLEMSON UNIVERSITY RESEARCH FOUNDATION

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	ste if the organization answered "Yes"	to Form 990, Part IV, line 33				
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
CULR, LLC - 20-8727594 P O BOX 389 CLEMSON, SC 29633	LEASING AGENT	SOUTH CAROLINA	601,209.	1,995,161.	1.CURF	
Part II Identification of Related Tax-Exempt Organizations (Complete organizations during the tax year.)		if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 bec	ause it had one or mo	re related tax-exem	Jpt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section s	ty Iion	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
- 1				501(c)(3))		Yes No
UNIVE						;
CLEMSON, SC 29634	RESEARCH UNIVERSITY	SOUTH CAROLINA	IRC 115 1.	170(B)(1)(A) N/A		×
						-

Schedule R (Form 990) 2010

57-0750000 Page 2

Schedule R (Form 990) 2010 CLEMSON UNIVERSITY RESEARCH FOUNDATION

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

Part III

Schedule R (Form 990) 2010	ule R (Forr	Sched								032162 12-21-10
		_								
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		1								
Percentage ownership	Share of end-of-year assets		Share of total income	Type of entity (C corp, S corp, or trust)	Direct controlling entity	Legal domicile (state or foreign country)	Primary activity		Z c	Name, address, and EIN of related organization
(h)	(6)			(e)			(q)			(a)
re related	one or mo	because it had	t IV, line 34 l	to Form 990, Par	on answered "Yes"	lete if the organizat	oration or Trust (Comp	as a Corport	ganizations Taxable rporation or trust during	Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)
										
								1/-		
ownership	bartner? Sylves No.	amount in box 20 of Schedule K-1 (Form 1065)	ate allocations?		псоте	(related, unrelated, excluded from tax under sections 512-514)	entity ex	(state or foreign country)		of related organization
General or Percentage	General or	(ı) Code V-UBI	(h) Dispropartion-	(g) Share of	ည	(e) redominant income	(d) Direct controlling	(c) Legal domicile	(b) Primary activity	(a) Name, address, and EIN

Yes No

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

ete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	to tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
Note. Comple	- During

- Receipt of (I) interest (II) annuities (III) royalties or (IV) rent from a controlled entity
 - - Gift, grant, or capital contribution to other organization(s)

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- Gift, grant, or capital contribution from other organization(s)
 - d Loans or loan guarantees to or for other organization(s)
 - e Loans or loan guarantees by other organization(s)
- Sale of assets to other organization(s)
- Purchase of assets from other organization(s) 5
 - h Exchange of assets
- Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
 - 1 Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses

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- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Other transfer of cash or property from other organization(s) 0

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) CLEMSON UNIVERSITY (GRANTS)	В	5,122,876.	5,122,876. AUDITED FINANCIAL REPORT
(2) CLEMSON UNIVERSITY (LEASE OF FACILITIES)	П	884,195.	884,195.AUDITED FINANCIAL REPORT
CLEMSON UNIVERSITY (CURF OFFICE IN CU	М	0.	0.BOOK VALUE
(4) CLEMSON UNIVERSITY (SHARE PAID EMPLOYEES)	N	0	0.BOOK VALUE
CLEMSON UNIVERSITY (REIMBURSE EMPLOYEE (5) TIME & OTHER EXPENSES)	0	2,201,943.	2,201,943. AUDITED FINANCIAL REPORT
CLEMSON UNIVERSITY (REIMBURSE UTILITY (6) COSTS IN LEASED FACILITIES))	Ъ	955.	955.AUDITED FINANCIAL REPORT

Schedule R (Form 990) 2010

57-0750000

CLEMSON UNIVERSITY RESEARCH FOUNDATION

Schedule R (Form 990)

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
CLEMSON UNIVERSITY (REIMBURSE CULR (7)RELATED BUSINESS)	þ	422,715.AUDITED	AUDITED FINANCIAL REPORT
1 01	Ъ	150,912.	
(6)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Page 4

Schedule R (Form 990) 2010 CLEMSON UNIVERSITY RESEARCH FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

Name, address, and EIN Firmup addrety (stop of country) Tea No Tea N	(a)	(q)	(c)	(9)	(e)	€	(b)	Ξ
County) Yes No Y	Name, address, and EIN of entity	Primary activity		Are all partners section 501(c)(3)	Share of end-of-		Code V-UBI amount in box 20	General or managing
	(Anna Co			Ves No	year assets		of Schedule K-1 (Form 1065)	1 -
							<u> </u>	3
Schedule R (Form 900)								
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Schedule R (Form 990)								
Schedule R (Form 990)								
							Schedule R (Forn	n 990) 20

Schedule R	(Form 990) 2010	CLEMSON	UNIVERSITY	RESEARCH	FOUNDATION	<u> 57-0750000</u>	Page 5
Part VII	(Form 990) 2010 Supplemental In	formation			<u> </u>	-	
	Complete this part to	provide additional inf	ormation for response	es to questions on	Schedule R (see instru	ctions).	
	Complete this part to	<u> </u>					_
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Form 8868 (Rev. 1-2011)					Page 2
If you are filing for an Additional (Not Automatic) 3-Mon	th Extension, o	complete only Part II and check this b	ох	•	X
Note. Only complete Part II if you have already been grante			d Form	3868.	
If you are filing for an Automatic 3-Month Extension, co					
Part II Additional (Not Automatic) 3-Mon	th Extensio	n of Time. Only file the original (no			
Name of exempt organization			Empl	oyer identification	n number
print CLEMSON UNIVERSITY RESEAR	CH FOIN	DATTON	5	7-0750000	
ile by the				<u> </u>	
due date for P.O. BOX 946	, 000 mondo				
cturn See City, town or post office, state, and ZIP code. Fi	or a foreign add	dress, see instructions.			
CLEMSON, SC 29633-0946					
					(Alan
Enter the Return code for the return that this application is f	for (file a separa	ite application for each return)			$\begin{bmatrix} 0 & 1 \end{bmatrix}$
		<u> </u>			<u> </u>
Application	Return	''			Return
ls For	Code	Is For			Code
Form 990	01	Form 1041 A			08
Form 990-BL 02 Form 1041-A Form 990-EZ 01 Form 4720					
Form 990-PF	Form 5227		-	10	
Form 990-T (sec. 401(a) or 408(a) trust)	04	Form 6069			
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already gr	anted an autor	natic 3-month extension on a previo	usly file	ed Form 8868.	
CHERYL DEAN,	ASSOC.	COMPTROLLER - ADMI	N. S	ERVICES B	LDG,
 The books are in the care of 108 PERIMETE 	ER RD -	CLEMSON, SC 29634-5	306		
Telephone No ▶ 864-656-3630		FAX No. ► 864-656-560	0		
 If the organization does not have an office or place of bu 				>	
If this is for a Group Return, enter the organization's four					
box 🕨 📖 . If it is for part of the group, check this box 🕨		ach a list with the names and ElNs of a	ll memb	ers the extension	s for.
4 I request an additional 3-month extension of time unti		15, 2012 , 2010 , and ending	TIIN	30, 2011	
5 For calendar year, or other tax year beginnin	·		Final r		·
6 If the tax year entered in line 5 is for less than 12 mon Change in accounting period	itris, check reas	on. L millarretum	J FIIIAI I	eturri	
7 State in detail why you need the extension					
ALL INFORMATION NEEDED TO I	PREPARE	A COMPLETE TAX RETU	RN H	AS NOT BE	EN
RECEIVED.	11.0				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4	1720, or 6069, e	enter the tentative tax, less any			
nonrefundable credits. See instructions.			8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or	6069, enter any	refundable credits and estimated			
tax payments made. Include any prior year overpaym	ent allowed as	a credit and any amount paid			^
previously with Form 8868			8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include yo		th this form, if required, by using			0.
EFTPS (Electronic Federal Tax Payment System) See		nd Verification	8c	\$	<u> </u>
Under penalties of perjury, I declare that I have examined this form,	_		ne hest n	f my knowledge and	helief
it is true, correct, and complete, and that I am authorized to prepare	this form.	panying somedimo and statements, and to the	io boot 0	ing knowledge and	DUIIU1,
Signature > Title	e ▶ CPA		Date	>	

Form 8868 (Rev 1-2011)