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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

**2010**Open to Public  
InspectionA For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

B Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☒ Amended return  
☐ Application pending

C Name of organization

**CLEMSON UNIVERSITY RESEARCH FOUNDATION**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**P.O. BOX 946**

Room/suite

City or town, state or country, and ZIP + 4

**CLEMSON, SC 29633-0946**F Name and address of principal officer: **CHARLES TEGEN****391 COLLEGE AVE., SUITE 401, CLEMSON, SC 29**

D Employer identification number

**57-0750000**

E Telephone number

**864-656-3630**

G Gross receipts \$

**13,469,172.**H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included? ☐ Yes ☐ No  
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ▶ (insert no.) ☐ 4947(a)(1) or ☐ 527J Website: **WWW.CLEMSON.EDU/CURF**K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶L Year of formation: **1982**M State of legal domicile: **SC****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>TO ENCOURAGE, PROMOTE AND SUPPORT RESEARCH AT CLEMSON UNIVERSITY</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>21</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<b>0</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>21</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
7b	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 7,398,925.	<b>Current Year</b> 6,262,594.
	9	Program service revenue (Part VIII, line 2g)	800,143.	2,509,754.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46,119.	25,812.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,285,484.	4,671,012.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,530,671.	13,469,172.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,666,631.	6,398,445.
Net Assets or Fund Balances	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	438,426.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d)	4,354,292.	6,087,218.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,459,349.	12,485,663.
	19	Revenue less expenses. Subtract line 18 from line 12	2,071,322.	983,509.
	20	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 15,737,682.	<b>End of Year</b> 16,781,543.
	21	Total liabilities (Part X, line 26)	7,117,041.	7,177,393.
	22	Net assets or fund balances. Subtract line 21 from line 20	8,620,641.	9,604,150.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	<b>12/22/14</b>
	<b>CHARLES TEGEN, TREASURER</b>	
Paid	Print/Type preparer's name <b>ELIZABETH MORRISON</b>	Date <b>12/18/14</b>
Preparer Use Only	Firm's name ▶ <b>CHERRY BEKAERT LLP</b> Firm's address ▶ <b>1029 GREENE STREET AUGUSTA, GA 30901</b>	Firm's EIN ▶ Phone no. <b>706-724-3557</b>

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

**Part 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 CLEMSON UNIVERSITY THROUGH TECHNOLOGY TRANSFER, LICENSING AGREEMENTS AND NEW VENTURE FORMATIONS, AND ASSIST IN DEVELOPING A STRONG RESEARCH 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 ☒ 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 ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 10,392,977. including grants of \$ 6,306,045. ) (Revenue \$ 5,006,205. )

RESEARCH GRANT MONEY IS RECEIVED FROM VARIOUS ORGANIZATIONS AND IS USED TO ENCOURAGE, PROMOTE AND SUPPORT RESEARCH AND DEVELOPMENT AT CLEMSON UNIVERSITY; TO SERVE CLEMSON UNIVERSITY BY PROMOTING INDUSTRY USE OF CLEMSON UNIVERSITY RESOURCES; TO SERVE CLEMSON UNIVERSITY AS THE RECOGNIZED AGENT FOR CONDUCTING TECHNOLOGY COMMERCIALIZATION AND MANAGEMENT ACTIVITIES INVOLVING INTELLECTUAL PROPERTY GENERATED BY OR IN ASSOCIATION WITH CLEMSON UNIVERSITY.

CULR LLC, A (DISREGARDED ENTITY) SUBSIDIARY OF CURF, PROVIDES ACCESS FOR THE UNIVERSITY, ITS RELATED ORGANIZATIONS AND OTHER STATE OF SOUTH CAROLINA ENTITIES TO NATIONAL RESEARCH AND EDUCATION NETWORKS USING SCALABLE HIGH SPEED FACILITIES BASED NETWORKS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 10,392,977.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b 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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f 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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i>	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>25b</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? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> 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):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i>	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

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

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

☒ X

		Yes	No
1a	59		
b	0		
c			
2a	0		
b			
3a			X
b			
4a			X
b			
5a			X
b			X
c			
6a			X
b			
7a			X
b			
c			X
d			
e			X
f			X
g			
h			
8			
9a			
b			
10a			
b			
11a			
b			
12a			
b			
13a			
b			
13b			
c			
14a			X
b			

**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.

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

☒**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year		
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
<b>6</b> Does the organization have members or stockholders?		<input checked="" type="checkbox"/>
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		<input checked="" type="checkbox"/>
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<input checked="" type="checkbox"/>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	<input checked="" type="checkbox"/>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
<b>10b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
<b>11b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
<b>12b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
<b>12c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<input checked="" type="checkbox"/>	
<b>13</b> Does the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
<b>14</b> Does the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
<b>b</b> Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
<b>16b</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?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **SC**

**18** 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  
☐ Own website ☒ Another's website ☒ Upon request

**19** 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.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization. **►**  
**CHERYL DEAN, ASSOC. COMPTROLLER - 864-656-3630**  
**ADMIN. SERVICES BLDG, 108 PERIMETER RD, CLEMSON, SC 29634-5306**

**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 ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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.

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

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

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



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ESIN GULARI DIRECTOR	1.00	X						0.	266,166.	15,839.
JOHN W. KELLY DIRECTOR	1.00	X						0.	240,191.	43,748.
MARTINE LABERGE DIRECTOR	1.00	X						0.	208,484.	18,392.
THOMAS R. SCOTT DIRECTOR	1.00	X						0.	196,804.	36,450.
CHARLES TEGEN TREASURER (NON VOTING)	1.00			X				0.	108,172.	23,277.
VINCIE ALBRITTON INTERIM EXECUTIVE (NON VOTING)	22.50			X				0.	110,963.	19,409.
CARLA R RATHBONE DEPUTY CIO CU	1.00			X				0.	136,198.	27,962.
JAMES BARKER DIRECTOR (NON VOTING)	1.00					X		0.	393,857.	41,585.
CARON ST JOHN FORMER DIRECTOR	0.00						X	0.	63,623.	5,187.
<b>1b Sub-total</b>								0.	2,350,764.	310,652.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	329,321.	54,689.
<b>d Total (add lines 1b and 1c)</b>								0.	2,680,085.	365,341.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> 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		X

**Section B. Independent Contractors**

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2010)



**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	6,262,594.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h Total.</b> Add lines 1a-1f			6,262,594.			
<b>Program Service Revenue</b>	<b>2 a</b> RESEARCH CONTRACT	Business Code	541700	1,237,287.	1,237,287.		
	<b>b</b> RENTAL FEES FROM RESEA		541700	1,214,917.	1,214,917.		
	<b>c</b> REGIONAL DYNAMICS ECON		541700	57,550.	57,550.		
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			2,509,754.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			25,812.		
<b>4</b> Income from investment of tax-exempt bond proceeds							
<b>5</b> Royalties				937,274.			937,274.
<b>6 a</b> Gross Rents		(i) Real	(ii) Personal				
<b>b</b> Less: rental expenses							
<b>c</b> Rental income or (loss)							
<b>d</b> Net rental income or (loss)							
<b>7 a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
<b>b</b> Less: cost or other basis and sales expenses							
<b>c</b> Gain or (loss)							
<b>d</b> Net gain or (loss)							
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
<b>b</b> Less: direct expenses							
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19							
<b>b</b> Less: direct expenses							
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances							
<b>b</b> Less: cost of goods sold							
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			Business Code				
<b>11 a</b> MANAGEMENT FEES AND FA		541700	1,444,744.	1,444,744.			
<b>b</b> COMPUTER SERVICE FEES		541700	583,652.	583,652.			
<b>c</b> REGISTRATION FEES		541700	561,938.	561,938.			
<b>d</b> All other revenue		541700	1,143,404.	1,143,404.			
<b>e Total.</b> Add lines 11a-11d			3,733,738.				
<b>12 Total revenue.</b> See instructions.			13469172.	6,243,492.	0.	963,086.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	6,306,045.	6,306,045.		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22	92,400.	92,400.		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	238,699.	238,699.		
<b>b</b> Legal	205,379.	3,307.	202,072.	
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other	1,156,562.	910,432.	246,130.	
<b>12</b> Advertising and promotion	1,350.	850.	500.	
<b>13</b> Office expenses	75,693.	24,893.	50,800.	
<b>14</b> Information technology	11,220.	11,220.		
<b>15</b> Royalties	78,105.	70,858.	7,247.	
<b>16</b> Occupancy	1,216,286.	707,381.	508,905.	
<b>17</b> Travel	28,302.	9,731.	18,571.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	65,678.	54,519.	11,159.	
<b>20</b> Interest	173,295.		173,295.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	490,916.	209,050.	281,866.	
<b>23</b> Insurance	32,526.	5,565.	26,961.	
<b>24</b> 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 O.)				
<b>a</b> CURF PROGRAMS-DIRECT CO	1,187,478.	782,853.	404,625.	
<b>b</b> CURF PROGRAMS-INDIRECT	965,174.	965,174.		
<b>c</b> PATENT FEES	93,259.		93,259.	
<b>d</b> OTHER EXP/LOSS MISCELLA	67,296.		67,296.	
<b>e</b>				
<b>f</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24f	12,485,663.	10,392,977.	2,092,686.	0.
<b>26</b> Joint costs. Check here <input type="checkbox"/> 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				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	7,345,361.	2	7,315,463.
	3 Pledges and grants receivable, net	344,256.	3	326,111.
	4 Accounts receivable, net	1,711,518.	4	2,541,993.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	152,522.	9	156,332.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,527,539.		
	b Less: accumulated depreciation	10b 3,868,406.	5,044,953.	10c 4,659,133.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets	1,139,072.	14	1,782,511.
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	15,737,682.	16	16,781,543.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	2,007,198.	17	2,053,646.
	18 Grants payable		18	
	19 Deferred revenue	2,059,652.	19	2,119,050.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,974,437.	23	2,968,481.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	75,754.	25	36,216.
	26 <b>Total liabilities.</b> Add lines 17 through 25	7,117,041.	26	7,177,393.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	3,233,127.	27	3,272,955.
	28 Temporarily restricted net assets	5,387,514.	28	6,331,195.
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	8,620,641.	33	9,604,150.
	34 <b>Total liabilities and net assets/fund balances</b>	15,737,682.	34	16,781,543.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,469,172.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,485,663.
3	Revenue less expenses. Subtract line 2 from line 1	3	983,509.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,620,641.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	9,604,150.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☒

- 1 Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
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 separate basis, consolidated basis, or both.  
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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 Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2010)

**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

**2010**

Open to Public  
Inspection

Name of the organization

CLEMSON UNIVERSITY RESEARCH FOUNDATION

Employer identification number

57-0750000

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ 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)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☒ Type III - Functionally integrated      d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
CLEMSON UNIVERSITY	57-6000254	IRC 115	X		X		X		5,122,876.
Total									5,122,876.

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

Schedule A (Form 990 or 990-EZ) 2010

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	<b>14</b>		%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14	<b>15</b>		%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2010



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

CLEMSON UNIVERSITY RESEARCH FOUNDATION

Employer identification number

57-0750000

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the 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 inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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 impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 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)? ☐ Yes ☐ No

9 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	▶ \$ _____
(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

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

	Amount
1c	18,614.
1d	
1e	3,068.
1f	15,546.

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► \_\_\_\_\_ %  
 b Permanent endowment ► \_\_\_\_\_ %  
 c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by.

- (i) unrelated organizations  
 (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,228,733.		1,228,733.
b Buildings		6,139,699.	3,295,901.	2,843,798.
c Leasehold improvements		814,638.	249,807.	564,831.
d Equipment		344,469.	322,698.	21,771.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c) )				4,659,133.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(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.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ►	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DEPOSITS HELD FOR OTHERS	36,216.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►	
	36,216.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,469,172.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,485,663.
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	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	983,509.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	13,469,172.
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	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	13,469,172.
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	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,469,172.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	12,485,663.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	12,485,663.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,485,663.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART IV, LINE 1B: SECURITY DEPOSITS HELD IN ESCROW FOR TENANTS**

**PART X, LINE 2: THE FINANCIAL STATEMENTS ARE PREPARED IN ACCORDANCE WITH THE GOVERNMENTAL ACCOUNTING STANDARDS BOARD.**

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**CLEMSON UNIVERSITY RESEARCH FOUNDATION**

Employer identification number  
**57-0750000**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

**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 ▶ ☐

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, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH 350 THACKERY HALL PITTSBURGH, PA 15260	25-0965591	IRC 115	61,701.		0 BOOK VALUE		ADVANCE GAS TURBINE SYSTEMS RESEARCH HIGH EFFICIENCY ENGINES AND TURBINES;
GEORGIA TECH RESEARCH CORPORATION 505 10TH STREET ATLANTA, GA 30332	58-0603146	IRC 501(C)(3)	32,046.		0 BOOK VALUE		ADVANCE GAS TURBINE SYSTEMS RESEARCH HIGH EFFICIENCY ENGINES AND TURBINES; TURBULENT FLAME
VIRGINIA POLYTECHNIC INSTITUTE 201 SOUTHGATE CENTER BLACKSBURG, VA 24061	54-6001805	IRC 115	129,537.		0 BOOK VALUE		ADVANCE GAS TURBINE SYSTEMS RESEARCH HIGH EFFICIENCY ENGINES AND TURBINES; AERO LOSSES,
UNIVERSITY OF CALIFORNIA, SANTA BARBARA - 3227 CHEADLE HALL - SANTA BARBARA, CA 93106-2050	95-6006145	IRC 115	18,983.		0 BOOK VALUE		ADVANCE GAS TURBINE SYSTEMS RESEARCH HIGH EFFICIENCY ENGINES AND TURBINES; EVALUATION
UNIVERSITY OF COLORADO 574 UCB BOULDER, CO 80309-0574	84-6000555	IRC 115	61,562.		0 BOOK VALUE		ADVANCE GAS TURBINE SYSTEMS RESEARCH HIGH EFFICIENCY ENGINES AND
UNIVERSITY OF TEXAS, AUSTIN 101 EAST 27TH STREET, SUITE 4300 RM AUSTIN, TX 78713-7720	74-6000203	IRC 115	130,803.		0 BOOK VALUE		ADVANCE GAS TURBINE SYSTEMS RESEARCH HIGH EFFICIENCY ENGINES AND

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

▶ **7.**

**3** Enter total number of other organizations

▶ **2.**

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

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

Schedule I (Form 990) (2010)



**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 can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
INDUSTRIAL INTERNSHIPS; ADVANCE GAS TURBINE SYSTEMS RESEARCH	13	92,400.	0.	BOOK	

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: GRANT FUND EXPENDITURES ARE REVIEWED BY A

PRINCIPAL INVESTIGATOR (PI) FOR COMPLIANCE WITH THE TERMS OF THE GRANT, AND

TO ENSURE THEY ARE REASONABLE AND ALLOWABLE. PI'S CERTIFY THAT ALL SALARY

AND FRINGE BENEFIT CHARGES ARE ACCURATE. A SAMPLE OF EXPENDITURES IS

FURTHER REVIEWED BY THE ORGANIZATION. THE ORGANIZATION MONITORS ALL

BUDGETS AND EXPENDITURES TO ENSURE THAT THEY OCCUR ONLY IN BUDGETED

CATEGORIES. THE ORGANIZATION OBTAINS A COPY OF A-133 AUDIT OF ALL

SUB-RECIPIENTS AND IF THERE ARE ANY FINDINGS, TAKES APPROPRIATE ACTION.



**Part IV** Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: GEORGIA TECH RESEARCH CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVANCE GAS TURBINE SYSTEMS RESEARCH  
HIGH EFFICIENCY ENGINES AND TURBINES; TURBULENT FLAME SPEED MEASUREMENTS  
AND MODELING OF SYNGAS FUELS SYNGAS PARTICULATE DEPOSITION AND EROSION AT  
THE LEADING EDGE OF A TURBINE BLADE WITH FILM COOLING  
SYNGAS PARTICULATE DEPOSITION AND EROSION AT THE LEADING EDGE OF A  
TURBINE BLADE WITH FILM COOLING  
AUTOIGNITION STUDIES OF SYNGAS AND HYDROGEN (SGH) FUELS

NAME OF ORGANIZATION OR GOVERNMENT: VIRGINIA POLYTECHNIC INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVANCE GAS TURBINE SYSTEMS RESEARCH  
HIGH EFFICIENCY ENGINES AND TURBINES; AERO LOSSES, HEAT TRANSFER,  
DISCHARGE COEF. FOR DIFFERENT VANE TRAILING EDGE COOLING TECHNOLOGIES FOR  
SYNGAS-FIRED GAS TURBINES.

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF CALIFORNIA, SANTA BARBARA

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVANCE GAS TURBINE SYSTEMS RESEARCH  
HIGH EFFICIENCY ENGINES AND TURBINES; EVALUATION COATINGS FOR CURRENT AND  
FUTURE SERVICE WITH THERMAL PROPERTY MEASUREMENTS  
CE GAS TURBINE SYSTEMS RESEARCH HIGH EFFICIENCY ENGINES AND TURBINES;  
EVALUATION COATINGS FOR CURRENT AND FUTURE SERVICE WITH THERMAL PROPERTY  
MEASUREMENTS

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF COLORADO

(H) PURPOSE OF GRANT OR ASSISTANCE:

ADVANCE GAS TURBINE SYSTEMS RESEARCH HIGH EFFICIENCY ENGINES AND

**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  
Internal Revenue Service

**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

**2010**

Open to Public  
Inspection

Name of the organization

**CLEMSON UNIVERSITY RESEARCH FOUNDATION**

Employer identification number  
**57-0750000**

**Part I Questions Regarding Compensation**

**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

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,  
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing  
organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?  
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?

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?  
**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments  
not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the  
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in  
Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JAMES R. BOTTUM	(i) 0. (ii) 343,108.	0. 0.	0. 0.	0. 32,561.	0. 6,514.	0. 382,183.	0. 0.
2 BRETT A DALTON	(i) 209,815. (ii) 266,166.	0. 0.	180. 0.	27,658. 0.	4,787. 0.	242,440. 0.	0. 0.
3 ESIN GULARI	(i) 239,004. (ii) 207,809.	0. 0.	0. 0.	11,250. 0.	4,589. 0.	282,005. 0.	0. 0.
4 JOHN W. KELLY	(i) 195,927. (ii) 136,198.	0. 0.	1,187. 0.	31,652. 0.	12,096. 0.	283,939. 0.	0. 0.
5 MARTINE LABERGE	(i) 391,639. (ii) 63,571.	0. 0.	675. 0.	10,552. 0.	7,840. 0.	226,876. 0.	0. 0.
6 THOMAS R. SCOTT	(i) 195,927. (ii) 136,198.	0. 0.	877. 0.	26,080. 0.	10,370. 0.	233,254. 0.	0. 0.
7 CARLA R RATHBONE	(i) 391,639. (ii) 63,571.	0. 0.	2,218. 0.	29,781. 0.	11,804. 0.	435,442. 0.	0. 0.
8 JAMES BARKER	(i) 165,316. (ii) 164,005.	0. 0.	52. 0.	3,206. 0.	1,981. 0.	68,810. 0.	0. 0.
9 CARON ST JOHN	(i) 165,316. (ii) 164,005.	0. 0.	0. 0.	16,031. 0.	3,952. 0.	185,299. 0.	0. 0.
10 CHRISTIAN PRZIREMBEL	(i) 164,005. (ii) 164,005.	0. 0.	0. 0.	22,209. 0.	12,497. 0.	198,711. 0.	0. 0.
11 JOSEPH KOLIS	(i) 164,005. (ii) 164,005.	0. 0.	0. 0.	22,209. 0.	12,497. 0.	198,711. 0.	0. 0.
12	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.
13	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.
14	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.
15	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.
16	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.

**Part III** Supplemental Information

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.

**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

Part III Supplemental Information

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.

JOSEPH KOLIS IS A FORMER OFFICER (RESIGNED JUNE 2010) AND CLEMSON  
UNIVERSITY EMPLOYEE

JAMES BARKER IS A NON-VOTING CURF BOARD MEMBER AND CLEMSON UNIVERSITY  
EMPLOYEE

Department of the Treasury  
Internal Revenue Service

► 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

2010

**Open To Public Inspection**

Name of the organization

CLEMSON UNIVERSITY RESEARCH FOUNDATION

Employer identification number  
57-0750000

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

[illegible]

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

**3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total				\$						

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

[illegible]

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
OMNIBOND SYSTEMS, LLC	DIRECTOR	386,928.	MR. JAMES B		X
OMNIBOND SYSTEMS, LLC	DIRECTOR	345,799.	MR. JAMES B		X

**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



**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.

OMB No 1545-0047

**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.

CURF WAS THE RECIPIENT OF FOUR APPLIED RESEARCH AGREEMENTS FROM GE ENERGY

Name of the organization

CLEMSON UNIVERSITY RESEARCH FOUNDATION

Employer identification number

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 CLEMSON 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 UNIVERSITY:

CHARLES TEGEN

VINCIE ALBRITTON

CARLA RATHBONE

THE FOLLOWING CURF BOARD MEMBERS SERVE AS VOTING BOARD MEMBERS OF OTHER RELATED ORGANIZATIONS:

GERALD SONNENFELD - CLEMSON RESEARCH FACILITIES CORPORATION

THOMAS B MCTEER - CLEMSON UNIVERSITY BOARD OF TRUSTEES

BRETT A DALTON - CLEMSON RESEARCH FACILITIES CORPORATION

Name of the organization

CLEMSON UNIVERSITY RESEARCH FOUNDATION

Employer identification number

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. THERE 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 FINANCE COMMITTEE IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT.

FORM 990, PART V, LINES 8 AND 9:

EXCESS BUSINESS HOLDINGS AND DONOR ADVISED FUNDS:

Name of the organization

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

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 CONTRIBUTION ON  
THE ORIGINAL RETURN.

## 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. ▶ See separate instructions.

Name of the organization

**Employer identification number**  
**57-0750000**

## CLEMSON UNIVERSITY RESEARCH FOUNDATION

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

[illegible]

**Part II**

**Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

[illegible]





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

<b>Note.</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	
<b>1</b>	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
<b>a</b>	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
<b>b</b>	Gift, grant, or capital contribution to other organization(s)
<b>c</b>	Gift, grant, or capital contribution from other organization(s)
<b>d</b>	Loans or loan guarantees to or for other organization(s)
<b>e</b>	Loans or loan guarantees by other organization(s)
<b>f</b>	Sale of assets to other organization(s)
<b>g</b>	Purchase of assets from other organization(s)
<b>h</b>	Exchange of assets
<b>i</b>	Lease of facilities, equipment, or other assets to other organization(s)
<b>j</b>	Lease of facilities, equipment, or other assets from other organization(s)
<b>k</b>	Performance of services or membership or fundraising solicitations for other organization(s)
<b>l</b>	Performance of services or membership or fundraising solicitations by other organization(s)
<b>m</b>	Sharing of facilities, equipment, mailing lists, or other assets
<b>n</b>	Sharing of paid employees
<b>o</b>	Reimbursement paid to other organization for expenses
<b>p</b>	Reimbursement paid by other organization for expenses
<b>q</b>	Other transfer of cash or property to other organization(s)
<b>r</b>	Other transfer of cash or property from other organization(s)
<b>2</b>	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.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) CLEMSON UNIVERSITY ( GRANTS )	B	5,122,876.	AUDITED FINANCIAL REPORT
(2) CLEMSON UNIVERSITY ( LEASE OF FACILITIES )	I	884,195.	AUDITED FINANCIAL REPORT
(3) BUILDING )	M	0.	BOOK VALUE
(4) CLEMSON UNIVERSITY ( SHARE PAID EMPLOYEES )	N	0.	BOOK VALUE
(5) TIME & OTHER EXPENSES )	O	2,201,943.	AUDITED FINANCIAL REPORT
(6) COSTS IN LEASED FACILITIES )	P	955.	AUDITED FINANCIAL REPORT

**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)	J	422,715.	AUDITED FINANCIAL REPORT
CLEMSON UNIVERSITY (REIMBURSE PATENT AND (8)OTHER BUSINESS RELATED COSTS)	P	150,912.	AUDITED FINANCIAL REPORT
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			



<b>Part VII</b>	<b>Supplemental Information</b>
-----------------	---------------------------------

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b>	<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
Type or print  File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	CLEMSON UNIVERSITY RESEARCH FOUNDATION	57-0750000
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 946	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CLEMSON, SC 29633-0946	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

CHERYL DEAN, ASSOC. COMPTROLLER - ADMIN. SERVICES BLDG,

- The books are in the care of ☒ 108 PERIMETER RD - CLEMSON, SC 29634-5306

Telephone No ☒ 864-656-3630

FAX No. ☒ 864-656-5600

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until MAY 15, 2012.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning JUL 1, 2010, and ending JUN 30, 2011.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

- 7 State in detail why you need the extension  
ALL INFORMATION NEEDED TO PREPARE A COMPLETE TAX RETURN HAS NOT BEEN RECEIVED.

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</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 overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c</b> <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☒

Title ☒ CPA

Date ☒